

# Development of Tasmania's Suicide Prevention Strategy, 2010

## Literature Review



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# Introduction

This literature review aims to identify evidence based best practice in the development and implementation of suicide prevention strategies. Literature from both international and Australian sources is drawn upon in order to inform the development of a suicide prevention strategy for Tasmania. The review seeks to identify the most [apparent] successful elements of suicide prevention strategies that address the range and complexity of factors that contribute to suicide.

In constructing an understanding of evidence based best practice the literature reviewed naturally is dominated by existing strategies or documentation that discusses what should be in a strategy or what seems to work in strategies. In this regard literature on the strategies of Australia's States and Territories (where available) provides particular insight into the success of prospective elements for a Tasmanian suicide prevention strategy.

In the final sections of this review a discussion of the Tasmanian context for a suicide prevention strategy is undertaken and any gaps between the currently proposed direction of Tasmania (implied from consideration of recent mental health services and policy developments) and best practice in suicide prevention strategy identified. This final section will provide suggestions for the focus of attention in the development of the Tasmanian suicide prevention strategy.

## Evidence based best practice in suicide prevention

The term 'evidence based practiced' has been widely used in recent times and there remains some controversy in its use. Most particularly debate centres on what might be considered 'evidence' and what may not. Silagy and Haines (1998) describe evidence based health care as an approach that:

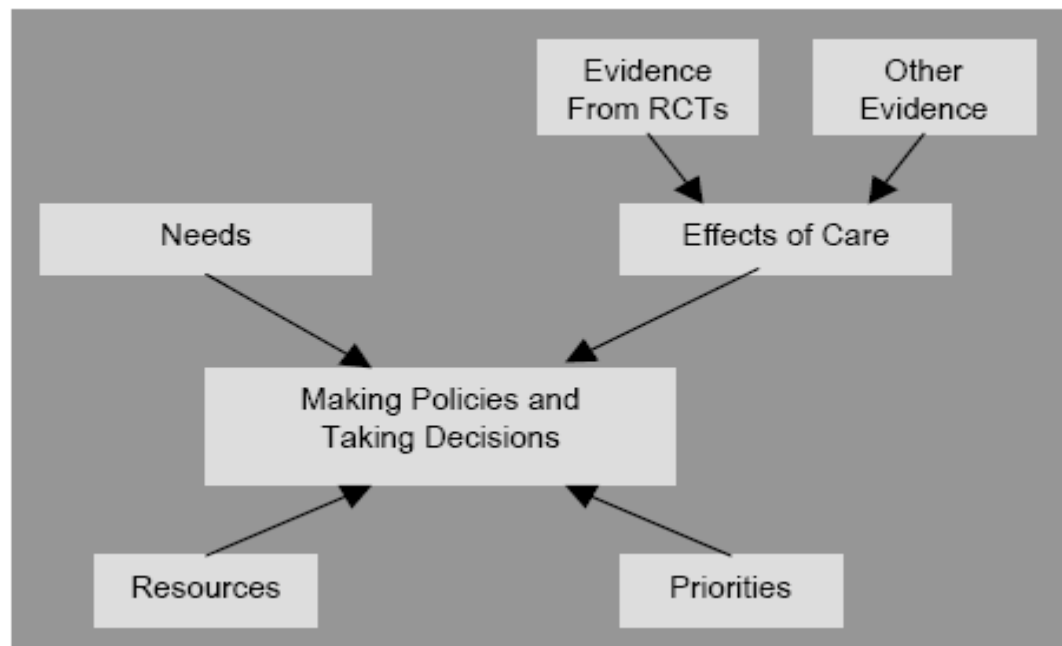
*"... takes account of evidence at a population level as well as encompassing interventions concerned with the organisation and delivery of health care".*

Their approach is reflected in Figure 1 below, which shows different types of evidence feeding into policies and health care decisions. Clearly research evidence is a component of the decision-making process, but it is not the **only** component. Other aspects (clinical expertise, patient preference, needs, priorities and resources) are also important considerations.

In order to develop an understanding of evidence based best practice in suicide prevention strategies for this project two key sources of literature were collected and examined:

- documentation on Australia's national strategy including opinion on the national direction; and
- a recent comparison of the suicide prevention strategies of a number of countries comparable to Australia. This comparative study was undertaken by a member of this project team (Graham Martin) for the Commonwealth Government, and while not yet published was made available to this study.

**Figure 1: Model of evidence based practice in health care**



The findings of the review of each of these sources are outlined in the subsequent sections. The review focus was to identify important elements of successful suicide prevention strategies and interventions — these are later considered for applicability and inclusion in Tasmania’s proposed suicide prevention strategy.

## Australia’s national strategy

Australia has had a national focus on suicide for more than ten years, initially concentrating on youth suicide. During this time it has developed the following suicide prevention strategies:

- National Youth Suicide Prevention Strategy 1995-1999;
- Living Is For Everyone: A Framework for Prevention of Suicide and Self Harm in Australia 2000; and
- a revision and redevelopment of this framework in 2006-7 (LIFE Framework, 2007).

These Strategies have been supported by evidence to develop an understanding of the important elements of successful suicide prevention strategies and interventions when applied in the Australian context. The early strategies were subject to evaluation processes. The findings of the evaluation processes have been used to drive modification of subsequent suicide prevention efforts and to build on the evidence base.

The Council of Australian Governments (COAG) *National Action Plan for Mental Health 2006-2011*

*"... provides a strategic framework that emphasises coordination and collaboration between government, private and non government providers in order to deliver a more seamless and connected care system, so that people with mental illness are able to participate in the community."*

This framework identifies one of the most commonly noted essential elements of mental health care systems in the literature – that of a whole of government and community

approach to the provision of mental health care. This core element is continued throughout the *Living Is For Everyone LIFE Framework 2007* (LIFE Framework 2007) which sets out a national suicide prevention policy for collaborative government and community actions supported by a strong evidence base to reduce the rate of suicide in Australia.

The LIFE Framework 2007 is the most recent national initiative for suicide prevention activities in Australia. It comprises three resources:

- *Living Is For Everyone: Research and Evidence in Suicide Prevention* - this provides the context, theory and evidence base for suicide prevention activities in Australia;
- *Living Is For Everyone: A Framework for Prevention of Suicide in Australia* – outlines the vision, purpose, principles, action areas, planned outcomes and strategies for suicide prevention initiatives in Australia; and
- *Living is For Everyone: Practical Resources for Suicide Prevention* – a set of fact sheets organised in topic areas to provide information about the key issues of suicide and further sources of information and help for community members, carers, service providers or any other individual in some way associated with a person or self at risk of suicide.

The LIFE Framework 2007 confirms that there is no one reason for suicide rather that it is a complex interaction of:

*“... adverse life events, social and geographical isolation, cultural and family background, socio economic disadvantage, genetic makeup, mental and physical health, the extent of support of family and friends, and the ability of a person to manage life events and bounce back from adversity.”* (LIFE Framework 2007, p10)

Understanding risk factors that influence the decision of a person to suicide assists in identifying groups within society that are at high risk and therefore the development of specific interventions to address these risks. Suicide prevention strategies therefore should aim, the Framework argues, to increase resilience in individuals, families and communities — to be able to cope with challenging circumstances and bounce back from adversities throughout life.

In order to achieve a whole of community program to reduce the number of suicides and individuals at risk of suicide in Australia each year, the LIFE Framework 2007 advocates a continuum of suicide prevention activities across eight areas:

1. whole population interventions to:
  - reduce the means of suicide;
  - reduce negative stigma of suicide; and
  - to improve resilience of families, schools and communities;
2. interventions for identified *at risk* groups to build resilience, strength, capacity and an environment that promotes self-help and access to support;
3. interventions for people showing signs of risk of suicide;
4. identification of signs of a person at risk of suicide and providing support;
5. finding and accessing early care and support when treatment and specialised care is needed;
6. integrated professional care when needed for treatment, management and recovery;
7. long term treatment and support to prepare for a positive recovery and future including improving protective factors for the individual, their family and local community.

8. ongoing care and support including professionals, workplaces, community organisations, friends and family to support people to adapt, cope and building strength and resilience within an environment of self-help. This last activity should also provide opportunities to increase broader community education about the issues and build awareness of the strategies required to prevent recurrences.

Another important element of best practice suicide prevention strategies is found in the LIFE Framework 2007 Principles; stating that suicide prevention activities should not harm participants, associated individuals or communities. Rather, they need to be designed and delivered to ensure that they are culturally sensitive to their audience. Suicide Prevention Australia (SPA), the national public health advocate in suicide prevention, also supports this key principle of suicide prevention (SPA, 2009).

The LIFE Framework Principles also argue that suicide prevention interventions would provide most benefit when designed to address specific individual community characteristics and environments [even within a jurisdictional strategy]. For example, suicide prevention interventions that have been developed for a metropolitan area do not necessarily export well to a rural or remote community. The LIFE Framework Principles identify the following elements that could be considered in developing specific community strategies for successful community suicide prevention interventions:

- activities need to be located in an environment where the target audience is comfortable;
- local activities must be sustainable to ensure continuity and consistency of service; and
- activities must be sensitive to broad factors influencing suicide risk such as social, environmental, cultural and economic factors across different cultures, interest groups, individuals, families and communities.

The LIFE Framework 2007 confirms the importance of evaluating Australia's suicide prevention strategies and interventions. Evaluation is essential to ensure the development of best practice and an evidence base so that the desired outcomes and impacts can be measured, continually improved and ultimately achieved.

SPA supports and affirms the aims and principles of the LIFE Framework 2007. It offers the following principles of suicide prevention in addition to those already described earlier in this document:

- *"the first person voices of suicidal, self-harming and suicide-bereaved people are crucial to increasing understanding of suicide and effective suicide prevention responses;*
- *tackling social exclusion of individuals and communities, and investing in the human capital of all people, especially the most disadvantaged, is crucial to suicide prevention;*
- *suicide prevention encompasses a range of interventions, including health promotion and prevention, crisis support and ongoing intervention for people experiencing suicidal thoughts, behaviour and self harm, and responding to and supporting families and communities bereaved by suicide;*
- *access should be provided to appropriate services for individuals at risk, wherever and whoever they are – through crisis, ongoing intervention and recovery phases. Collaboration, coordination and continuity of care are essential to the effectiveness of services. Program, structural and policy barriers that inhibit help-seeking and the quality of support need to be identified and overcome;*
- *suicide prevention strategies should be culturally appropriate;*
- *the ongoing systemic evaluation of suicide prevention projects, activities and strategies is integral to continued development of best practice in the area of suicide and self harm prevention; and*

- *challenging misconceptions about suicide and the stigma associated with self harm and suicide is essential to broad educational and advocacy campaigns about suicide. It is also critical to the recognition, protection and fulfilment of the rights of those affected by suicide and self harm.” (SPA, 2009)*

## International strategies

The essential elements of best practice suicide prevention strategies of a number of countries have been identified in a very recent comparison by Martin and Page (completed in 2009 but still unpublished) undertaken for the Commonwealth Government. Fortunately this comparative analysis has been made available to this project.

Martin and Page (2009) examined strategies from Finland, Norway, Sweden, New Zealand, France, United States, England and Wales, Scotland, Japan and Canada as well as Australia. While Martin and Page questioned whether other national suicide prevention strategies can inform and enhance the development of Australia’s national strategy, nevertheless they found that invariably successful strategies are characterised by several key elements. This includes the following elements:

- a clear framework, explicitly stated with broad goals, usually consistent with the best understanding of international research and wisdoms in the prevention of suicidal behaviour;
- for each of the goals, there are clearly stated outcomes, and these may be in the form of targets;
- the best strategies take a whole of jurisdiction approach (generally this is a national or whole of country approach). They aim to provide a communication program to the whole population, with education targeted at all relevant groups. In particular there is specific education for all groups defined as ‘gatekeepers’<sup>1</sup>;
- there is an attempt to both improve existing services that may have to deal with suicidal people, as well as the linkages with the community in general;
- there is an attempt to provide a critical mass of clinical services with relevant and sufficient highly trained professionals at all levels;
- the best strategies address the issue of access to means e.g. guns, barriers on high buildings and bridges, constraints on common poisons such as paracetamol, and suitable changes to reduce lethal emissions from the exhausts of cars;
- the best strategies are clear on contributions to suicide from illicit drugs and from alcohol;
- following success in Canada and New Zealand, a specific strategy for Indigenous people would be appropriate for Indigenous Australians rather than the funded programs of the past;
- the best strategies have a strong evaluation component to better understand just what combination of programs seems to work best. This means a stronger emphasis on formative evaluation and action research that can contribute a richer information base for continuous improvement rather than waiting for a ‘final’ evaluation. There is a need to better understand **how** specific programs achieve their results as part of the whole strategy. A summative evaluation though will still be valuable and this might demand some form of large scale community comparison study.

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<sup>1</sup> ‘Gatekeeper’ is defined in the LIFE Framework 2007 as “A person who holds an influential position in either an organisation or a community who coordinates or oversees the actions of others. This could be an informal local opinion leader or a specifically designated person, such as a primary-care provider, who coordinates patient care and provides referrals to specialists, hospitals, laboratories and other medical services.”

Martin and Page (2009) were of the opinion that Australia can benefit most from their investigation of international strategies in one particular are:

*"In general we might do well to move even more to a protection based strategy. Since the early reviews of risks for suicide (1994), we have done well to address them. But protective factors are an area that still needs to be explored in more depth, we need to enrich our current programs with strategies that contribute to protective factors. Then we need to evaluate them, their contribution alone, and their contribution as part of an holistic ongoing strategy to prevent suicide in Australia."* (Martin and Page, 2009 p77-78)

The World Health Organisation has also identified that the most effective way of reducing suicide rates internationally has been to reduce access to the means of committing suicide and prescribing antidepressant medication. It recommends a multi-component school based prevention approach for young people in society.

It will be important to consider these suggestions in relation to the development of the Tasmanian suicide prevention strategy to ensure the strategy is at the forefront of current international research and its efforts will provide the best outcomes without need for revision within a short period of time.

## Elements of 'best practice' in suicide prevention

A list of elements from the examination of the above literature has been collated and organised into a taxonomy with three broad categories *viz.*:

- policy and responsibility;
- interventions/activities; and
- evaluation/quality improvement.

Best suicide prevention strategies are listed below under each of these categories. It is contended that the better strategies will have most of the following features.

### Policy and responsibility

From a policy and responsibility standpoint the better strategies:

- acknowledge that issues of suicide and its prevention are a whole of government and whole of community responsibility and have coordinated activities between government and community providers and the community at large;
- have a clear framework with explicit goals which have clearly stated outcomes or targets for each goal;
- attempt to provide a critical mass of clinical services with relevant and sufficient highly trained professionals at all levels;
- have clarity on the contribution to suicide from illicit drugs and alcohol;

### Interventions/activities

From the perspective of planned activities the better strategies:

- understand risk factors and use them to identify groups at risk for targeted interventions;
- understand protective factors and use them to enhance program design and delivery and include interventions to reduce access to means;
- include whole population interventions to reduce the negative stigma of suicide and improve resilience of families, schools and communities;
- include interventions for identified at risk groups to build resilience, self and access support;
- include postvention interventions to support and assist the bereaved after a suicide has occurred<sup>2</sup>;
- include interventions for people showing signs of risk of suicide which can involve education processes to help in the identification of signs of a person at risk of suicide and to increase ability to provide support;
- have processes to assist access to early care and support when treatment and specialised care is needed;
- provide integrated professional care when needed for treatment, management and recovery;
- provide long term treatment and support to prepare for a positive recovery and future including improving protective factors for the individual, their family and local community;
- provide ongoing care — through professionals, workplaces, community organisations, friends and family — to support people to adapt, cope and build strength and resilience within an environment of self-help;
- ensure suicide prevention activities do no harm and that they are culturally sensitive;
- deliver activities located in an environment where the target audience is comfortable;
- provide local activities that are sustainable to ensure continuity and consistency of service.

## Evaluation/quality improvement

From a best practice perspective and continuing to build a strong evidence base the better strategies:

- evaluate each suicide prevention intervention and strategy;
- implement standards and quality in suicide prevention;
- attempt to improve existing services that deal with suicidal people and links to the community; and
- reinvest the outcomes of evaluation processes into the ongoing development of the strategy.

## State and Territory approaches and best practice

In an effort to understand best practice of suicide prevention activities across different Australian jurisdictions, a review was conducted of each State and Territory's suicide prevention strategies and plans. Not all States have current suicide prevention strategies — when this was the case their mental health plans and strategies were investigated to

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<sup>2</sup> Postvention services such as Standby Response Service aim to reduce potential adverse health outcomes and assist in addressing further suicidal behaviour within family and community groups bereaved by suicide. (LIFE Framework 2007)

as a 'proxy' to identify the broad direction at least of suicide prevention activities. Summary details on the suicide prevention strategies and initiatives for each jurisdiction are included as Annexure A to this document.

The suicide prevention strategies of the States and Territories were analysed by seeking to identify and describe the application of best practice of suicide prevention strategies and interventions. The presence or otherwise of 'best practice' elements (as derived from the literature and summarised in the previous section) in each State and Territory strategy was determined. This analysis is detailed in Table 1. The LIFE Framework is also included in this comparison.

**Table 1: Comparison of State and Territory Strategies against a list of proposed best practice elements**

	LIFE Framework	NSW	ACT	VIC	SA	WA	NT	QLD
<b>Policy and responsibility</b>								
Acknowledge that issues of suicide and its prevention are a whole of Government and whole of community responsibility	Green	White	Green	Green	White	Green	Green	Green
Offer a clear framework with explicit goals which have clearly stated outcomes or targets for each goal	Green	White	White	Green	White	Green	White	Green
Support a critical mass of clinical services with relevant and sufficient highly trained professionals at all levels	Green	Green	White	Green	Green	White	White	Green
Promote clarity on the contribution to suicide from illicit drugs and alcohol	White	White	White	White	White	Green	White	White
Included extensive community and stakeholder consultation in the development of the Strategy	Green	White	Green	White	White	Green	White	Green
<b>Interventions/activities</b>								
Understand risk factors and use them to identify groups at risk for targeted interventions	Green	White	Green	Green	Green	Green	Green	Green
Understand protective factors and use them to enhance program design and delivery	White	White	White	Green	White	Green	Green	White
Interventions to reduce negative stigma of suicide and improve resilience of families, schools and communities	Green	White	Green	Green	Green	Green	White	White
Interventions for identified at risk groups to build resilience, self and access support	Green	White	Green	Green	White	Green	Green	Green
Interventions for people showing signs of risk of suicide	Green	White	Green	Green	White	Green	Green	Green
Postvention interventions to support and assist the bereaved after a suicide has occurred	Green	White	Green	Green	White	Green	Green	Green
Educate persons to help in the identification of signs of a person at risk of suicide and provide support	Green	White	White	White	White	Green	Green	Green
Have processes to assist access to early care and support when treatment and specialised care is needed	Green	White	White	White	White	Green	White	Green

	LIFE Framework	NSW	ACT	VIC	SA	WA	NT	QLD
Provide integrated professional care when needed for treatment, management and recovery								
Provide long term treatment and support to prepare for a positive recovery								
Provide ongoing care to support people to adapt, cope and build strength and resilience within an environment of self-help								
Ensure suicide prevention activities do no harm and are culturally sensitive								
Deliver activities located in an environment where the target audience is comfortable								
Provide local activities that are sustainable to ensure continuity and consistency of service								
<b>Evaluation/quality improvement</b>								
Evaluate each suicide prevention intervention and strategy								
Implement standards and quality in suicide prevention								
Improve existing services that deal with suicidal people and links to the community								
Reinvest the outcomes of evaluation processes into the ongoing development of the strategy								

In relation to many strategy areas there is significant commonality between States and Territories in approach. This is not surprising since over a long period of national policy and strategy leadership suicide prevention strategies at the State and Territory level have begun to reflect more closely the LIFE Framework. It is possible that the degree of commonality is even greater than is apparent in Table 1 since in some areas where there is a perceived difference in approach in practice this difference may be eliminated.

In respect to those elements of best practice strategy that appear to be more poorly adopted across the jurisdictions, the main elements are in relation to:

- the contribution to suicide from illicit drugs and alcohol;
- the importance of community and stakeholder consultation in the development of the strategy;
- an understanding of protective factors and program design to reduce the means of suicide;
- education of persons to help in the identification of signs of a person at risk of suicide and provide support;
- processes to assist access to early care and support when treatment and specialised care is needed; and
- implementation of strategies according to standards and quality in suicide prevention and evaluation each suicide prevention intervention and strategy.

These areas of comparatively less strong implementation of best practice might form important points of consideration for strategy development in Tasmania.

# Tasmanian context

In order to establish the context for a proposed suicide prevention strategy for Tasmania, an investigation of current mental health policy and suicide prevention research was conducted. Awareness and concern about the Tasmanian suicide rate of 14.7 per 100,000, the second highest nationally after the Northern Territory, has been regularly reported by the Tasmanian community and prompted research and investigation into suicide in Tasmania. These investigations have advocated for a State suicide prevention strategy, as has been recommended in the current Tasmanian mental health strategic framework.

Tasmania is characterised by a large proportion of its community living in rural and remote areas which are isolated and disadvantaged. The significance of this in relation to suicide prevention is highlighted in the LIFE Framework 2007 which identifies rural and remote communities as high risk.

The major regional centres are Hobart, Launceston, Devonport and Burnie. The Tasmanian Suicide Prevention Steering Committee (TSPSC, 2009) provides information from the *Health Indicators Tasmania 2008* report regarding Tasmania as having:

- a highly decentralised State with more than 60% of its population living outside the capital city, Hobart;
- the smallest population of all Australian States and Territories living in a capital city;
- the lowest median weekly individual income in 2006; and
- an unemployment rate 1.4% above national average in 2006.

It also reports in the *Tasmania's Health Plan Summary Report 2007* that Tasmania has the second highest level of disadvantage of any other State or Territory and that out of the 29 local government areas in Tasmania, only seven scored average or above average in socio economic status in 2001.

Because such a large proportion of the Tasmanian population are located away from the urban centres, the opportunity for timely intervention is often compromised. Available services are stretched and outreach is limited. With regards to development of a suicide prevention strategy for Tasmania, these characteristics give rise to consideration of an important SPA principle (SPA 2009):

*"... tackling social exclusion of individuals and communities, and investing in the human capital of all people, especially the most disadvantaged, is crucial to suicide prevention"*

There are recent social capacity building documents which will need to be considered in a suicide prevention strategy for Tasmania to ensure that at risk groups and individuals are included in the strategy these include:

- *Kids Come First Report 2009 Outcomes for Children and Young People in Tasmania*; and
- *A Social Inclusion Strategy for Tasmania* – especially Appendix 1 with regards to particular issues around suicide prevention.

The TSPSC has been working to reduce the incidence and prevalence of suicide by increasing suicide prevention activities in Tasmania since 1995. It has acted as a central reference point and clearing house for all suicide initiatives at a local, State and national level for Tasmania. Starting in July 2007 and finishing in March 2008, the TSPSC

undertook extensive statewide consultations with individuals, organisations and stakeholders to ascertain:

*"... the key issues that contributed to people attempting to take or taking their own lives; to find out what was known about suicide prevention and its importance to communities; and to hear what Tasmanians thought should be done."* (TSPSC, 2009, p4)

Three regional working groups were established and consultation was done on a community development model to ensure individual data from each community was collected. The following key conclusions were made to address suicide prevention throughout the Tasmanian community:

**"Community**

- *The need to reduce isolation through improved transport and to increase community connectedness through community-based social opportunities, programs and activities.*

**Cultural**

- *The need for programs, activities and awareness campaigns that:*
  - *help reduce the stigma associated with depression and mental illness*
  - *promote help-seeking behaviour; and*
  - *promote greater acceptance of differences in our society, in particular racial and sexual orientation.*

**Information**

- *The need to increase promotion in local communities of services and programs that have a role to play in suicide prevention and which are currently available.*
- *The need to promote awareness of how to identify, respond to and support a family member, friend, neighbour or colleague experiencing depression or crisis.*

**Services / Programs**

- *The need for specifically targeted suicide prevention policies and programs for groups identified to be at risk of suicide.*
- *The need for after-hours crisis support services and programs for people at risk of suicide.*
- *The need for more support programs or support groups particularly for men, youth, people who have lost someone to suicide and those experiencing financial difficulties.*
- *The need for improved access to GP services in rural and urban areas.*
- *The need for revision of public hospital emergency department admission and discharge policies and processes for individuals identified to be suicidal or in crisis.*
- *The need for improved access to confidential counselling services, especially in rural areas.*

**Training / Education**

- *The need to raise awareness of suicide prevention and depression and to increase training for health and service providers.*
- *The need for low-cost or no-cost training in suicide prevention and mental health for members of the community."* (TSPSC, 2009 p19)

The key conclusions of this consultation process will need to be considered in the development of the future Tasmanian suicide prevention strategy.

In 2007, the Joint Standing Committee on Community Development undertook an inquiry into suicide in Tasmania and found that a suicide prevention strategy and action plan including attention to data collection and research was a primary focus required to reduce the prevalence of suicide in the Tasmanian community. They reported that at

that time the responsibility for suicide prevention activities was not clear between the government and community. They noted there is little or no case management beyond the doors of the emergency departments and the non government organisations sometimes work together and sometimes don't. A plan would usefully identify the need for a comprehensive mapping of services and, more importantly, their relationship to one another. They also highlighted that more services for men were needed in any future suicide prevention activities.

The *Building the Foundation for Mental Health and Wellbeing 2009* strategic framework provides an extensive plan for the direction of mental health promotion, prevention of mental ill-health and early intervention approaches in Tasmania. Whilst ensuring a whole of government and whole of community approach it provides clear articulation of roles and responsibilities of the Department of Health and Human Services, funded mental health services and community sector organisations.

The *Building the Foundation for Mental Health and Wellbeing 2009* strategic framework recommends the development of a whole of government and community suicide prevention strategy and framework for action for Tasmania. The document proposes that the suicide prevention strategy be aligned with and underpinned by:

- the national framework, *Living Is for Everyone (LIFE) – A Framework for Mental Health and Wellbeing*;
- the *Building the Foundations for Mental Health and Wellbeing* framework; and
- the Tasmanian Suicide Prevention Steering Committee report *Voices of Tasmanians on Suicide Prevention 2009* and the *TSPSC Report 2006/2008*.

It further recommended that the proposed suicide prevention strategy should:

- "ensure suicide prevention and self harm minimisation programs are evidence based, safe and effective interventions;
- increase the support of the work of Community Sector Organisations in suicide prevention activities such as the 'Rural Alive and Well' project; and
- establish strategic partnerships with other agencies to increase individual, family and community awareness and understanding of suicide and suicide prevention including risk and protective factors." (DHHS1, 2009, p9)

The five priority areas of the *Building the Foundation for Mental Health and Wellbeing 2009* strategic framework align well with the elements of best practice in suicide prevention identified in this literature review and should transfer easily to the development of a suicide prevention strategy for Tasmania. The priority areas are to:

1. promote mental health and wellbeing across whole of government and whole of community;
2. build capacity across sectors and in the community to implement programs and initiatives to support mental health and wellbeing;
3. invest in the early years and families;
4. consolidate and further strengthen reorientation of Mental Health Services and Community Sector Organisations to support mental health and wellbeing.
5. Reduce mental health inequalities. (DHHSa, 2009)

# Suggestions to focus strategy discussions

Recently, the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014* re-affirmed the *LIFE Framework* as the accepted national strategy for suicide prevention. Accordingly, the Tasmanian suicide prevention strategy should be developed in line with the *LIFE Framework*. The other strong influence will be the current Tasmanian mental health framework *Building the Foundation for Mental Health and Wellbeing 2009*. In some respects these two documents will prescribe much of the content of a Tasmanian suicide prevention strategy.

There will still be some need though to make the Tasmanian strategy different and idiosyncratic to the State's particular needs. The guidance for this is to be found initially in the foregoing review of the literature, in particular by considering the areas of best practice not seemingly incorporated as well into other State and Territory strategies in conjunction with the analysis of the Tasmanian context. In respect to the latter, the decentralised distribution of Tasmania's population along with the extensive consultations already undertaken as part of building the mental health framework, seems most pertinent. Tasmania seems to be highly amenable to a policy direction that is based on local community influence over strategy development and a strategy element that delivers locally.

More broadly the following elements of best practice in suicide prevention appear to be particularly important to discuss in the Tasmanian context:

- the regional nature of Tasmania's population means that the majority are identified as high risk;
- development of individual community action plans in consultation with community members to ensure social inclusion and sensitivity to cultural, socio economic and environmental issues within the national framework;
- a greater understanding of protective factors to enhance program design and delivery and with a view to reduce access to the means of suicide;
- consider the critical mass of clinical services with relevant and sufficient highly trained professionals at all levels to meet service requirements;
- implement standards and quality in suicide prevention as currently there is little or no oversight of suicide prevention activities and no set of standards to which they subscribe in Tasmania;
- the need for a comprehensive mapping of services and, more importantly, their relationship to one another;
- investment in the suicide prevention (and mental health) workforce through a whole of government approach; and
- consider evaluation processes to address the need for a formative and action research based evaluation approach - not just summative. Continue with summative evaluations but enhance their effectiveness by utilising in large scale community comparisons. This will assist in the identification of what combinations of suicide prevention programs work best. (Martin and Page, 2009)

In addition, the development of a separate strategy for Aboriginal people might be required. This may have to address differences in regional population groups and may involve the development of individual community action plans, similar to those mentioned above, in consultation with Aboriginal stakeholders or an Indigenous reference group. A separate strategy would be aimed at:

- primarily improving emotional, spiritual, family and community wellness ;  
and
- secondly improving access to services which are culturally sensitive.

This is similar to the New Zealand strategy where a separate strategy for Maoris was included in the national strategy focusing on community development and in response to Maori needs. (Martin and Page, 2009)

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# Appendix A: Description of State and Territory suicide prevention strategies and action plans

## Western Australia

The Western Australian Department of Health developed a four year suicide prevention strategy titled *Western Australian Suicide Prevention Strategy 2009-2013 Everybody's Business* (the WA Strategy). The WA Strategy details a collaborative commitment by the State Government and community to the prevention of suicide and self-harm detailing a framework and governance structure to guide its initiatives. The WA Strategy is aligned with the National Suicide Prevention Strategy: *Living is for Everyone* and was developed from an extensive review of literature and data on suicide and self-harm over the last 20 years.

The Strategy will be led by the Ministerial Council for Suicide Prevention with a Non Government Organisation (NGO) appointed to undertake operational activities. The Ministerial Council for Suicide Prevention will oversee State wide initiatives to:

- improve the strength and resilience of the community;
- expand the community's knowledge of suicide and self-harm issues; and
- support capacity building initiatives in communities at risk.

The appointed NGO will complete operational activities of the WA Strategy in the community including:

- developing and implementing initiatives to increase awareness of suicide and self-harm; and
- conducting research and evaluation of suicide and self-harm issues.

The NGO will be responsible for employing a Network Coordinator who will be responsible for individual communities of WA and will develop community action plans for communities considered at high risk of suicide. An Agency Coordinator will also be employed by the NGO who will coordinate actions between the government, NGO and corporate sectors.

The WA Strategy identifies and targets the following high risk groups particular to WA:

- young people;
- young men;
- Aboriginal people; and
- people in rural and regional areas of WA.

Major themes of the WA Strategy are:

- a whole of government approach to suicide prevention initiatives;
- community, consumer and carer involvement is essential in suicide prevention plans;
- coordination of suicide prevention initiatives and activities to be strengthened;
- rural and remote areas face specific challenges and will be involved in a consultative process to ensure plans will address local challenges; and
- Aboriginal suicide prevention initiatives are a priority.

The Strategy considers wide ranging prevention strategies and interventions within a population health approach including targeted interventions for high risk groups and initiatives that respond to people in crisis across six action areas. The six action areas are similar to those described in the LIFE Framework.

## Australian Capital Territory

The ACT Suicide Prevention Strategy *Managing the Risk of Suicide A Suicide Prevention Strategy for the ACT 2009-2014* (the ACT Strategy) is embedded in *The ACT Health Mental Health Services Plan 2009-2014* (the ACT MHSP) and *Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT* (the Building a Strong Foundation).

The ACT Strategy's objectives are to reduce the rate of suicide and self harm in the ACT by addressing and providing:

- "access to a timely and integrated service response;
- increased community awareness of and access to suicide prevention training, education, information, networking and postvention;
- identification of specific at risk groups, risk and protective factors and interventions to support at risk groups;
- the development of future suicide prevention initiatives; and
- improving the general wellbeing, resilience and connectedness of the ACT community by supporting the implementation of the *Building a Strong Foundation* as appropriate." (ACT Health, 2009 p7).

The ACT Strategy was developed out of an extensive community consultation process and literature review of suicide prevention. The resulting ACT Strategy is a collaborative whole of community and whole of government approach to suicide prevention aimed to address specific at risk population groups in line with the LIFE Framework including:

- people experiencing mental illness;
- people bereaved by suicide;
- youth;
- older people;
- men;
- Aboriginal and Torres Strait Islander people;
- culturally and linguistically diverse groups;
- people exposed to repeated trauma;
- people receiving care in closed settings and those being discharged from closed settings; and
- homeless people.

The action areas of the ACT Strategy are in line with the LIFE Framework activities and strategies that align with the literature and evidence base are adopted for interventions with targeted at risk groups. The overarching goal of the ACT MHSP is to achieve a consumer oriented and driven mental health system focused on recovery and rehabilitation of people with mental health problems by 2020.

## Victoria

Suicide Prevention activity in Victoria is implemented through the *Because Mental Health Matters Victorian Mental Health Reform Strategy 2009-2019* (The Strategy) as well as

documented in the *Next Steps: Victoria's suicide prevention activity*. The Strategy's main suicide prevention activities are:

- prevention, early intervention, recovery and social inclusion;
- whole of community and whole of government approach; and
- reform area and renew suicide prevention plan, Next Steps: Victoria's suicide prevention action plan.

Primary action areas are listed as being:

**Primary prevention:**

- reduce availability and lethality of suicide methods;
- improve social participation of at risk groups;
- enhance mentoring strategies for young people at risk; and
- coordinate school based programs.

**Early intervention:**

- improve local area coordination, communication, processes and training
- target strategies at at risk groups

**Intervention:**

- proposed actions aimed at improving systems within government and community for continuity of care strategies, especially at key discharge and transition points including criminal justice system and release from prison
- enhance and streamline counselling and support telephone services
- pursue ongoing training opportunities and improved supervision in treatment and support options for relevant professionals
- review the Student Support Services Framework

**Postvention:**

- improve generic and specialist postvention bereavement counselling
- develop postvention guidelines and procedures for after a suicide

**Research and information monitoring:**

- expansion and strengthening of the available evidence base and sharing of resources
- improved data collection practices

All activity is underpinned by *Next Steps: Victoria's suicide prevention action plan* which aims to improve existing suicide prevention activities throughout Victoria. Main objectives of the action plan are to:

- "provide a coordinated State approach to ensure it benefits from the national structure and funding, and that new programs are effectively integrated with existing initiatives;
- identifies suicide prevention activities embedded in universal and specialist services and improves their contribution to relevant outcomes;
- proposes a modest program of targeted suicide prevention interventions and initiatives; and
- focuses on a small number of specific priority areas for action".

(*Next Steps: Victoria's suicide prevention action plan 2006*)

At risk groups are identified as:

- young people;
- people with domestic and family violence and intimate relationship problems;

- middle aged men;
- offenders/prisoner; and
- Aboriginal people.

Further suicide prevention activity is embedded indirectly across government initiatives including community strengthening, primary health, and programs with the Department for Victorian Community for youth, Aboriginal and senior citizens as well as research through *beyond blue* and the Victorian Centre of Excellence in Depression and Related Disorders.

## Northern Territory

*Northern Territory Suicide Prevention action plan 2009-2011* follows the key directions of the *NT Strategic Framework for Suicide Prevention* (2003) and LIFE Framework and is underpinned by whole of government programs for targeted populations, at risk groups and individuals.

The framework was based on the Australian government's LIFE Framework and identifies six key areas for action:

- "Promoting wellbeing, resilience and community capacity across the NT;
  - Enhancing protective factors and reducing risk factors for suicide and self harm across the NT;
  - Services and support within the community for groups at increased risk;
  - Services for individuals at high risk;
  - Partnerships with Indigenous people; and
  - Progressing the evidence base for suicide prevention and good practice".
- (*Northern Territory Suicide Prevention Action Plan 2009-2011*)

Broad consultations conducted within the Northern Territory acknowledged the continued relevance of the above identified key actions areas. The LIFE Framework was considered of equal importance however concerns were raised regarding the removal of the 'Partnerships with Indigenous people' and its possible cause of losing focus on the population group. The original key action areas detailed in the NT action plan were maintained and where possible matched accordingly to those of the LIFE Framework to align suicide prevention activity between the NT and Commonwealth.

## New South Wales

New South Wales does not currently have a suicide prevention strategy and the last strategy was for a period of one year in 1999 titled *Suicide: We can all make a difference NSW Suicide Prevention Strategy a whole of government approach*. The current mental health plan for NSW is *NSW: A new direction for Mental Health 2006* (NSW Mental Health Plan). The NSW Mental Health Plan reports that the NSW rate of suicide is lower than national average and in 2006, NSW did have the lowest rate of suicide across all States and Territories at 7.3 per 100,000. (ABS, 2008). There is no specific section within the document that deals with suicide prevention policy or strategy.

The current NSW Mental Health Plan sits within:

- A new direction for NSW: State Plan (2006);
- COAG National action plan (2006); and
- NSW Community Mental Health Strategy 2007–2012 (the Community Strategy).

The Community Strategy identifies that community mental health services will deliver a range of suicide prevention programs. The NSW Mental Health Plan sourced the development of a suicide risk assessment and management framework for NSW Health staff in area health services to assist in the identification and intervention of people at risk of suicide.

## Queensland

Queensland adopted a whole of government and community approach to address the prevalence of suicide through the implementation of *The Queensland Plan for Mental Health 2007-2017* (QLD Plan). The QLD Plan focuses on areas of reform specifically in line with the *COAG National action plan for Mental Health 2006-2011*. Six principles support the reform of Queensland's mental health strategies:

- consumer and carer participation in all aspects of the mental health system;
- the mental health framework will promote resilience and recovery;
- social inclusion - mental health system to be community oriented and integrated
- collaborations and partnerships - intersectorial cooperation;
- promotion, prevention and early intervention across population, group and individual levels; and
- evidence based".

(*Queensland Plan for Mental Health 2007-2017*)

The action plan outlines the suicide prevention priorities of the key Queensland Government agencies during the initial phase of the strategy's implementation. The progress against the action plan will be reported to Cabinet during 2004. Future action planning will be developed based on the continuing evaluation of annual achievements.

Priority Areas of the QLD Plan are detailed below:

- Priority 1 – Promotion, prevention and early intervention;
- Priority 2 – Improving and integrating the care system;
- Priority 3 – Participation in the community;
- Priority 4 – Coordinating care;
- Priority 5 – Work, information quality and safety.

The previous suicide prevention strategy in QLD titled *Reducing Suicide: The Queensland Government Suicide Prevention Strategy 2003–2008* (the previous QLD Strategy) was whole of government response for a whole of population focus to reduce suicide and foster individual and community resilience and capacity. It identified processes and activities to address suicide prevention in Indigenous communities. Examples of existing or prospective actions are identified as:

- promote approaches to enhance self-esteem and capacity to enable individuals and communities to connect with a value system based on identity, place, people and land;
- engage Indigenous communities in determining the cultural, historical and spiritual factors which may influence suicide and suicidal behaviour;
- enhance primary health and mental health services for Indigenous peoples to promote mental health and prevent mental illness;
- improve access to specialist mental health services;
- enhance the capacity of communities and front line workers to recognise and respond to risk at the individual and community level; and
- develop partnerships with Indigenous peoples to improve data collection, research and evaluation and sharing of best practice approaches across communities and sectors.

Priority groups for selective interventions were identified from Queensland data and consultations as:

- young people;
- Indigenous people;
- older people;
- people from culturally and linguistically diverse backgrounds;
- people in custody;
- people with a mental illness; and
- people who are gay, lesbian or bisexual.

## South Australia

*Stepping Up: A Social Inclusion action plan for Mental Health Reform 2007-2012* was developed by the South Australian Social Inclusion Board for the Government of South Australia. The action plan includes a new approach to Mental Health Services in SA focusing on a people centred care and recovery through a 'stepped system' allowing people to move through the system 'step by step' as their progress or regress requires.

Forty-one recommendations are included based on the following points:

- Developing a people centred system;
- Understanding the people who use the mental health system;
- Implementing a stepped system of care with community services at its centre;
- Developing a workforce for the future;
- Focusing on prevention and early intervention;
- Redeveloping Glenside as a centre for State wide specialist services encouraging agencies to work together;
- Tackling stigma and discrimination; and
- Implementing the plan – making it happen.

State wide consultations occurred to ensure that consumers, carers and families had meaningful input as well as obtaining expert opinions. A five year action plan was developed to implement the new system of stepped care.