

# Tasmania's Suicide Prevention Strategy 2010 – 2014

## Fact Sheet



**Suicide is a tragic event that has a devastating impact on Tasmanian families and communities. Effective suicide prevention requires a whole of government and whole of community approach.**

### Tasmania's First Suicide Prevention Strategy

Tasmania has the second highest overall suicide rate of any jurisdiction in Australia. The distribution of Tasmania's population and high levels of socio-economic disadvantage are circumstances that place the majority of Tasmania's population at higher risk of suicide.<sup>i</sup>

Tasmania's Suicide Prevention Strategy was released on 10 December 2010. The Strategy has been **informed** by investigation of evidence based best practice in suicide prevention both within Australia and internationally, and **inspired** by the results of extensive community consultation and direction.

The Strategy takes a **community action approach** which means community recognition of an issue and community ownership of the solution.

A community may be identified as: a local government area; a specific population group; such as men, the Tasmanian Aboriginal population or Gay, Lesbian, Bisexual, Transgender, and Intersex (GLBTI) communities; or a community such as the Tasmanian media.

A key point of difference of this Strategy with those of other Australian jurisdictions is the unflinching emphasis on primary prevention and the recognition of the role of Tasmanian communities in achieving primary prevention outcomes.

Investment in suicide prevention in Tasmania will see the development of communities that understand suicide issues, can articulate the way it is a problem for their community, and have a range of strategies they can use to address the problem for which they have a genuine capacity. Individuals and communities will be empowered.

### Strategy Aims

Tasmania's Suicide Prevention Strategy has five key aims which will be addressed through the action areas identified in the framework.

- 1. Build the social and informed capacity of Tasmanians** within their communities to act more effectively and decisively to resolve and increasingly prevent suicide in ways that best suit their community context. This will largely be accomplished by **enhancing social connectedness** of community members, and by being aware of and responding appropriately to people showing signs of distress, mental ill health or suicidal intentions and providing access to available support services;
- 2. Better organise available suicide prevention resources** to promote integrated and coordinated service delivery from both the community sector and government services at all service delivery levels but particularly in support of community action;
- 3. Build the capacity of Tasmania's primary health care resources** to accurately identify and effectively support persons thinking about or at imminent risk of suicide either through appropriate referral or direct care;
- 4. Strengthen the resources of acute inpatient and community mental health services** to collaborate to better support persons recently discharged from acute psychiatric inpatient care; and
- 5. Limit access to methods** of suicide and exposure to suicide methods via the media or peers.

## Strategy Action Areas

To reduce the prevalence and impact of suicide in the Tasmanian community, this Strategy identifies the need for investment in five key action areas:

### 1. Governance and Leadership

This action will strengthen leadership and coordination of suicide prevention activity in Tasmania through the development of a sound and appropriate governance mechanism.

### 2. Primary Prevention

Seeks to prevent the onset or development of a disorder or illness. Primary prevention interventions can be targeted to population groups identified according to the level of risk. This action area will support communities to address poor mental health, especially social connectedness, and build the capacity of community groups to identify risk, provide support and build individual resilience.

### 3. Secondary Prevention and Early Intervention

This action will include the provision of specific support to high risk populations, including postvention efforts aimed at populations associated with a recent suicide; and provision of appropriate support to individuals identified as at risk of suicide, possibly expressing suicidal intentions.

### 4. Tertiary prevention

Tertiary prevention efforts focus on people who have already attempted suicide, and aim to reduce the resultant consequences and restore functionality. In particular, this will involve the provision of intense support to, and building networks for, people discharged from inpatient care after a suicide attempt.

### 5. Evaluation and Quality Improvement of Services

This action will see increased support to suicide prevention program providers to ensure programs reflect evidence of what works and does not work and by doing so, contribute to the suicide prevention evidence base.

## Strategy Linkages

### Building the Foundations for Mental Health and Wellbeing

Tasmania's mental health promotion, prevention and early intervention (PPEI) framework, *Building the Foundations for Mental Health and Wellbeing*, (Building the Foundations), was released in October 2009.

This Strategy has been developed to complement *Building the Foundations* and provide specific guidance for suicide prevention activities. [www.dhhs.tas.gov.au/mentalhealth](http://www.dhhs.tas.gov.au/mentalhealth)

### LiFE Framework

Australia's *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014* re-affirmed the *LiFE Framework (2007)* as the accepted national strategy for suicide prevention.

The Tasmanian Suicide Prevention Strategy has been developed in line with the *LiFE Framework*. [www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au)

## Strategy Resources

Tasmania's Suicide Prevention Strategy consists of three companion documents:

- Literature Review
- Strategic Framework and Action Plan
- Summary and Government Response

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*LiFe Framework (2007)*