One State, One Health System, Better Outcomes

TASMANIAN SUICIDE PREVENTION STRATEGY (2016-2020)

WORKING TOGETHER TO PREVENT SUICIDE

Department of Health and Human Services

Tasmanian Government

Acknowledgements

We acknowledge all people in Tasmania who have direct experience of suicide, including those who have attempted suicide and people bereaved by suicide. The voice of people with lived experience has been essential in the development of this Strategy, and these voices are valued and supported by all of the people involved in this work.

Thank you to the many organisations, service providers and community members in Tasmania who shared their views, their knowledge and expertise, and their stories to help shape this Strategy. This includes members of the Tasmanian Suicide Prevention Committee and the Tasmanian Suicide Prevention Community Network.

We would also like to acknowledge the work of these key organisations that assisted the Tasmanian Government in the development of this Strategy and associated plans: the Hunter Institute of Mental Health; Orygen, The National Centre for Excellence in Youth Mental Health; the University of Melbourne and the University of Tasmania.

Department of Health and Human Services
Mental Health, Alcohol and Drug Directorate

Email: rethink@dhhs.tas.gov.au

Visit: www.dhhs.tas.gov.au/mentalhealth

Published: March 2016

Contents

Need help?

A life threatening emergency – dial 000

For young people

Kids Helpline: 1800 55 1800 (24/7 crisis support)
www.kidshelp.com.au

headspace: 1800 650 890
www.headspace.org.au (direct clinical services)

National 24/7 crisis services (telephone and online)

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

beyondblue: 1300 22 4636
www.beyondblue.org.au

MensLine Australia: 1300 78 99 78
www.mensline.org.au

Other local and national resources:

Tasmanian Suicide Prevention Community Network
www.suicidepreventiontas.org.au

Sudden Loss Support Kit Tasmania
www.dhhs.tas.gov.au/mentalhealth

Lifelink Samaritans Tasmania Inc 1300 364 566 (Statewide)

Healthcaredirect (24/7 healthcare advice) 1800 022 222
www.healthdirect.gov.au

Conversations Matter
www.conversationsmatter.com.au

Message from the Minister for Health

The impact of suicide is felt deeply by individual Tasmanians, their families and our community. Sadly, it's the source of significant pain, thoughts of "what if" and "if only", and of course the loss of someone special from our lives.

This is why the Tasmanian Government is taking action and providing $3m in additional funding for targeted suicide prevention initiatives. How these initiatives should be delivered, with focus on the whole community, our youth and developing our workforce have been thoroughly consulted. The result of this collaboration is the documents you are holding now.

From the outset, on behalf of the Government, I sincerely thank the many people who have contributed. Thanks especially to those who generously shared with us their difficult personal stories of loss. I believe that the lived experiences together with our comprehensive review of research literature puts us in an excellent position to move forward with well-designed suicide prevention initiatives which will save lives.

It is very important to remember that we are all in a position to help those around us: ready to listen, brave to ask the question and empowered to offer hope.

I look forward to working with all Tasmanians on this important issue.

Together we can build a supportive community which values and affirms life.

Hon Michael Ferguson MP

Minister for Health

Hon Michael Ferguson MP

Minister for Health

Introduction

The impact of suicide is felt deeply by individuals, families and communities.

Taking action to reduce suicide is a priority of the Tasmanian Government with the commitment of an additional $3 million into targeted suicide prevention initiatives.

This has included funding to:

- help communities develop and implement suicide prevention community action plans
- install suicide prevention measures at locations known for repeat suicides
- establish a new model to facilitate early intervention referral pathways following attempted suicide and/or self-harm
- establish a new Tasmanian Suicide Register.

The Tasmanian Government made commitments to:

- develop a new strategic direction for suicide prevention to provide guidance on the priority areas for investment of the additional $3 million in funding
- work with the Tasmanian community and the youth sector to prevent youth suicide
- build the capacity of the workforce and other key groups to prevent suicide.

The Tasmanian Suicide Prevention Strategy (2016–2020) and its companion documents, the new *Youth Suicide Prevention Plan for Tasmania (2016-2020)* and the new *Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)*, outline this Government's plan for reducing suicide.

Well-designed and targeted suicide prevention strategies can work in reducing the number of deaths by suicide. They also provide an evidence-based approach to suicide prevention. And they recognise the valuable contributions that can be made across all sectors of our society. The Government understands that effective suicide prevention requires a community-wide response.

The priority areas for action include:

- creating a responsive, coordinated health system for people experiencing suicidal thoughts and behaviours
- empowering and supporting young people, families and communities to respond to suicidal behaviours

- implementing public health approaches and increasing community literacy about suicide and suicide prevention
- ensuring effective implementation, monitoring and evaluation
- training and supporting our health workers and gatekeepers to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours.

Taking action to reduce suicide is also part of the Government's commitment to improve the mental health and wellbeing of Tasmanians with an additional investment of $8.7 million into mental health in Tasmania.

This has included additional funding to:

- increase staffing for child and adolescent mental health services
- increase advocacy support for people living with mental illness
- extend mental health support in rural communities
- provide grassroots mental health support through Neighbourhood Houses
- deliver men's mental health and wellbeing through Men's Sheds
- increase targeted and proactive suicide prevention strategies.

The Rethink Mental Health Plan 2015-2025 was released in 2015. This sets a vision for the Tasmanian community where all people have the best possible mental health and wellbeing. It also outlines a plan to deliver a co-ordinated and integrated mental health system.

The State Government is also reforming Tasmania's health system through the One State, One Health System, Better Outcomes process by developing a single health system with facilities and people networked to achieve high quality, safe and efficient services. Through the Healthy Tasmania initiative there is a concerted effort to promote good health and prevent chronic disease.

Taken together, all of these initiatives will make a significant contribution to the goal of making Tasmania the healthiest population in Australia by 2025.

The Strategy at a Glance

This Strategy reflects the unique strengths and opportunities that exist in Tasmania and sets new priorities and actions that can be implemented and evaluated over the next five years.

The Tasmanian Suicide Prevention Strategy (2016-2020) is complemented by the Youth Suicide Prevention Plan for Tasmania (2016-2020) and the Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020).

Every life lost to suicide is one too many. It causes pain and distress to individuals, families and communities across Tasmania.

Under the *Rethink Mental Health Plan 2015-2025* we have set a vision for the Tasmanian community where all people have the best possible mental health and wellbeing. To achieve that vision, we need to ensure that fewer people in our state are affected by the distress associated with suicidal thoughts and behaviours.

While much work has been done in Tasmania over the past decade, we have seen only modest reductions in suicide rates. To turn things around, a coordinated and combined effort from all levels of government, services and the community, is required. Attempting to identify people who are at risk of suicide can be challenging and complex. However, there are many ways in which services, communities, individuals and society as a whole can help to identify and prevent suicidal behaviour and its impacts. These have been prioritised in this Strategy.

The *Tasmanian Suicide Prevention Strategy (2016-2020)* (the Strategy) provides an approach to suicide prevention that recognises the valuable contributions that can be made across all sectors of our society.

Preventing suicidal behaviour and supporting those impacted by suicidal behaviour is a priority for the Tasmanian Government. This Strategy provides guidance on the priority areas for investment of the additional $3 million which the Tasmanian Government has allocated specifically for suicide prevention strategies.

The *Tasmanian Suicide Prevention Strategy (2016-2020)* has been informed by local data, a review of the research evidence for effective interventions, and analysing the national and international policy context. It was also informed by consultations held with Tasmanian service providers and the community. It sets five clear priorities and 12 actions for a coordinated effort over the next five calendar years.

This Strategy recognises the specific knowledge, services and resources that exist in Tasmania. It has also been informed by national reform in mental health and suicide prevention to ensure that Commonwealth and State resources are best coordinated for the benefit of communities across Tasmania.

The *Tasmanian Suicide Prevention Strategy (2016-2020)* forms part of broader mental health reform in Tasmania, set out under *Rethink Mental Health: A Long-Term Plan for Mental Health in Tasmania 2015-2025* (the Rethink Plan). The Rethink Plan establishes a 10-year vision that brings together actions to strengthen mental health promotion, prevention and early intervention, improve care and support for people with mental illness, their families and carers, and sets a path for a more integrated service system.

Given that suicide prevention is most effective when it is combined as part of broader work addressing the social and other influences of poor health and mental health and wellbeing, this Strategy should be considered in partnership with the Rethink Plan.

The vision of the Rethink Plan is for a Tasmania where all people have the best possible mental health and wellbeing.

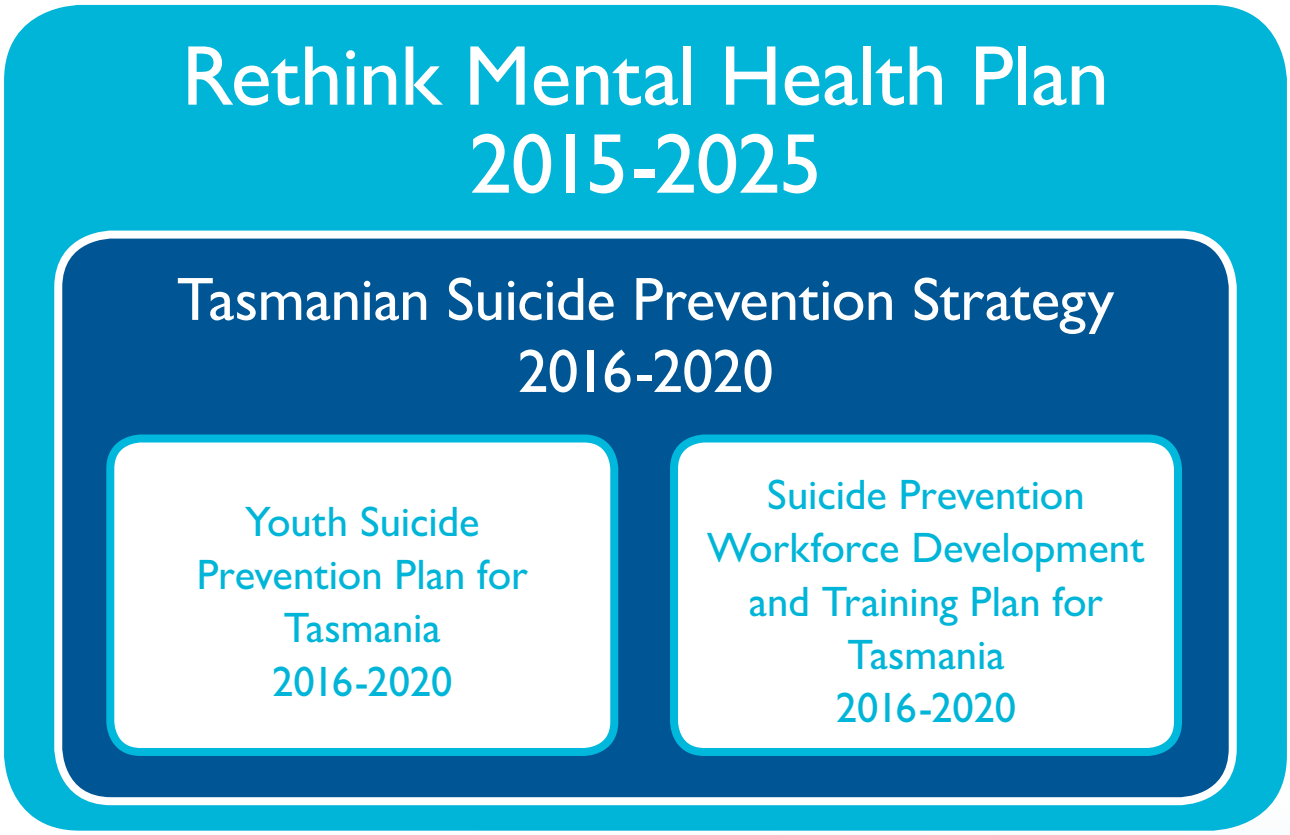


Figure 1: Policy context in Tasmania.

Our goal

To work together to reduce suicide, suicidal behaviour and the impact on Tasmanians.

Our priorities

The following five shared priorities for suicide prevention in Tasmania have been developed based on available data, a review of the literature and consultation with key stakeholders in Tasmania.

1. **Create a responsive, coordinated health service system** for people experiencing suicidal thoughts and behaviours and build and promote referral pathways to services and programs so people know how and where to get support.
2. **Empower and support young people, families and communities** to respond to suicidal behaviours and the impact of suicidal behaviours.
3. **Implement public health approaches** to reduce suicidal behaviour and increase community literacy about suicide and suicide prevention.
4. **Ensure effective implementation, monitoring and evaluation** of the Strategy.
5. **Train and support health workers and other gatekeepers** to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours - *Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020).*

Implementing the Strategy

Reducing suicide and suicidal behaviour is a priority for the Tasmanian Government. The Strategy provides guidance on the priority areas for investment over the next five calendar years.

Five priority areas with supporting actions and activities are identified and immediate to short-term priorities (within 1 year); medium-term priorities (within 2-3 years) and opportunities for further consideration in the longer-term (within 4-5 years) are outlined in the Strategy (pp 20-28).

The Strategy includes a range of key actions that have been prioritised for implementation including monitoring service response to ensure timely follow up and support for people after a suicide attempt, supporting and enhancing the capacity of staff to support people at risk of suicide and supporting the continuation of the Tasmanian Suicide Prevention Community Network.

The Tasmanian Government will evaluate and monitor progress during the term of the Strategy to determine whether the actions we are taking are delivering the desired outcomes. We will continue to adapt and improve our actions, taking into account any lessons learned through the monitoring and evaluation process. As a result, the medium to long term actions outlined in the Strategy may need to be revised, in the context of evaluation outcomes and future investment priorities.

Implementing the Strategy is a shared responsibility. Overall responsibility for implementing and monitoring the Strategy will reside with the Department of Health and Human Services (DHHS), with the support of the Tasmanian Suicide Prevention Committee (TSPC) and the Tasmanian Suicide Prevention Community Network (TSPCN). It will also require the involvement of people with lived experience, clinicians, the Tasmanian Health Service (THS), the community sector, sectors outside of health such as education, emergency services, media, justice, workplaces, industry and other key stakeholders.

Primary Health Tasmania (PHT) will also have a key role as a member of the TSPC to ensure that Tasmania can leverage national mental health and suicide prevention reforms and available resources to complement regional approaches to suicide prevention.

DHHS will provide an annual report to the Minister for Health on progress against the key actions outlined in the Strategy.

Evaluating the Strategy

The overall aim of the Strategy is to reduce suicide and suicidal behaviours in Tasmania. The Strategy is a major undertaking which involves changes within an already complex service system. It can be viewed as a process of reform in which each step has the potential to activate processes that will positively impact on service providers, families and communities.

Changes in suicide rates can be readily assessed using existing data sources, including data from the Australian Bureau of Statistics and local coronial data. These data will be enhanced by the development of a specific Tasmanian suicide register.

Evaluation of the Strategy cannot rely on reduced numbers or rates of suicide alone as indicators of its effectiveness. With this in mind, a program logic model has been developed to evaluate the Strategy and supporting Plans (outlined in Appendix 1). The purpose of the evaluation is to assess the overall appropriateness, effectiveness and impact of the Strategy. It outlines proposed evaluation questions that can be used to evaluate whether the objectives have been achieved.

1. Was the Strategy effective in achieving the given effect or outcome?
2. What structures and processes led to its effectiveness or limited its effectiveness?
3. Were individual components of the Strategy cost-effective and was the Strategy as a whole implemented in a cost-effective manner?

The evaluation framework incorporates an assessment of how the Strategy is being implemented, its short-term effects, and its longer-term outcomes. It also focuses on whether any changes might be required to improve it. For example, the evaluation may include an assessment of whether the Strategy has provided an effective state-based response for people experiencing suicidal thoughts and/or behaviours (and those affected), as well as assessing if the Strategy has met its overall objective of reducing suicide.

The Tasmanian Context

Suicide and its impacts

In 2013, 1,885 males (at a rate of 16.4 per 100,000) and 637 females (at a rate of 5.5 per 100,000) died by suicide in Australia. This equates to a total of 2,522 suicides (10.9 per 100,000), or an average of 6.9 deaths each day nationally. There were 74 (52 male, 22 female) suicides in Tasmania (at a rate of 14.0 per 100,000). Table 1 shows numbers and rates of suicide in Australia, by state/territory.

Table 1: Australian suicide rates (2013) by state and gender

	Males	Females	Persons	Rate per 100,000
NSW	506	190	696	9.1
VIC	366	122	488	9.4
QLD	513	150	663	13.3
SA	150	49	199	11.9
WA	248	84	332	13.4
TAS	**52**	**22**	**74**	**14.0**
NT	22	11	33	17.6
ACT	28	9	37	9.1
AUS	**1,885**	**637**	**2,522**	**10.9**

It can be challenging to compare suicide rates and trends in Tasmania to other parts of Australia. Direct comparisons are not always helpful as Tasmania has a unique and small population, with the most regional and dispersed population of any state. While rates of suicide are usually higher in rural areas, for the period 2008-2012 Tasmania had higher rates in the capital city, followed by rural areas and urban centres (see Table 2).

Table 2: Suicide Rates by Area, 2008 – 2012 (per 100, 000)

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Capital Cities	7.8	8.8	11.2	12.4	11.5	**15.2**	9.1	14.3	9.7
Urban Centres	10.6	11.8	13.6	15.4	14.5	**12.4**	..	14.8	12.2
Rural	11.1	12.2	16.5	17.9	11.3	**14.2**	..	23.0	13.8
Total	8.9	9.7	13.0	13.5	11.8	**14.1**	9.1	18.1	10.8

National preliminary rates of suicide per 100,000 of the population for 2013 are represented in Figure 3[1]. Figure 2 below shows the suicide rates by age category and gender. The highest age-specific suicide death rate for males in 2013 was observed in the 85 years and over age group (38.3 per 100,000 males). The second highest age-specific suicide rate was observed in the 40-44 year age category for males, with 25.5 suicide deaths per 100,000 (1).

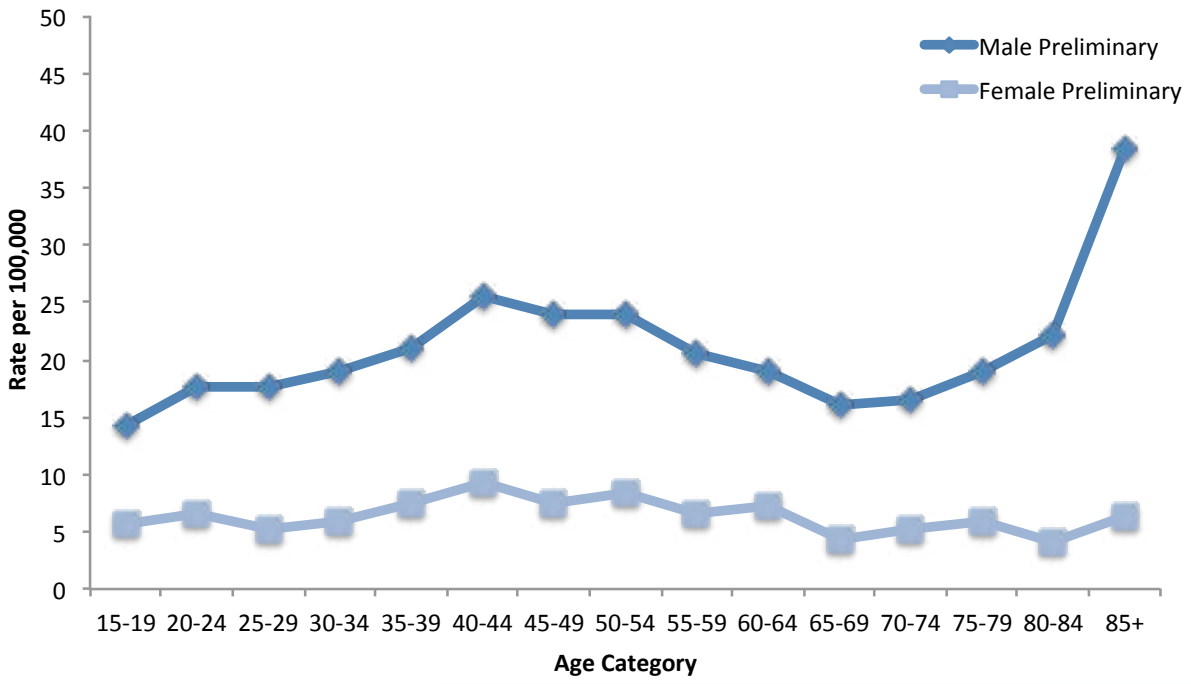


Figure 2: Australian suicide rates (2013) by age category and gender

1 Preliminary data refers to the process completed by the Australian Bureau of Statistics when collecting the data on suicide deaths. Since 2007 coronial data collected by the ABS has been revised over a two year period, following the release of preliminary data, to allow for additional time for cases to be investigated and cause of death to be determined.

Between 2009 and 2013 suicide rates in Tasmania were higher than the national average for both males and females (see Figure 3). While suicide rates in Australia have remained relatively stable over the past 10 years, there has been a slight reduction in rates for Tasmania.

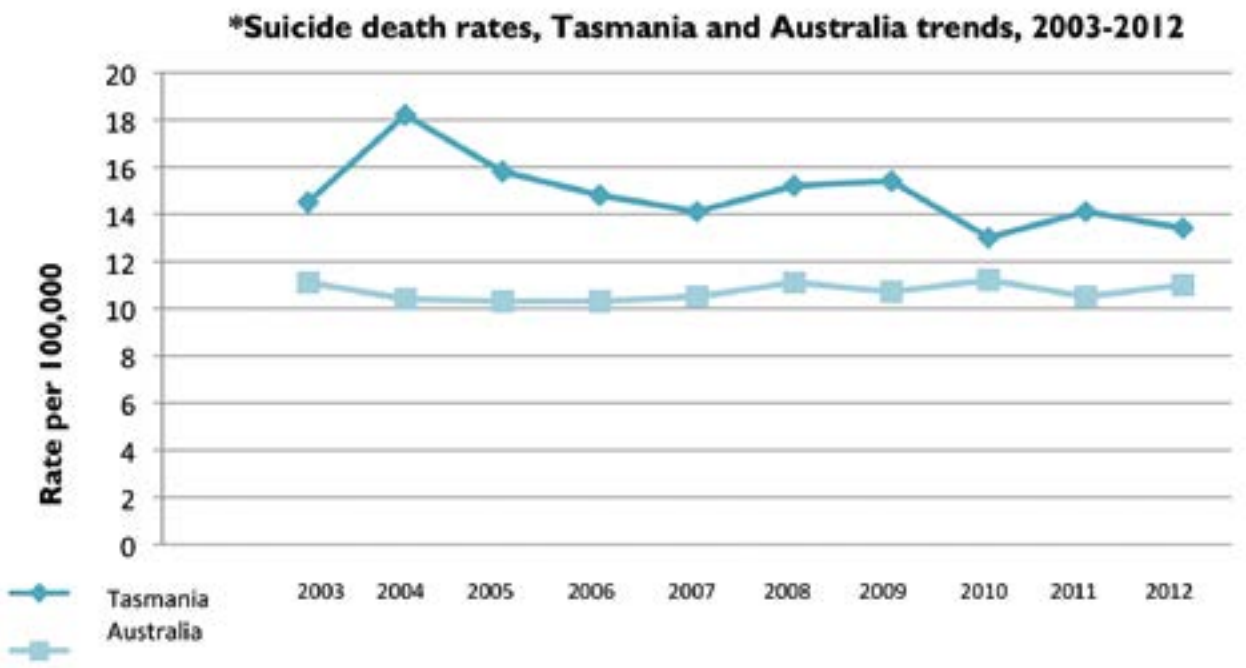


Figure 3: Tasmanian and Australian suicide rates (2003-2012)

* Note: Care should be taken when interpreting figures relating to suicide and when comparing suicide data with previous years, as post 2006 ABS has changed processes for collecting and revising causes of death data.

Priority populations in Tasmania

Suicide arises from a complex interaction between many vulnerabilities, risk factors and triggers in a person's life. However, suicide can also be influenced by gender, social and economic circumstances and differences between cultures and individual's experiences in society (2).

Tasmania not only has a regionally dispersed population, it has a long history of migration and a rich cultural diversity. As part of implementing this Strategy, populations who may be at a higher risk of suicide will be identified, considered and prioritised.

It is acknowledged that some priority populations are not intrinsically more at risk of suicidal behaviour, but rather these individuals may experience greater rates of discrimination, isolation and other forms of social exclusion which can impact on suicidal thinking and behaviour (3).

According to a review of the evidence (4), populations at greater relative risk include:

- Aboriginal and Torres Strait Islander (ATSI) people;
- Lesbian, gay, bisexual, transgender and intersex (LGBTI) people;
- Culturally and linguistically diverse (CALD) people; and
- Men.

It is noted that men are four times more likely to die by suicide than women, with rates being highest among men aged 85 or above, followed by men aged between 35 and 54 (4, 5). However females generally have higher rates of suicidal thinking, planning and attempts (5). As a result when considering the full spectrum of suicidal behaviours, both men and women are affected differently across the age span, and interventions may need to be considered and targeted accordingly (5).

Others may be at increased risk of suicide due to their experiences (in childhood or adulthood), their current access to economic and social resources, their health status and their previous exposure to suicidal behaviour. These populations include:

- People who are socioeconomically disadvantaged;
- Adults and young people in (or recently released from) custodial settings;
- People who have a previous history of suicide attempt/s;
- People bereaved by suicide;
- People living in rural and remote areas;
- People living with mental illness and/or drug and alcohol problems;
- People who experience trauma in childhood;
- Children and young people in out-of-home care; and
- People living with chronic pain or illness.

What Tasmanians said

In developing the *Tasmanian Suicide Prevention Strategy (2016-2020),* a series of consultations were conducted to get the views of people working and living in Tasmania. A variety of methods to gather relevant information included an online survey for service providers, stakeholder workshops, key informant interviews and focus groups with community members in the North, North West and Southern regions of Tasmania. Over 200 people participated in the consultations, representing diverse age groups, communities and professional backgrounds. Key priorities identified through these consultations are summarised below.

We have heard from many Tasmanians that have been affected by suicide and suicidal behaviour and have drafted this Strategy in response to the evidence and the outcomes of these consultations.

Priorities for Tasmania

- ✓ Developing a whole of government and cross-sector approach to suicide prevention in Tasmania;
- ✓ Improving referral pathways to services and programs so people know how and where to get support;
- ✓ Promoting early intervention and a 'no-wrong-door' approach to provide multiple access to services for people across the age spectrum;
- ✓ Addressing the social and economic factors which influence suicide and suicidal behaviours, and ensuring a focus on improved mental health and wellbeing for all;
- ✓ Acknowledging and supporting the important role of families and communities;
- ✓ Increasing education and awareness across a range of sectors; and
- ✓ Harnessing media and technology to support suicide prevention.

Our approach to Suicide Prevention

The evidence

An evidence review was conducted to inform the development of this Strategy (4, 7). It provided a comprehensive review of the up-to-date research, both published and underway, in the field of suicide prevention. Several areas worthy of consideration were identified which, taken together, provided support for the adoption of a multi-faceted approach. This included a combination of public health approaches, treatment approaches and community capacity building. The review also highlighted the need for rigorous research and evaluation, including economic effectiveness, to underpin ongoing strategic activity.

This Strategy prioritises approaches for which there is promising evidence and includes new approaches that align with reform occurring in Tasmania and nationally.

The Tasmanian Government has considered the existing and emerging evidence which underpins the actions, approaches and interventions included in this Strategy, including:

- ✓ Reducing access to means of suicide;
- ✓ Implementing guidelines relating to the reporting of suicide in the media;
- ✓ Training 'gatekeepers', including general practitioners, police, teachers and prison staff, to identify and support people at risk of suicide;
- ✓ Facilitating and increasing early access to treatment and referral pathways for people at risk of suicide;
- ✓ Delivering evidence based therapies to people at risk of suicide or experiencing mental ill-health, such as cognitive behavioural therapy;
- ✓ Providing postvention support to individuals and communities bereaved or affected by suicide; and
- ✓ Developing and implementing multi-modal interventions, that is, approaches that have more than one component, for example, education programs for community members combined with gatekeeper training and enhanced treatment and referral pathways.

Suicide is a public health issue that requires coordinated and combined efforts from all levels of government, health care systems, frontline health and community workers, workplaces, schools and other educational settings, community groups, the media, as well as individuals, families and communities. A focus on a broad range of interventions allows for activities to be targeted at populations and individuals. It can help people conceptualise different stages in the development of suicidal thoughts and behaviour from someone with no difficulties or non-specific problems or signs to a person exhibiting suicidal behaviour, as well as the impact of thoughts and suicidal behaviour on others.

This Strategy requires an all-of-government, all-of-service system and whole-of-community approach to the prevention of suicide. It involves:

- ✓ People with lived experience of suicidal thoughts and behaviours and their families and carers. They are important stakeholders and their direct experience will be utilised in planning, developing and reviewing services and programs.
- ✓ The Tasmanian Government, which operates public health services including public hospitals, mental health and alcohol and other drug services, as well as community sector organisations that form part of the care continuum, and support those with lived experience.
- ✓ Community sector organisations that are funded by the Tasmanian and Australian Governments to provide a range of services across mental health, alcohol and other drug, child and family and suicide prevention areas.
- ✓ The education, justice, housing and many other sectors that interact every day with people who may be at risk of suicide or impacted by suicide.
- ✓ The Australian Government which funds primary care, early intervention, treatment and referral services and national and regional suicide prevention programs. The Australian Government funds Primary Health Tasmania to coordinate primary health care delivery and regional suicide prevention programs from 2016.
- ✓ GPs, mental health nurses and occupational therapists, private psychologists and psychiatrists who provide services.
- ✓ Private hospitals and private providers that offer specialist hospital and community treatment programs for those experiencing suicidal thoughts and behaviours.
- ✓ The business community in Tasmania that supports suicide prevention initiatives for their workers and contributes funds to new programs.

The policy context

The Strategy outlines a renewed focus and commitment to suicide prevention. It recognises the specific knowledge, services and resources that exist in Tasmania. It has been developed to align with health system and broader reform in Tasmania under the Rethink Plan.

Tasmanian Suicide Prevention Strategy (2016-2020) prioritises secondary prevention and early intervention and postvention activities. The promotion of wellbeing and primary prevention interventions have been prioritised under the Rethink Plan and so have not been the specific focus of the Strategy. However, social factors also play an important role in suicide and suicide prevention.

Risk factors such as poverty, unemployment (or job loss), disability, adverse life circumstances, discrimination and intergenerational conflicts are all associated with suicide risk. These will continue to be prioritised in Tasmania under the Rethink Plan and the associated framework for promotion, prevention and early intervention.

The priorities set out in this Strategy are informed by Australian Government reform priorities. In partnership with the Australian Government, Tasmania is well-placed to implement national and state reform, for the benefit of communities across Tasmania.

In November 2015, the Australian Government released its response to the National Mental Health Commission's review (3) of mental health programmes and services and called for national leadership as well as regionally implemented suicide prevention activities focused on local populations and needs. In particular, the response indicated national support for:

- ✓ Community partnerships that can co-create suicide prevention solutions at a local level, including capitalising on the role of Primary Health Networks (Primary Health Tasmania);
- ✓ Potential efficacy and cost-effectiveness of increasing self-care via online platforms as part of a stepped-care approach, with referrals to self-help and e-therapy provided through GPs;
- ✓ Better recording of suicide-attempts and other related behaviours to complement mortality data;
- ✓ Proactive follow-up of people following discharge from emergency departments or other public hospital services following a suicide attempt; and
- ✓ Workforce development and training that includes community gatekeepers as well as frontline health and mental health staff.

The Fifth National Mental Health Plan (incorporating suicide prevention) will be released in 2016. The *Tasmanian Suicide Prevention Strategy (2016-2020)* and complementary Plans will be adapted to reflect a new national direction, if required.

Taking Action

Priority 1

Create a responsive, coordinated health service system for people experiencing suicidal thoughts and behaviours and build and promote referral pathways to services and programs so people know how and where to get support.

To achieve this, we will:

Action 1	Develop a more integrated health service system that works to support people with suicidal behaviour, regardless of how or where they present to services
Action 2	Use technology to respond earlier and in an improved and more coordinated way to people presenting with suicidal thoughts and behaviours
Action 3	Support those who have attempted suicide across the care continuum, especially following hospital admission or discharge from emergency departments through to support within the community

Why has this been prioritised?

- ✓ Using cost-effective and evidence-based approaches that focus on intervening as early as possible is critical to the success of any suicide prevention strategy. This means having effective pathways between all parts of the health service system and other community supports.
- ✓ Given the geographic spread of Tasmania and the dispersed workforce, technology must be part of services in the future. This aligns with the emerging evidence and the national reform agenda which encourages digital integration and solutions across mental health and suicide prevention programs and services (3,4).
- ✓ A prior suicide attempt is the single most important risk factor for suicide in the general population (2) and evidence suggests that risk of suicide can be reduced if people get timely access to services, are followed-up after being discharged from health services and have seamless transitions between health and community services (8).

Community members and service providers in Tasmania highlighted the need for a cross-sector approach to suicide prevention with better communication and integration between government, health and community service organisations required. Improving referral pathways, having comprehensive assessment procedures and discharge processes were viewed by those who participated in the consultation process as essential and a high priority.

TAKING ACTION ON PRIORITY 1

Activities to create a responsive, coordinated health service system for people experiencing suicidal thoughts and behaviours and build and promote referral pathways to services and programs so people know how and where to get support.		Timeframe
1.	**Develop a more integrated health service system that works to support people with suicidal behaviour, regardless of how or where they present for services.**	
1.1	Support the development and implementation of a suicide prevention *Pathway* for Tasmania, including specific considerations for at risk populations. This should include relevant primary care, public health and private health services and utilise the Primary Health Tasmania *Tasmanian HealthPathways* online system to track and monitor progress.	Immediate-to-short term (development) Medium-term (implementation)
1.2	In line with the Rethink Plan, support primary care to take an active role in suicide prevention to ensure people are supported and linked to public and private health services and other community supports.	Medium-term
1.3	Develop and implement consistent approaches across primary care and public health services, for example, emergency departments, mental health services, and drug and alcohol services, for conducting comprehensive assessments of any person presenting with suicidal thoughts or behaviours.	Medium-term
2.	**Use technology to respond earlier and in an improved and more coordinated way to people presenting with suicidal thoughts and behaviours.**	
2.1	Identify effective online treatments and programs, including treatments for depression, anxiety and drug and alcohol problems, and integrate them into the treatment options provided through primary care, the public mental health services and private providers.	Medium-term
2.2	Develop and pilot tele-health options including consideration of consultation liaison teams, to enhance consultation and treatment options in rural areas for people experiencing suicidal thoughts and behaviours.	Medium-term
2.3	Develop (or enhance an existing) *Online Portal for Suicide Prevention in Tasmania* that can support better connections between communities and services, and support better access to evidence-based e-therapies and self-help tools. This should consider the diverse Tasmanian population and utilise existing state and national evidence-based programs and resources.	Longer- term
3.	**Support those who have attempted suicide across the care continuum, especially following hospital admission or discharge from emergency departments through to support within the community.**	
3.1	Ensure all people who present to emergency departments or public mental health services following a suicide attempt have a comprehensive discharge plan and are actively followed-up within 48 hours following discharge from the service as a standard key performance indicator.	Immediate-to-short term
3.2	Ensure regular dissemination of quality self-help information to people who have attempted suicide and their family members/ friends – using existing resources and information adapted for and specific to the Tasmanian context.	Medium-term
3.3	Pilot and evaluate (non-clinical) support options for people who have attempted suicide and presented to the health service.	Medium-term

Priority 2

2 Empower and support young people, families and communities to respond to suicidal behaviours and the impact of suicidal behaviours.

To achieve this, we will:

Action 4	Support communities to develop and implement coordinated action to prevent suicidal behaviour and support those affected by suicide
Action 5	Support communities to understand and safely talk about suicide and the impact of suicide
Action 6	Build the knowledge and skills of families, partners and carers to support those they care for who are at risk of suicide, recovering from a suicide attempt, or affected by suicide
Action 7	Take action as outlined in the *Youth Suicide Prevention Plan for Tasmania (2016-2020)*

Why has this been prioritised?

- ✓ While reducing suicide involves the health and mental health system, there is also an important role for communities – including where people live, work, study and interact.
- ✓ Every suicide affects families, friends, colleagues and others who were exposed to or affected by the death. Postvention approaches that support affected individuals and communities are showing promising outcomes (14,15).
- ✓ There is strong support for community awareness programs in national and international strategies, and it has been a focus in Tasmania. While there is evidence to support these programs, it is limited. Therefore, programs will be run in parallel to other interventions and evaluated (4).

Consultations in Tasmania identified the need to engage and support families as well as localised community action and supports. Service providers and community members discussed the need for tailored approaches for communities (geographical, cultural or other ways communities are defined) that meet their needs and used their existing strengths and networks.

TAKING ACTION ON PRIORITY 2

Activities to empower and support young people, families and communities to respond to suicidal behaviours and the impact of suicidal behaviours.		Timeframe
4.	**Support communities to develop and implement coordinated action to prevent suicidal behaviour and support those affected by suicide.**	
4.1	Support the continuation of the Tasmanian Suicide Prevention Community Network and ensure cross-sector and cross-community representation.	Immediate-to-short-term
4.2	Identify priority communities and support the further development (or review) of Community Action Plans, and ongoing monitoring of approaches and outcomes delivered under the action plan/s.	Medium-term
4.3	Support the coordination of postvention responses across regions of Tasmania to manage emerging or known clusters, with the support of other national and state services as required.	Medium-term
4.4	Develop a best-practice framework for workplaces in Tasmania that integrates mental health promotion, prevention of mental ill-health, suicide prevention and suicide postvention plans, which link to state and national work to support workplaces.	Medium-term
4.5	Identify workforces in Tasmania that may be at increased risk of suicidal behaviour - either because of their workforce demographics (for example construction, mining) or the nature of their work (for example emergency workers, defence personnel) and work with them to implement integrated mental health, suicide prevention and suicide postvention plans and programs.	Longer-term
4.6	Work with national agencies to support the dissemination of guidelines for managing online content following suicide deaths – including the management of memorial pages.	Longer-term
5.	**Support communities to understand and safely talk about suicide and the impact of suicide.**	
5.1	Provide training to members of Parliament and other community and sector leaders in safe communication about suicide and participate in local community activities across Tasmania to raise awareness of suicide and its impacts.	Immediate-to-short-term
5.2	Disseminate evidence-based resources and information on talking about suicide through education settings, workplaces and other community services and networks (including priority populations in Tasmania). This should link with and be supported by the Tasmanian Suicide Prevention Community Network (TSPCN).	Medium-term
5.3	Work with national agencies to implement guidelines to support how suicide prevention organisations and campaigns engage with communities online.	Longer-term
6.	**Build the knowledge and skills of families, partners and carers to support those they care for who are at risk of suicide, recovering from a suicide attempt, or affected by suicide.**	
6.1	Work with the primary care system to ensure all carers, partners and families have access to appropriate support following a suicide and/ or a suicide attempt (linked to activity 1.2).	Medium-term
6.2	Explore opportunities to pilot and evaluate carer, partner and family support program/s for those supporting a family member (or friend) who has attempted suicide.	Longer-term
6.3	Ensure evidence-based support services and programs for children affected by suicide, appropriate for the developmental stage, are available to build resilience and support grief and loss.	Longer-term
7.	**Take action as outlined in the *Youth Suicide Prevention Plan for Tasmania (2016-2020)***	

Priority 3

3 Implement public health approaches to reduce suicidal behaviour and increase community literacy about suicide and suicide prevention.

To achieve this, we will:

Action 8	Work to identify and reduce access to means of suicide in Tasmania, including safety measures implemented at known hotspots
Action 9	Develop and implement a proactive communication strategy that involves and includes services, individuals, government agencies, communities and the media

Why has this been prioritised?

- ✓ Reducing or restricting access to means of suicide has been highlighted as one of the most effective suicide prevention interventions globally. There is also evidence to suggest that safety measures implemented at suicide hotspots can reduce suicide rates significantly (16,17,18).
- ✓ Evidence suggests that certain ways of reporting suicide can increase suicidal behaviour in vulnerable community members (19-22) However, the media and other digital communication platforms have a role in increasing literacy around suicide prevention and mobilising community and individual action to support those at risk of suicide and/or affected by suicide. Positive relationships with media outlets in Tasmania and key online influencers are an important step in developing and promoting messages that are likely to assist with suicide prevention.

Service providers and community members in Tasmania highlighted the role of media in providing information to communities about suicide prevention but were also concerned about the impact of certain types of reporting that may increase risk of suicide and/or stigma. Service providers and media professionals highlighted the need to work in partnership where possible, highlighting the opportunities to co-create positive stories about recovery and suicide prevention initiatives.

TAKING ACTION ON PRIORITY 3

Activities to implement public health approaches to reduce suicidal behaviour and increase community literacy about suicide and suicide prevention.		Timeframe
8.	**Work to identify and reduce access to means of suicide in Tasmania, including safety measures implemented at known hotspots.**	
8.1	Implement an evidence-based plan to reduce the number of attempts and deaths occurring from sites identified as a hotspot through data analysis in Tasmania.	Medium-term
8.2	Ensure media reports, public communication from official sources and any communication from the suicide prevention sector uses evidence-based advice about discussing methods of suicide (Linked to the new Tasmanian Mental Health and Suicide Prevention Communications Charter described in Action 9.2).	Medium-term
8.3	Investigate options to reduce and/or restrict access to means of suicide identified through data analysis in Tasmania.	Longer-term
9.	**Develop and implement a proactive communication strategy that involves and includes services, individuals, government agencies, communities and the media.**	
9.1	Establish a state-wide Communication Working Party with membership from TSPCN, academics, health professionals, community sector organisations (CSOs), those with lived experience, communication experts, suicide prevention policy analysts and local media to develop and implement a strategic communications plan that sets roles and priorities.	Immediate-to-short-term
9.2	Develop and implement a Tasmanian Mental Health and Suicide Prevention Communications Charter, to be signed by organisations working in suicide prevention and other community leaders to set out principles and key messages for public communication about suicide in Tasmania. This should be used to guide all cross-sector communication under this Strategy and other related strategies in Tasmania.	Medium-term
9.3	Deliver annual *Mindframe*[2] (or other nationally approved) training in partnership with Tasmanian stakeholder/s to media organisations and the Journalism, Media and Communications programs at University of Tasmania.	Medium-term
9.4	Communication and media training delivered to experts, community organisations and those with lived experience to build the capacity of multiple sectors to implement the Tasmanian Mental Health and Suicide Prevention Communications Charter.	Longer-term

2 *Mindframe National Media Initiative*, nationally funded to work with the media www.mindframe-media.info

Priority 4

Ensure effective implementation, monitoring and evaluation of the Strategy.

To achieve this, we will:

Action 10	Implement data collection and evaluation methods that ensure the Strategy, and its actions, can be assessed
Action 11	Develop processes for coordinating and monitoring cross-government action under the Strategy

Why has this been prioritised?

- ✓ Without reliable and valid data, it is difficult to know how best to target efforts and resources and to determine if the Strategy has led to positive changes or outcomes.
- ✓ Evidence based programs and interventions will be used, but when this is not possible (or where programs have not been fully evaluated) programs and interventions should be pilot tested and evaluated before they are rolled out across the state.
- ✓ Evaluation will be prioritised from the outset so that individual components of the Strategy can be evaluated, as well its overall impact.

Accountability and transparency were both highlighted as important components of the suicide prevention strategy, with stakeholders requesting a clear implementation plan and a way of monitoring progress.

TAKING ACTION ON PRIORITY 4

Activities to ensure effective implementation, monitoring and evaluation of the Strategy.		Timeframe
10.	**Implement data collection and evaluation methods that ensure the Strategy, and its actions, can be assessed.**	
10.1	Establish a Tasmanian Suicide Register to enable collection and analysis of suicides to better target suicide prevention strategies.	Medium-term
10.2	Set up a site/s/processes to monitor self-harm and suicide-attempt presentations to hospital and to track trends, risks and outcomes for those presenting to hospital with self harm and suicidal behaviour.	Longer-term
10.3	Develop a research agenda (and leverage research funds) to support research into emerging areas of suicide prevention and practice, with a preference for partnerships that build the capacity of local services and researchers.	Longer-term
11.	**Develop processes for coordinating and monitoring cross-government action under the Strategy.**	
11.1	Develop an annual report of progress to the Minister for Health.	Immediate-to-short-term
11.2	Review the membership of the Tasmanian Suicide Prevention Committee (TSPC) and the Tasmanian Suicide Prevention Community Network (TSPCN) in line with the new Strategy to ensure cross-government and cross-sector leadership at the government and community level.	Immediate-to-short-term
11.3	Encourage and support the development of suicide prevention action plans (based on the Strategy) across all relevant government portfolios and community service organisations.	Medium-term
11.4	Provide annual suicide prevention planning workshops that involve the TSPCN and cross-government networks to ensure coordination and collaboration between services and community networks.	Medium-term

Priority 5

5

Train and support health workers and other gatekeepers to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours -*Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020).*

To achieve this, we will:

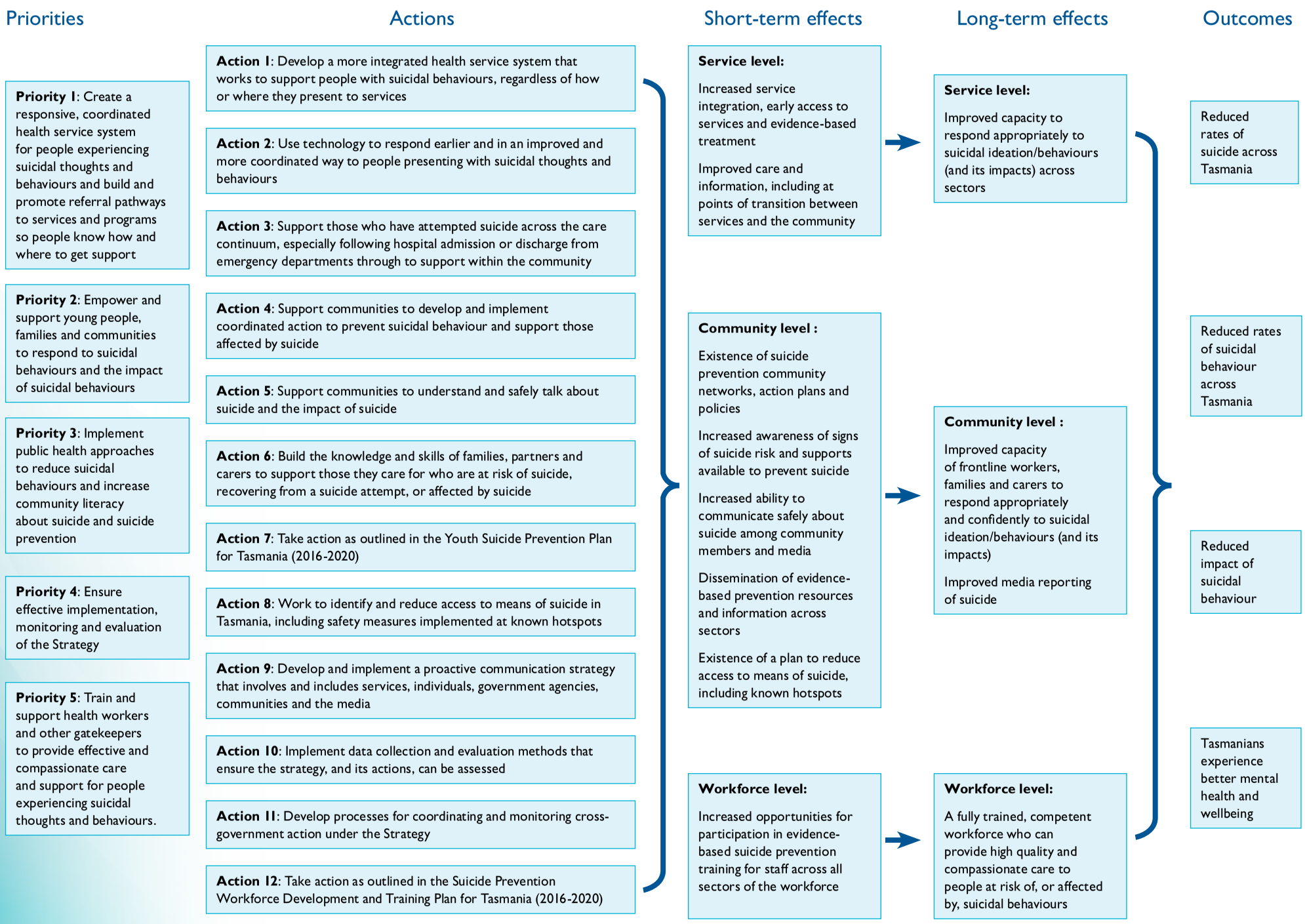
Action 12	Take action as outlined in the *Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)*

Why has this been prioritised?

- ✓ While evidence is limited across different professional groups, most suicide prevention strategies have highlighted the important role of training and development for frontline health workers and other gatekeepers. There is evidence to support the training of GPs, prison and school staff and training within specific workplaces (9,10).
- ✓ The benefits of gatekeeper training for professionals include: improved risk assessment skills, self-reported knowledge about suicide and/or suicide prevention, confidence, perceived self-efficacy, attitudes towards suicide and/or suicide prevention and willingness to intervene (11,12,13).

The need for tailored suicide prevention training across disciplines and sectors was highlighted by service providers and community members in Tasmania. Support and training for GPs featured strongly across the consultations as well as the need to build the capacity of the broader health, mental health and drug and alcohol workforces (particularly in rural areas). The role that different sectors play was highlighted with recommended training for a range of gatekeepers as well as broader awareness training and education for communities and families.

Appendix 1: Evaluation Framework



Appendix 2: Key terms and preferred language

Key terms:

There is some inconsistency of terms used to describe suicide, suicidal thinking and suicidal behaviour across the literature and other policy documents. Below is a list of key terms and their definitions as they apply to this Strategy and associated plans in Tasmania (6).

Suicide	The act of purposely ending one's life
Suicidal thinking	Thoughts about attempting or completing suicide
Suicidal behaviour	A range of behaviours or actions which are related to suicide including: suicidal thinking, self-harming behaviours aimed at causing death, and/or suicide attempts
Suicide attempt	Any non-fatal suicidal behaviour
Postvention	Intervention after a suicide to support individuals, families and communities
Lived experience	The personal experience of suicide including suicide attempts, suicidal thinking and behaviour and those who are bereaved by suicide

Preferred language:

Certain language can stigmatise people who have attempted suicide and people bereaved by suicide, as well as present inaccuracies about suicide or health care. This document adopts nationally recognised suicide prevention language. Examples of preferred suicide prevention language when having conversations about suicide are shown in the table below (23).

Do say ✓	Don't say ✗	Why ?
'non-fatal' or 'made an attempt on his/her life'	**'unsuccessful suicide'**	to avoid presenting suicide as a desired outcome or glamourising a suicide attempt
'took their own life', 'died by suicide' or 'ended their own life'	**'successful suicide'**	to avoid presenting suicide as a desired outcome
'died by suicide' or 'ended his/her own life	**'committed' or 'commit suicide'**	to avoid association between suicide and 'crime' or 'sin' that may alienate some people
'concerning rates of suicide'	**'suicide epidemic'**	to avoid sensationalism and inaccuracy

Source: *Mindframe National Media Initiative, 2015*

References

1. Australian Bureau of Statistics. (2015). Causes of Death, Australia, 2012. Catalogue No. 3303.0. Belconnen, ACT: Commonwealth of Australia. http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument
2. World Health Organisation (2014) Preventing suicide: a global imperative. http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/
3. National Mental Health Commission (2013) The National Review of Mental Health Programmes and Services. Sydney: NMHC. http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2013-report-card/preventing-suicide/what-works-in-suicide-prevention.aspx
4. Robinson J, Bailey E, Hetrick S, et al. (2015). Informing the development of Tasmania's Suicide Prevention Strategy: A review of policy documents and related literature. Melbourne, Australia. Unpublished work.
5. Suicide Prevention Australia (2015). Suicide and Suicidal Behaviour in Women – Issues and Prevention. A Discussion Paper. Sydney: Suicide
6. Commonwealth Department of Health and Ageing (2007). Living is For Everyone (LiFE) Framework. Canberra. http://www.livingisforeveryone.com.au/life-framework.html
7. Robinson J, Bailey E, Hetrick S, et al. (2015). Developing a suicide prevention strategy for Tasmania: a review of the literature. Melbourne, Australia. Unpublished work.
8. Cebria AI, Parra I, Pamias M, et al. (2013). Effectiveness of a telephone management programme for patients discharged from an emergency department after a suicide attempt: Controlled study in a Spanish population. *Journal of Affective Disorders*. 147(1-3):269-276.
9. Aoun S, & Johnson L. A., (2001). Consumer's perspective of a suicide intervention programme. *Australian New Zealand Journal of Mental Health Nursing*.10(2):97-104.
10. Dedic, G., & Panic, M., (2007). Suicide prevention program in the Army of Serbia and Montenegro.[Erratum appears in Mil Med. 172(10):1064 Note: Gordana, Dedic J [corrected to Dedic, Gordana]; Milivoje, Panic [corrected to Panic, Milivoje]]. *Military Medicine*. 172(5):551-555.

11. Appleby L, Morriss R, Gask L, et al. (2000). An educational intervention for front-line health professionals in the assessment and management of suicidal patients (The STORM Project). *Psychological Medicine*. 30(4):805-812.

12. Berlim MT, Perizzolo J, Lejderman F, Fleck MP, Joiner TE. (2007). Does a brief training on suicide prevention among general hospital personnel impact their baseline attitudes towards suicidal behavior? *Journal of Affective Disorders*. 100(1-3):233-239.

13. Chan SW, Chien WT, Tso S. (2009). Provision and evaluation of a suicide prevention and management programme by frontline nurses in Hong Kong. Hong Kong Medical Journal. 15 Suppl 6:4-8.

14. Campbell FR, Cataldie L, McIntosh J, Millet K. (2004). An active postvention program. *Crisis*. 25(1):30-32.

15. Visser VS, Comans TA, Scuffham PA. (2014). Evaluation of the effectiveness of a community-based crisis intervention program for people bereaved by suicide. *Journal of Community Psychology*. 42(1):19-28.

16. Department of Health and Ageing. Developing a community plan for preventing and responding to suicide clusters. Canberra: Commonwealth of Australia, 2012.

17. Bennewith O, Nowers M, Gunnell D. (2007). Effect of barriers on the Clifton suspension bridge, England, on local patterns of suicide: implications for prevention. British Journal of Psychiatry. 190:266-267.

18. Perron S, Burrows S, Fournier M, Perron PA, Ouellet F. (2013). Installation of a bridge barrier as a suicide prevention strategy in Montreal, Quebec, Canada. American Journal of Public Health. 103(7):1235-1239.

19. Pelletier, A.R., (2007). Preventing suicide by jumping: the effect of a bridge safety fence. *Injury Prevention*.13(1):57-59.

20. Pirkis J, Dare A, Blood RW, et al. (2009). Changes in Media Reporting of Suicide in Australia Between 2000/01 and 2006/07. Crisis. 30(1):25-33.

21. Michel K, Frey K, Wyss K, Valach L. (2000). An exercise in improving suicide reporting in print media. Crisis. 21(2):71-79.

22. Niederkrotenthaler T, Sonneck G. (2007). Assessing the impact of media guidelines for reporting on suicides in Austria: Interrupted time series analysis. *Australian and New Zealand Journal of Psychiatry*. 41(5):419-428.

23. Mindframe (2015). Mindframe National Media Initiative. http://www.mindframe-media.info.

Notes

Tasmanian
Government