South Australian
Suicide Prevention
Plan 2017-2021

Making people our priority
Empowering communities
Translating evidence into practice

Government of South Australia

SA Health

Needing help?

Help is available.

If you or someone you know, are **having thoughts of suicide** please seek help.

In the first instance you should contact a General Practitioner. However, if this is not possible or you think the matter is more urgent we suggest you make contact through the following numbers:

South Australian 24 hr Mental Health Triage Line (if over 18 years)	131465	
Women's and Children's Hospital (if under 18 years)	8161 7000	
In an emergency call for an ambulance on	**000**	
Lifeline	13 11 14	www.lifeline.org.au
Kids Help Line	1800 551 800	www.kidshelpline.com
Mensline Australia	1300 789 978	www.Mensline.org.au
beyondblue info line	1300 224 636	www.beyondblue.org.au
Suicide Call Back Service	1300 659 467	www.suicide.callbackservice.org.au
SANE Australia	1800 187 263	www.sane.org

You may also be able to get assistance from other services that assist people who are having thoughts of suicide, this includes:

Headspace (for young people)	1800 650 890	www.eheadspace.org.au
QLife	1800 184 527	www.qlife.org.au
Reach Out (for young people)		www.reachout.com
For Aboriginal and Torres Strait Islander people		www.menzies.edu.au

If you are **bereaved by suicide** and need help, the following services are able to provide assistance:

Standby Response Adelaide South	0437 752 458
Standby Response Adelaide North	0438 728 644
Living Beyond Suicide Country South Australia	1300 761 193
Lifeline	13 11 14
Bereaved Through Suicide	0468 440 287
MOSH (Minimisation of Suicide Harm)	8377 0091
Suicide Call Back Service	1300 659 467
Silent Ripples (Murray Bridge)	www.silentripples.net

Message from the Government of South Australia

The South Australian Suicide Prevention Plan 2017-2021 (the Plan), outlines the way in which the South Australian Government will set about reducing suicide in our state over the next 4 years. It is built upon the solid foundation laid by the South Australian Suicide Prevention Strategy 2012-2016.

The Plan is based on the growing recognition, by all Governments, that people are keen that we work with them and value their ideas about what is best for them rather than doing things to them or for them. This approach, often referred to as being person-centred, is vital and this Plan sets out actions that embrace that underlying principle.

The Plan recognises the importance of using the best available evidence to prevent suicide, identifies priorities for South Australia to take action against suicide, and is strongly outcomes-focussed and measurable.

It is intended to establish one Suicide Prevention Network (Network) in every local government region across the state and in those Aboriginal Communities where they see this as being the most culturally safe way of developing stronger communities. Currently those Networks that have been established, have started to ensure there are life-saving conversations about suicide, begun breaking down stigma and brought education and training to the area to increase individual awareness, which in turn has helped improve help-seeking and community confidence in offering support.

Under this Plan there will be greater support given to both existing and new Networks, so that communities are prepared and well-resourced to respond appropriately to a person in distress as well as the family and community following a death by suicide.

SA Health will continue to increase the capacity of our health care professionals to identify and engage with people at risk of suicide, their family and friends. To date over 600 people have been re-trained in a fundamentally better way to assist people who are at risk of suicide, so that our health care staff across the state can concentrate on how they can assist the person until they are no longer at such a high risk of suicide. Under this Plan we aim to train a further 3,000 health care staff over the next three years.

We will continue to collect, monitor and review information in cooperation with our Government Departments and Universities to ensure that suicide prevention and postvention practice in South Australia remains contemporary and responsive to need. The Chief Psychiatrist and the State Coroner will develop a suicide registry that can provide accurate and early identification of trends in suicide within the state as well as the type of information that will inform and ensure a rapid response to community distress and suicide as this affects South Australia.

Everyone has a responsibility for preventing suicide. Community members, service providers from all sectors and caring professionals are encouraged to work together in creating a strong and resilient community that is capable of responding to the need of people at risk of suicide.

We recognise that it is not only the South Australian Government that is responsible for preventing suicide and we look forward to working with the Commonwealth Government, national suicide prevention bodies and Industry to build a stronger South Australia.

In Memory

This Plan is dedicated to the memory of those who have taken their own lives. We acknowledge the struggle, turmoil and hopelessness they experienced.

Condolences

To those bereaved by suicide we would like to acknowledge the pain and anguish felt for the loss of their loved ones.

To those that have attempted to take their own life, we would like to acknowledge the inner turmoil that you experienced and your courage and strength in trying to give new meaning to life. To their families and carers, we would like to acknowledge your hard work, at what is a time of uncertainty and anguish in the hope that you remain alongside your loved one as they begin the journey to recovery.

Acknowledgments

To those who participated in the consultation forums and those that provided feedback in the preparation of the Plan, thank you for your contribution. The amount of passion shown to addressing suicide in our community is very heartening and encouraging as we as a community work towards eliminating suicide in South Australia.

The South Australian Suicide Prevention Plan 2017 - 2021

1. Executive Summary

This Plan has been developed over the past year, at a time when there has been a number of calls for greater action at addressing suicide in Australia during the development of the 5th National Mental Health and Suicide Prevention Plan. It has relied on the information about the successes and challenges of the previous South Australian Strategy, and what was heard from people impacted by suicide across South Australia. It considered examples of best practice from throughout Australia and elsewhere in an effort to present what works.

This Plan identifies priorities for the State to take action to prevent suicide in South Australia and will build on the actions that were undertaken during the previous Strategy.

The Plan identifies three main areas of focus:

Making people our priority

> High-quality treatment, improved follow-up and more continuous care after discharge from hospital settings;

> Trained clinicians in SA Health, the Primary Health Networks and the Private Sector in *Connecting with People* to provide a standard approach to suicide mitigation and treatment across the State; and

> Identification and support for vulnerable groups and people.

Empowering communities

> Establishment of one Suicide Prevention Network in each local government region across the State;

> Local joint planning between Primary Health Networks, Local Health Networks, Non-government Organisations, education, primary and allied health, Families SA and Emergency Services to provide gap-free support and care for people in distress and crisis; and

> Establishment of Suicide Prevention Networks in those Aboriginal communities which align with a South Australian Aboriginal and Torres Strait Islander Suicide Prevention Plan.

Translating evidence into practice

> Creation of a South Australian Suicide Registry to provide early identification and improved knowledge about the changes and trends in suicide in South Australia; and

> Expand the work with the State Coroners' Office and Universities to provide a best practice network in suicide prevention interventions and programs.

Evidence from around the world has pointed to the effectiveness of suicide prevention being best achieved by a multifaceted approach of best practice activities and a layered community response to individual distress.

Almost all government departments are critical in the efforts to reduce suicide in South Australia. In particular, they are essential to breaking down stigma and raising awareness of the importance of improving the mental health and wellbeing of their clients and their workforce.

This Plan calls for targeted responses which encompass the actions that provide measurable results, changes to attitudes and improved knowledge to appropriately respond to people in distress.

2. Introduction

Whilst suicide is a rare event the effects are profound with the grief and loss being felt deeply through the community. Suicide cuts lives short and leaves scars. Those bereaved by suicide experience social losses, health and mental health issues and are at higher risk of suicide themselves. From an economic perspective the loss of life places a high impost on the community. In many circumstances, suicide is preventable and deserves a concerted all of Government and whole of community response.

Preventing suicide is an agreed national policy priority, which requires effort by all levels of government in a coordinated way. Understanding the contribution of the different layers of Government is challenging and at times this impeded attempts at a coordinated approach at the local level.

The State Government contributes through public Mental Health Services and the activities of this plan. The Commonwealth Government contributes to suicide prevention primarily through the Primary Health Networks which commission mental health and suicide prevention services, and it also funds National non-government organisations and research.

From the outset of the National Mental Health Strategy in 1992, Prevention of Suicide has been a core priority area for action. This resulted in the Living is For Everyone (LIFE) framework as the nationally agreed Suicide Prevention approach in 2007. During the development of the latest plan there were calls for a renewed and greater focus on suicide prevention consistent with the World Health Organisation's *Preventing suicide: A global imperative*, which focused on the following 11 elements

Table 1 – World Health Organisation 11 elements for Suicide Prevention

World Health Organisation 11 elements for Suicide Prevention		
1	**Surveillance**	Increase the quality and timeliness of data on suicide and suicide attempts.
2	**Means restriction**	Reduce the availability, accessibility and attractiveness of the means to suicide.
3	**Media**	Promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media
4	**Access to services**	Promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.
5	**Training and education**	Maintain comprehensive training programs for identified gatekeepers.
6	**Treatment**	Improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
7	**Crisis intervention**	Ensure that communities have the capacity to respond to crises with appropriate interventions.
8	**Postvention**	Improve response to and caring for those affected by suicide and suicide attempts.
9	**Awareness**	Establish public information campaigns to support the understanding that suicides are preventable.
10	**Stigma reduction**	Promote the use of mental health services.
11	**Oversight and coordination**	Utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours.

The Fifth National Mental Health Suicide Prevention Plan (The National Plan) was endorsed in August 2017 and sets out a new agenda for the development of coordinated local suicide prevention plans that bring together Local Health Networks (LHNs), Primary Health Networks (PHNs), Aboriginal Controlled Health Services (ACCHS) and a range of providers and the community. In addition the National Plan will result in greater efforts at preventing suicide in Aboriginal and Torres Strait Islander Communities.

All governments have renewed their commitment to *beyondblue* ®[1] a national organisation focussed on Depression, Anxiety and suicide prevention as well as Suicide Prevention Australia that represents the Suicide Prevention sector. In addition, the National Research Centres such as the Centre of Research Excellence in Suicide Prevention (CRESP), Queensland Centre for Mental Health Research (QCMHR), the Australian Institute for Suicide Research Prevention (AISRAP) and the South Australian Government continues to work closely with these centres as well as national organisations including Lifeline.

In South Australia, each year less than a half of people who suicide have had contact with Mental Health Services. Many of them have been to see a General Practitioner or have spoken to someone indicating they are vulnerable. It is of paramount importance that the whole community is aware of how to help someone who is at risk to get help at the earliest time.

Suicide is not solely a mental health issue. There is often a complex set of issues that leads a person to suicide and therefore the responses required to prevent it. Suicide is an issue that relies on a whole of government and a whole of community response.

This Suicide Prevention Plan provides the approach that the South Australian Government will take in implementing a range of actions that complement the efforts of local communities and Commonwealth funded programs, that will lead to targeted and connected regional plans. The South Australian 10 year Mental Health Strategic Plan to be released in late 2017 will outline further initiatives to support this plan

1 *beyondblue* is the Registered Trade Name for Beyond Blue Limited

3. Understanding suicide in South Australia

## Suicide in South Australia at a Glance

- Just above the National Average
- Males more than females
- Middle Age most at risk
- Aboriginal People more than non-indigenous
- LGBTIQ, CALD and Bereaved at greater risk
- Certain occupations have greater risk
- Rural rate has been falling and now equals the metropolitan area.
- Other factors that increase risk including mental illness and childhood trauma, especially sexual abuse

Each year, the Australian Bureau of Statistics (ABS) releases comprehensive information about trends in suicide according to national and jurisdictional data in its publication Suicides in Australia. In its most recent release the ABS reported that 3047 Australians died by suicide in 2015, of whom 236 lived in South Australia. This represents an age standardised rate of 13.4 deaths per 100,000 people slightly above the national rate of 12.6.

State / Territory 2011-2015	Rates
Northern Territory	18.7
Tasmania	14.2
Queensland	14.1
Western Australia	13.9
South Australia	**12.8**
New South Wales	9.7
Victoria	9.7
Australian Capital Territory	9.3
National	**11.5**

Figure 1 shows the rate of suicide by gender for South Australia compared to the National rate for the last five years. It shows that males were three times more likely to die by suicide than females with all rates showing a small but significant increase over that timeframe.

Figure 1 – National vs SA Rates – 2011-2015
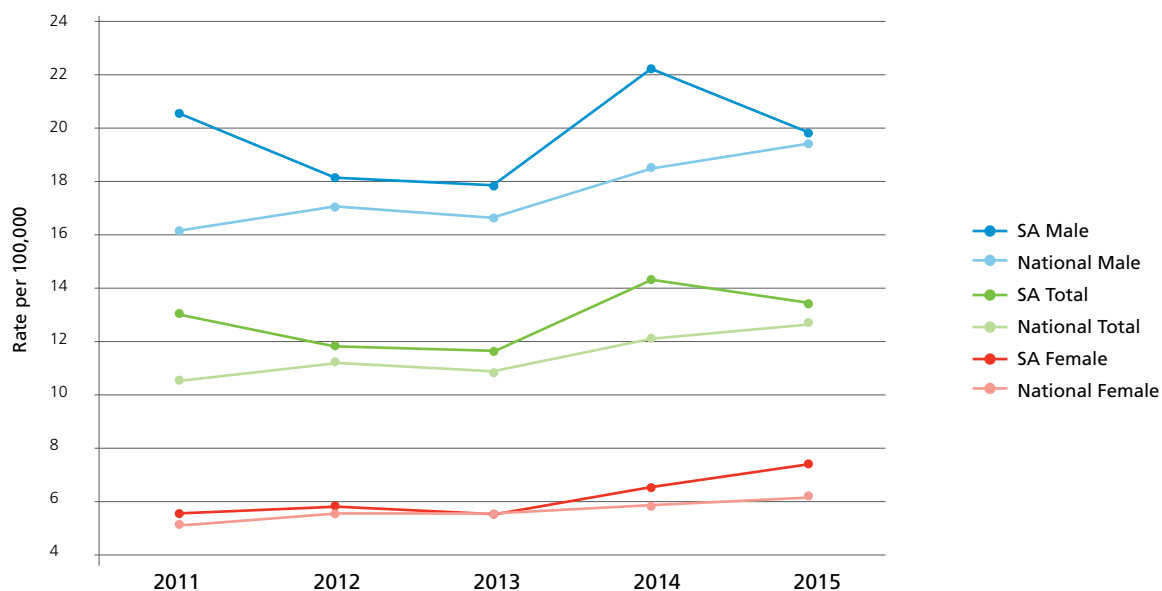
Whilst suicide is a relatively rare occurance in Australia it is the main cause of death for people aged between 15 and 44. For some parts of the South Australian community rates of suicide are much higher.

Across all ages, Aborginal and Torres Strait Islander People are more than twice as likely to die by suicide and non-indigenous people, however for those aged between 15 and 34 this is approximately four times the rate. **Figure 2** below shows the national rate for 2015.

Figure 2 – National Aboriginal and Torres Strait Islander vs Non-Indigenous 2015
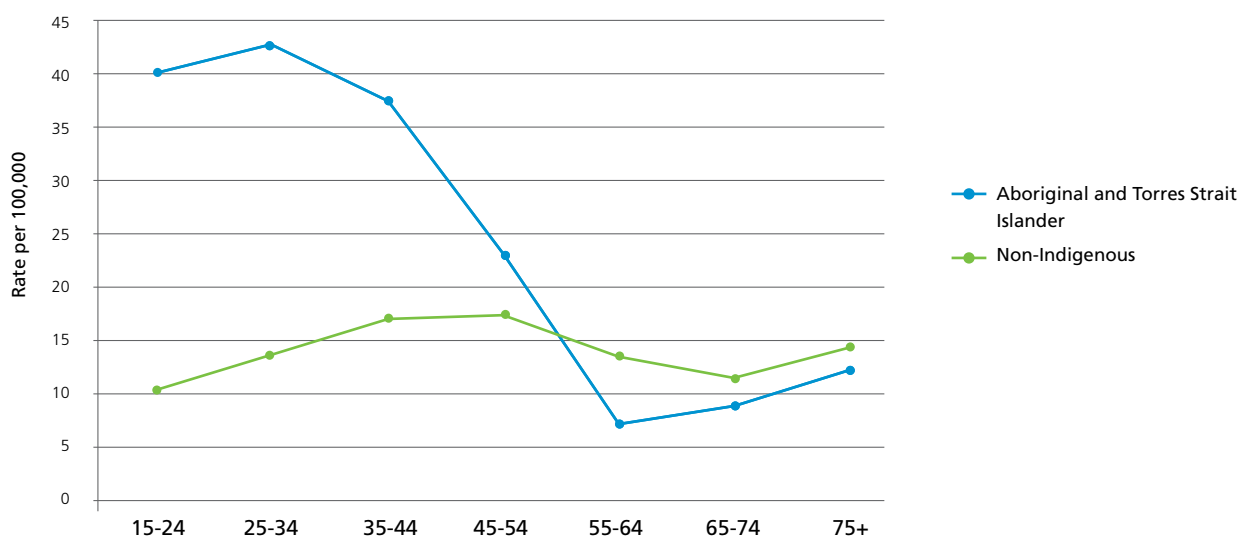
In South Australia a number of other factors are known to lead to a greater risk of suicide.

People who have attempted suicide have one of the greatest risks of future suicide attempts with the first 3 months being a particularly vulnerable period.

In addition, people who identify as being Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTIQ) are at much greater risk of suicidal behaviour and suicide. For many South Australians who were born overseas there is a greater likelihood of suicide. This increased risk relates to many factors, including refugee status, exposure to trauma and torture for some, and low rates of help seeking behaviour and protective mechanism.

People who have been bereaved by suicide, in particular children, are at a greater risk of suicide. Grief is complex and can lead to social, physical and mental health issues for those bereaved.

Certain occupations confer a greater risk than others. In particular, Doctors, Dentists, Veterinarians, Nurses, Finance Workers, Emergency Service personnel (especially Police), Farmers, Pharmacists and a range of Blue Collar workers especially in the Construction Industry are known to be at greater risk than other occupational groups. More recently it has been shown that once people leave Military service and return to civilian life, their risk increases significantly.[2]

Figure 3 shows the rate of suicide by gender by age. It shows that suicide is lowest in those aged less than 14 and highest for men aged over 85. However between the ages of 25 and 55 the rates are high for both males and females and remains a significant public health concern.

Figure 3 – Standardised Suicide Rates by Age and Sex - 2015
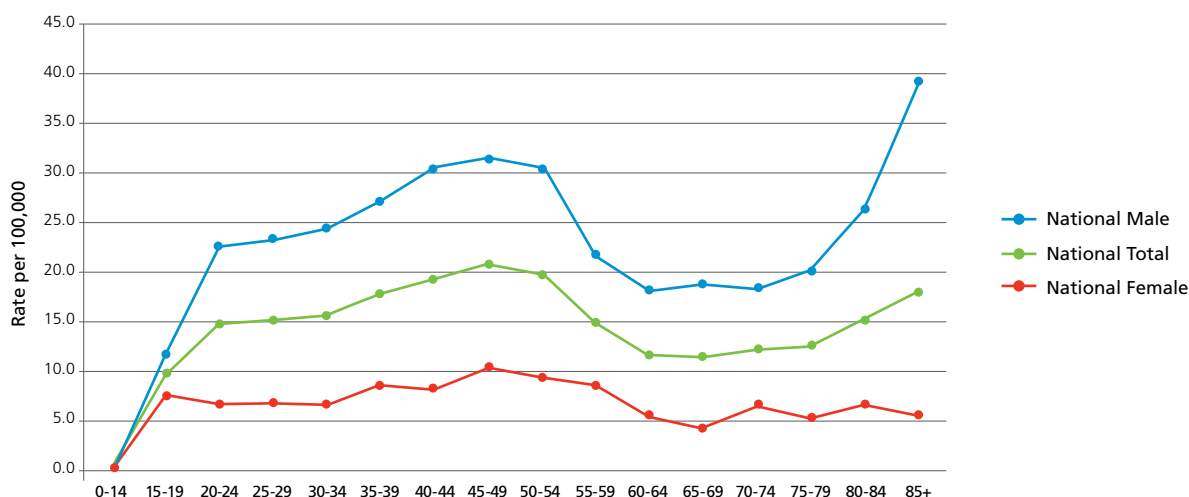
Across Australia, people living outside metropolitan areas have a greater risk of suicide than those living in cities and in some areas this is almost twice the risk. Historically South Australia also had higher rates outside of Adelaide; however this has been changing since 2013. In 2015, the rates in Adelaide and the rest of the State were essentially identical (13.5 compared with 13.4 deaths per 100,000). The reasons for this remain unclear, however the impact of suicide prevention networks, disaster relief following natural disasters, Mental Health First Aid, and ASIST may all have contributed to the recent improvement.

Finally it is well known from research that a number of other situations are associated with a greater risk of suicide. This includes:

> People living with mental illness and/or alcohol and drug problems.
> People who experienced trauma especially sexual abuse in childhood.
> Younger people in out-of-home care.
> People in custodial settings.
> People living with chronic pain and illness especially terminal illnesses.
> People who have been seriously deprived or disadvantaged.

2 Office for National Statistics, United Kingdom. Centers for Disease Control and Prevention, USA.

4.   Consulting on the Plan

In 2016, we commenced a review of the previous South Australian Suicide Prevention Strategy. This involved consideration of all the activities over the preceding 4 years that had been undertaken by South Australian Government agencies.

We travelled throughout the State and invited comments from the community through forums hosted by Suicide Prevention Networks to get advice about this plan.

In addition, we conducted an online survey of the previous strategy. This led to a draft plan which was released for comment and feedback through yourSAy[3] Over 340 South Australians, government departments, community managed organisations and service providers from across the State reported through this process.

Together with other responses, in total we received feedback from more than 500 community members, all 24 Suicide Prevention Networks providing more than 2000 individual suggestions.

The following were the key themes:

> The need for more information for the community on how to support someone at risk
> A more consistent approach to early identification of suicidal ideation, risk assessment and referral protocols so people can find the help they need earlier
> Improved training and skills for health care professionals in responding to people who are suicidal until they are safer
> Greater workplace based support programs
> Improved collaboration between programs, departments, government and non-government sectors, state and federal
> Improved support for people bereaved by suicide, communities and organisations prior to and following a suicide
> Better focus on building resilience and earlier prevention strategies especially for children and young people
> Expansion of the Suicide Prevention Networks

We also heard that stigma combined with inconsistent language and poor responses were a major factor that led to low confidence when considering help-seeking.

3 YourSAy is the South Australian Government online consultation hub

5.   Taking Action

The South Australian Suicide Prevention Plan sets out the actions that will be taken to increase awareness about suicide, where possible prevent suicide, provide best possible interventions and provide postvention services. These actions will be provided through three priority areas as follows:

1. Making people our priority; which involves ensuring that people at risk of suicide are at the centre of all of our approaches,

2. Empowering communities; ensuring we can bring about local action to tackle the issue of suicide, and

3. Translating evidence into practice; to provide greater understanding of suicidal behaviour to improve practices in response to personal distress.

The Plan outlines actions that will be undertaken by various South Australian Government Departments and wherever possible this will be indicated within the Plan. Otherwise the actions will be the responsibility of SA Health.

5.1   Making people our priority

Purpose
By placing people at the centre of all evidence-based approaches we want to support people at risk of suicide and those who have been impacted by it.

Why is this important?
It has long been recognised that people who suicide have become disconnected, felt alienated and have not engaged with their communities or with the services that they have accessed. It is important that the services that we provide are open and engaging with people especially those who feel that there is no hope for them, or feel helpless and disconnected from their lives, families and communities.

A consistent message from people with a lived experience of suicide is that feeling connected and worthwhile is vital in reducing the risk of suicide and for this reason it is important that people are at the centre of this Plan.

When people feel connected and able to seek help then a significant barrier to ongoing wellbeing and long term recovery is removed. Therefore, providing clinicians with better training and support to engage with people in a more meaningful way will improve the likelihood that people at risk of suicide will receive the care and support they need regardless of who they turn to. Furthermore, this care must be appropriate and culturally safe for Aboriginal and Torres Strait Islander people and sensitive to the separate needs of Culturally and Linguistically Diverse and Lesbian, Gay, Bisexual, Transsexual, Intersex, and Questioning communities.

Raising the awareness of the community will increase the avenues of support for people in distress. First responders, General Practitioners, Psychologists and Health Services staff should engage with people at risk in a warm, compassionate and collaborative way that is informed by the current evidence on best practice and the expertise of those with a lived experience of suicide and which includes the persons support network of friends and family.

Many people who die by suicide have had recent contact with a health care professional. Therefore, it is important that when they seek help we properly engage with the person and provide assertive and effective follow up care and help.

What we will do
During the past two decades the importance of suicide risk assessment has been established in Australia. However, the process of making this assessment without an accompanying joint approach with that person to mitigate this risk at that time has been shown to present difficulties for those who seek health care. As a result we will be adopting an approach that links the identification of a person's problems with the development of plans designed to resolve the problems or assist them as much as is possible.

Throughout South Australia we will be adopting a best practice approach known as *Connecting with People* that provides a more comprehensive approach to suicide mitigation.

1. High Quality assessment, treatment, planning and continuing care after discharge.

> We will re-train clinicians in South Australian Local health Networks targeting all Mental Health staff and most Emergency Department staff, the Primary Health Networks and private providers in the "Connecting with People" approach to provide a common and consistent framework across the State.

> We will support this implementation across South Australia with a Connecting with People Policy Guideline for Mental Health Services.

> We will increase the number of trained staff, including mental health nurses and allied health practitioners in best practice treatments that complement the Connecting with People approach such as, Dialectic Behaviour Therapy, Cognitive Behaviour Therapy, Narrative Therapy, Mentalization Based Cognitive Therapy, Mindfulness Training and Schema Therapy.

> We will provide assertive follow up to people who have experienced suicidal ideation and plans or attempts. This will include the development of protocols for discharge and referral to appropriate services.

> We will establish a better approach to collaboration between the community sector and health services to provide follow up and support for the person who is at risk and their friends and family.

> We will work with Lifeline and other telephone counselling and support services to undertake training in the Connecting with People approach to suicide mitigation.

Good Practice

The "Connecting with People" approach

SA Health has invested in training a team of clinicians as accredited trainers in the Connecting with People approach. They will work in Mental Health Services, Emergency Departments, Ambulance Services and with other first responders as well as workers in the community managed sector and members of our Suicide Prevention Networks. Providing this training to a broad cross section of health and community workers and those involved in assisting people at risk of suicide will establish a common, compassionate and comprehensive best practice approach to the provision of ongoing care.

At the heart of the Connecting with People approach is a paradigm shift in thinking about suicide; from risk assessment to comprehensive safety planning and suicide mitigation. This approach is based on international best practice to provide a better approach to the management of suicide risk. It promotes a role for all those involved with the person at risk and recognises that every encounter with an individual with suicidal thoughts is an opportunity to intervene and potentially save their life.

The program recognises the person, their protective factors and the changeable nature of suicidal thought and intent. Just as people with conditions such as diabetes or hypertension can be empowered to manage their own conditions, so too can people gain knowledge and controls over suicidal thoughts and impulses. This benefits not only the person at risk of suicide; it also assists professionals to accept the limitations of a paternalistic approach and instead work to increase the person's own resilience and resourcefulness.

2. Skills based General Practitioner capacity building and education

> We will work with Primary Health Networks and primary care providers to increase the capacity of General Practitioners to screen for suicide and depression, so they are able to provide immediate responses and referral into a system of care.

> We will prioritise the Connecting with People approach so that it is available through primary care.

3. Evidence based postvention practice

> We will work with the providers of postvention services in South Australia such as Standby Response and Living Beyond Suicide to provide support for people, their families, loved ones and communities following a suicide attempt or death.

> We will link people bereaved by suicide with support in their local community to facilitate recovery and healing.

4. Gatekeeper and early identification/intervention training and education

> We will provide education and training in the Connecting with People approach to first responder personnel; including South Australian Ambulance Service staff, Police, the State Emergency Service (SES), Metropolitan Service (MFS), Country Fire Service (CFS), Lifeline, Suicide Prevention Networks and other community organisations according to their skills and need.

> South Australian Fire and Emergency Services (SAFECOM) will incorporate Mental Health First Aid for first responders within the training curriculum as an ongoing course.

> The Department of Premier and Cabinet (DPC) and Department of Treasury and Finance (DTF) will continue to review their resources and guidelines for staff for responding to disclosures of suicidal ideation and risk in collaboration with the Office of the Chief Psychiatrist.

5. Health and Wellbeing approaches within the workforce

> South Australia Police will develop a Health and Wellbeing Strategy for their workforce. The principal objectives are to promote positive mental health and wellbeing, breakdown stigma and discrimination, improve help-seeking and offer early access and effective support for all members.

> The Department for Correctional Services (DCS) will progress the three year partnership with the Wellbeing and Resilience Centre at the South Australian Health and Medical Research Institute (SAHMRI) to improve the wellbeing and resilience of DCS staff.

6. Identification and support for vulnerable groups and people

> We will continue to work at identifying people and groups who are at greater risk and work in collaboration with these communities to develop specific approaches for reducing suicide.

> We will partner with Aboriginal and Torres Strait Islander people to find safe ways of working with people at risk within their community in a culturally competent manner that will maximise the chances of them recovering.

> We will identify ways in which we can reduce the risk of suicide for LGBTIQ people, including the introduction of support programmes.

> The impact of suicide in rural communities can be devastating and we continue to expand our networks so that they can provide greater support following a suicide.

> We will promote initiatives that encourage help-seeking from all high risk and vulnerable groups.

> The Department for Correctional Services (DCS) will continue to develop and implement the Reducing Risk of Prisoner Self-Harm 2017 Action Plan.

> The Office of the Public Sector will support the implementation of a Cultural Safety Framework in public sector agencies to prevent and address behaviours that result in impacts on the mental health of people who are from culturally diverse backgrounds.

> The Department for Communities and Social Inclusion (DCSI) will continue the Thriving Communities approach to address disadvantage in priority locations, recognising that local issues affect the wellbeing and opportunities to people. This approach recognises increased community risk of suicide and a partnership approach to responding.

> The Office of Problem Gambling will promote that all gambling help services will do a Suicide Assessment Screen as part of the intake process.

7. School based support

> The Department of Education and Child Development (DECD) will review suicide prevention and postvention policies and procedures within the South Australian education system.

> DECD will continue its partnership with Shine SA to provide gender diversity training and support to secondary school staff over the next three years (2017-2020).

What we will measure

To allow for a greater understanding of what is effective we will measure and report on a range of factors that will assist in evaluating the plan. This will include:

> The number of people trained in Connecting with People, identifying the modules that have been provided whether they are clinically trained and their place of work.

> The number of people who seek assistance after a suicide attempt.

> The number of people who received a referral and follow up after going to an acute health service.

> The number of suicides by people who had accessed Public Mental Health Services in the preceding 12 months.

What can I do to help?

Every person in South Australia can help. It starts with being aware that suicidal ideation is common and many people suffer their distress with many noticing this but not knowing how to help. We can do a lot by reaching out to someone who is distressed, depressed or suicidal and to those affected by suicide.

The following are ways in which you can be actively involved in being part of the solution:

Stigma stops with you.

> Start the conversation about suicide. Talking about maintaining hope in life with family and friends is a good start.

> Avoid using words that give a negative connotation about suicide such as committed, completed or successful when discussing suicide. Such language further portrays suicide negatively and deters people from seeking help.

Take action to help

> Consider joining a Suicide Prevention Network in your community.

> Learn about the signs and symptoms of distress and suicidal behaviours and how to reach out to those who may be at risk. There are a number of courses you can access including; Connecting with People, Applied Suicide Intervention Skills Training (ASIST), Safetalk or Mental Health First Aid.

Know where to get help in your community

> Help is available. Knowing where you can get help for yourself or a family member or friend or colleague is important. This plan outlines options for you. If at first you don't feel this is helping, let people know.

Show support after a suicide or a suicide attempt.

> Stay in touch with family and friends affected by suicide. Let them know that you care and are available to listen.

> Use the booklet *Information for those bereaved by suicide* which can be found at the following link. http://www.voc.sa.gov.au/Publications/BereavedBySuicide/Victims%20of%20Crime%20book%20web.pdf

Look after yourself

Supporting someone who is in crisis and potentially suicidal can be stressful. It's important to take care of yourself. This is especially important for health care professionals who are increasingly at risk and yet are renowned for not seeking help. There are people and services available to help you. Reach out and stay safe.

Helping someone close to you

If a friend or colleague mentions suicide, take it seriously.

If he or she has expressed an immediate plan, or has access to potentially deadly means, do not leave him or her alone. Get help immediately.

Three life-saving steps from the Applied Suicide Intervention Skills Training program:

Show you care:

Let your friend know that you really care. Ask about his or her feelings. Listen carefully to what he or she has to say. Here are some examples of how to begin the conversation:

"I'm worried about you/about how you feel."

"You mean a lot to me and I want to help."

"I'm here if you need someone to talk to."

Ask the question: Are you thinking about suicide?

Talking with a friend about suicide will not put the idea into his or her head. Be direct in a caring, non-confrontational way. Here are some ways to ask the question:

"Have you ever thought about suicide?"

"Do you want to die or do you just want your problems to go away?"

Get help

If a friend tells you he or she is thinking of suicide, never keep it a secret, even if you're asked to.

Do not try to handle the situation on your own. You can be the most help by referring your friend to someone with the professional skills necessary to provide the help that he or she needs. You can continue to help by offering support. Here is one way to talk to your friend about getting help:

"I know where we can get some help."

5.2 Empowering Communities

Purpose

We want each community in South Australia to be empowered and capable of taking local action to tackle the issue of suicide.

Why is this important?

Preventing suicide requires an approach that involves most parts of a community and a response from many parts of government. Each community has unique attributes and tailoring the supports needed for each to be effective in preventing suicide is an important task.

Communities need to be prepared and resourced to respond appropriately to a person in distress, to show compassion and give hope for recovery.

It is equally important to support families and the broader community following a death by suicide.

Communities that are prepared in advance to respond to critical incidents show greater resilience in the face of a crisis. The development of community-specific guidelines and response plans assists communities to respond in a measured away and help address emerging issues as well as helping community recovery.

What we will do.

1. Suicide Prevention Networks

> We will expand the number of Suicide Prevention Networks (SPNs) so that there is a network linked to each Local Government Area in South Australia.

> These SPNs will raise awareness and breakdown sigma, start life-saving conversations in their community; bring education and training to their community and link those bereaved by suicide to support.

> We will work with Aboriginal Communities in establishing Suicide Prevention Networks to empower these communities to act to prevent suicide.

Good Practice

Suicide Prevention Networks

In 2013, the Department for Health and Ageing though the Office of the Chief Psychiatrist (OCP) began facilitating the development of Suicide Prevention Networks. Since that time the OCP has been supporting communities to establish SPNs in local communities by working collaboratively with local governments and community members.

Each Network is comprised of community volunteers passionate about reducing the impact of suicide in their communities. These volunteers know their communities well and bring to the suicide prevention network a diversity of life experience.

The OCP assists the SPNs in the development of an Action Plan that aims to drive stigma reduction, raise awareness of suicide prevention, increase community connections, and provide education and training to the community.

Mount Gambier SPN was the first to launch in September 2013 and since then this has grown to 18 networks from as far as Port Lincoln, Whyalla and the Riverland and a further 6 Networks developed by Wesley Lifeforce bringing the total to 24 across the South Australia.

Each SPN has established its own identity with a logo, vision and mission to promote their identity in the local community and across the State. Together the SPNs come together as a statewide Network of Networks to increase connectivity, share learnings and build stronger networks.

The SPNs participate in Wellbeing Expos; bring national suicide awareness events to their community, such as RUOK Day, Suicide Awareness Day and Suicide Survivors' Day; through to the development of memorial gardens for the bereaved and leading community discussion at local sporting and community events and the media. They have also joined together for the Royal Adelaide Show's Ride Against Suicide at which they display their banners at this large State, public event and promote awareness of suicide prevention activities at the local level.

South Australia is committed to expanding its network of SPNs with the aim of establishing an SPN in each local government region.
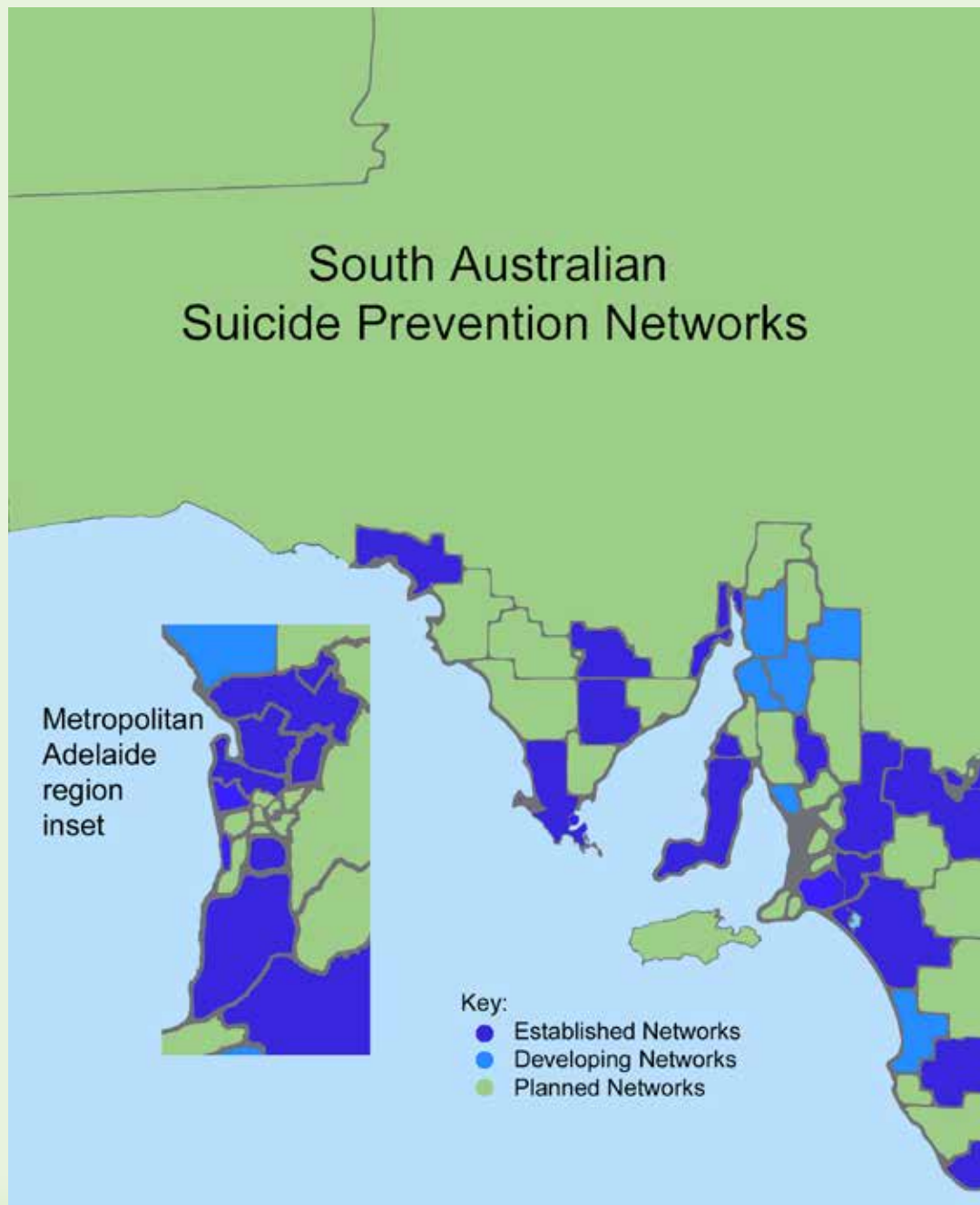

Suicide Prevention Networks

Networks facilitated by the Office of the Chief Psychiatrist currently meet in the following locations:

> Blackwood, Clare, Ceduna, Christies Beach, Cleve, Cummins, Elizabeth, Gawler,, Kadina, Kimba, Mount Gambier x2, Murray Bridge, Naracoorte, Port Lincoln, Riverland, Salisury, Sedan, Tintinara, Whyalla and Yorke Peninsula

Networks facilitated by Wesley Lifeforce meet in Strathalbyn, Port Augusta, Port Adelaide, Ceduna, Glenelg and Victor Harbor.

For more information on the Suicide Prevention Network contact http://www.chiefpsychiatrist.sa.gov.au/

2. Cross sector collaboration

> We will ensure Local Health Networks and Primary Health Networks come together to jointly produce and publish a regional suicide prevention plan that brings together the expertise and efforts of the Community Managed Sector, Primary and Specialist Mental Health Services, Education, Child Protection, Emergency Service Providers, Aboriginal Community Controlled Health Services, and people who have lived experience of suicide.

> This regional suicide prevention plan should be based on the renewed National Suicide Prevention Framework being developed under the Fifth National Mental Health and Suicide Prevention Plan and be based on the World health Organisations Suicide Prevention Framework.

> We will work with Industry based suicide programmes to reduce the likelihood of suicide for individuals in vulnerable industries.

Good Practice

Industry based mental health, wellbeing and suicide prevention programmes

Preventing suicide is a shared responsibility. Industry based mental health and wellbeing programmes increase the capacity of every person in the industry to play a part in reducing suicide.

Mates in Construction is an industry based programme that originated in the Building and Construction Industry more than a decade ago with the aim of improving mental health and reducing suicide.

In 2016, SA Health commissioned Mates in Construction SA to provide an industry based mental health and wellbeing programme for workers at the Arrium Steelworks in Whyalla.   The programme utilises the "mates looking after mates" concept. Workers will often either notice or sense when other workers are doing it tough as they often display outward signs. Mates in Construction (MIC) educates blue collar workers in how to recognise these signs and how to look for invitations to have discussions with fellow workers.

The MIC programme provdes three categories of training namely; general awareness for everyone at a construction site as well as Connector and ASIST training for people wanting to know more and to help others. The result is increased suicide prevention literacy in the workplace, greater recognition of people in need and the provision of help that is practical, professional and appropriate. Field Officers provide onsite support with an ongoing presence at the site until construction is complete.

The South Australian Government is supporting the adaptation of this methodology from one blue collar industry to others where this approach to mental health, wellbeing and suicide prevention can apply.

3. Emergency Recovery

> The Department of Primary Industry and Regions South Australia (PIRSA) will develop an Emergency Relief and Recovery Framework.

> PIRSA will work with other Government Departments, in particular DCSI, to provide a holistic recovery response to natural disasters and to build upon the individual and community resilience.

4. Workplace Peer support

> SAFECOM will provide Peer Support Officers trained in Psychological First Aid and Mental Health First Aid to provide awareness programmes in stress, trauma ad suicide prevention to volunteers in their regions

> The Department of Transport and Infrastructure (DPTI) will engage contractors in a leadership commitment to recognise promote and endorse work-site health, safety and mental wellbeing initiatives along with initiatives in safety and mental wellbeing of construction workers.

5. Prevention / postvention innovation

> We will continue to support prevention, postvention and community innovation through the South Australian Suicide Prevention Community Grants Scheme.

> We will collaborate with postvention providers, Standby Response and Living Beyond Suicide to provide support to those impacted by the grief of suicide.

> The Department of Education and Child Development through their Social Work Incident Support Service (SWISS) will provide statewide pre/postvention support to schools in regards to suicidal ideation, suicide death and attempted suicide of a student.

> The Department of Communities and Social Inclusion (DCSI) will continue to support the commitment to South Australia as a "State of Wellbeing" through the development of population level wellbeing measures, in partnership with SA Health and non-government partners such as the Wellbeing and Resilience Centre and SAHMRI.

> DCSI, through its Community Services Division will implement the Thriving Communities initiative that addresses disadvantage and builds inclusion and resilience in South Australian communities of identified disadvantage.

6. Identify communities in distress

> We will develop a partnership, supported by a Memorandum of Understanding, between SAPOL, the OCP and the State's postvention providers Standby Response and Living Beyond Suicide to better monitor community distress associated with suicide.

> We will provide education to Suicide Prevention Networks to assist them in connecting communities and individuals with services and resources when experiencing distress.

7. Promotion of mental health and wellbeing in nature

> The Department for Health and Ageing and the Department of Environment, Water and Natural Resources have developed a "Health Parks Healthy People" South Australia framework. This will be used with SPNs to increase their capacity to realise the untapped potential for nature to be used to improve mental health and wellbeing.

> The Healthy Parks, Healthy People SA team will ensure South Australians have a better understanding of the benefits that spending time in nature can make to mental health and wellbeing. This will include the "Five ways to Wellbeing in Nature" campaign.

8. Working to create safer environments

> SA Health will work with Commonwealth and other State and Local Government agencies to accurately identify local risks and suicide hot spots that can be used to put local prevention plans into place.

9. Engaging with the media.

> SA Health will continue to work with Media organisations to use the Mindframe guidelines in the proper reporting of suicide and related articles and will ensure emergency contact numbers are provided after articles that may trigger distress in other people.

Good Practice

Mindframe

The media has an important role to play in shaping and reinforcing social attitudes towards, and perceptions of, suicide and mental illness. For more than 10 years, the media has been actively working with the Mindframe National Media Initiative (Mindframe) to promote reporting and portrayals that reduce potential harm and enhance community understanding about suicide and mental illness.

The evidence shows reporting of both issues has increased and improved in quality since the introduction of Mindframe initiatives. Rather than being rules per se, *Reporting suicide and mental illness: A Mindframe resource for media professionals* is a practical resource that builds on existing codes of practice and editorial policies to ensure reporting is based on research, evidence and industry standards. This print resource is supported by more detailed information online, a downloadable app which includes quick and comprehensive guides on reporting suicide and mental illness, contact details for organisations which can provide comment for stories, up-to-date facts and statistics, as well as detailed evidence about the impact of media reporting.[1]

[1] (Hunter Institute of Mental Health, 2014)

What we will measure

> The number of Suicide Prevention Networks established in South Australia.

> The number of people involved in Network of Network meetings

> The number of Peer Support Officers trained by SAFECOM

> The number of people trained in Connecting with People

> The number of resources made available to the community through the Suicide Prevention Networks.

5.3 Translating the evidence to practice

Purpose

We want the collection, monitoring and review of information to be undertaken in cooperation with Universities, Academic Centres and Government Departments to ensure that suicide prevention remains contemporary; responsive to best evidence and provided to areas of identifiable need.

Why is this important?

Research has provided us with evidence to support local initiatives. Being able to apply this knowledge in a way that is appropriate to the diverse cultural and social needs of people and communities in South Australia is important in providing the level of care needed to prevent suicide.

The issues that lead to a person contemplating suicide are complex and a wide range of initiatives are necessary to tailor responses to the individual's needs.

There is a large volume of research available on both a National and International level which has informed this Plan. The Plan provides us with a range of actions to respond to people at risk of suicide according to the most up-to-date information possible.

The translation of this evidence into appropriate practice is best achieved through a process that takes into account the South Australian context and the needs of the people we are seeking to help.

The establishment of a South Australian Suicide Registry will help us to identify need as it arises within the community, and to respond in a timely manner to communities in distress.

What we will do

1. **Establish a South Australian Suicide Registry**

   i. We will work the SAPOL and the Coroners' Office to establish a Suicide Registry to provide early identification and understanding of suicide in South Australia.

   ii. We will use the data provided through the Suicide Registry to take preventative action; utilise in research to better understand causal factors and inform service provision.

Good Practice

The Queensland Suicide Register

The Queensland Suicide Register (QSR) is a suicide mortality database, managed by the Australian Institute for Suicide Research and Prevention (AISRAP) and funded by Queensland Health. It has collated a broad range of information about suicide deaths by Queensland residents from 1990 until present, covering a wide range of demographic, psychosocial, psychiatric and behavioural aspects.

In South Australia

The State Coroner and the Chief Psychiatrist, have undertaken a South Australian State Registry Project and intend to use the knowledge and experience developed during this project to establish a South Australian Suicide Registry

The South Australian Suicide Registry will be able to provide real time data. It will be used as a source of early identification of trends and patterns in South Australia that will assist in rapidly responding to communities in distress. In this way, the Registry will assist in reducing contagion in communities at risk

The Registry will provide significant information that will immediately inform best practice responses and will prove a valuable resource to informing implementation of the plan.

The Registry will be able to assist in determining the progressive sites of Suicide Prevention Networks, where greater Connecting with People training should occur and where communities will benefit from extra support through Suicide Prevention Community grants.

The data will also be used to reform Mental Health Service policy development where the information it holds can be used to better develop approaches to people at risk of suicide.

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2. Contribution to the evidence base

> We will work collaboratively with Universities to develop research partners involved in suicide prevention.

> SAFECOM will engage the CFS with the beyondblue[4] National Mental Health and Wellbeing study of Police and Emergency Services.

> SAFECOM will engage in research studies with Phoenix Australia[5] and the University of Adelaide in the study of the Mental Health of firefighters.

> The Department of Education and Child Development (DECD) will review its systems of data collection on critical incidents.

> DCSI will work collaboratively with Universities to develop research partners, focusing on vulnerable population groups including Aboriginal and Torres Strait Islander, CALD, and LGBTIQ communities, young people, and men.

3. Review of the evidence base

> The Office of the Chief Psychiatrist (SA Health) will review current literature and make this available to people working in Suicide Prevention Networks; developing policy; providing services; or providing training and education on suicide and its prevention.

4. Identify and address gaps in service

> SA Health will use information that it collects about suicide to inform the Primary Health Networks (PHNs) and Local Health Networks (LHNs). This will be used as part of the joint LHN/PHN planning to create a regional Suicide Prevention Plan.

> SA Health will ensure access to support services and resources is available through Suicide Prevention Networks, Primary Health Networks and Local Health Networks.

5. Value the contribution of lived experience

> The Office of the Chief Psychiatrist will facilitate the involvement of those with a lived experience as a vital part of the Suicide Prevention Networks so that they share their knowledge and lived expertise.

> The Office of the Chief Psychiatrist will ensure there are opportunities for people who have been bereaved by suicide, to contribute to providing more appropriate and responsive services.

6. Translate the evidence into practice

> SA Health and the Office of the Chief Psychiatrist will work with the State Coroners' Office and Universities to provide evidence about trends in suicide in South Australia to inform policy and planning response and to inform better practices.

> SA Health will lead the development of further publications about approach to suicide prevention in South Australia.

> SA Health will ensure current evidence on Suicide Prevention is made readily available to ensure its education programmes, service provision and Suicide Prevention Networks are as up to date as is possible.

What we will measure

> List of research being undertaken.

> Policy or procedures changed in Mental Health Services as a result of the evidence or research undertaken.

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4 beyondblue is the National Depression and Suicide Prevention Initiative
5 Phoenix Australia is the National Centre for Excellence in Posttraumatic Mental Health

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6   Expected outcomes

1. A Suicide Prevention Network in every local government area growing by 8 Networks each year over the next four years.
2. Suicide Prevention Networks in Aboriginal and Torres Strait Islander Communities growing by one each year up to 2021.
3. A Memorandum of Understanding developed between SAPOL, Living Beyond Suicide and Standby Response to identify communities in distress by 2018.
4. Prevention and Postvention initiatives have been supported each year by a grants programme.
5. A South Australian Suicide Registry by 2018
6. Academic research papers published.
7. A further six hundred people trained in Connecting with People Training from SA Health, the Primary Health Network and Suicide Prevention Networks each year for the next four years.
8. 'Five Ways to Wellbeing in Nature' promotional campaign for South Australia.
9. Suicide Prevention Networks will have good knowledge and awareness of how to promote the mental health and wellbeing benefits of engaging with nature in their communities.

7   Governance

The South Australian Suicide Prevention Plan Implementation Committee will have oversight of the Plan and assist in implementing the Plan within Government Departments and throughout the community.

The Plan will be reported against through the Chief Psychiatrist Annual Report.

Public sector agencies will adopt relevant aspects of the Plan in their policies, as per the Health in All Policies approach. The Office for the Public Sector | Department of the Premier and Cabinet

Glossary of Terms and Definitions

Evidence-based – programs that have undergone scientific evaluation and have demonstrated to be effective.

Gatekeeper – people who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify people at risk of suicide and refer them to treatment or supporting services as appropriate.

Lived experience (suicide) – People who think about suicide, people who have attempted suicide, people who care for someone with suicidal behaviour, people who are bereaved by suicide, and people who are impacted by suicide in some other way, such as a workplace incident.

Mental health – The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.

Mental health service system – Comprises all services that have a primary function of providing treatment, care or support to people living with mental illness and/or their carers

Mental illness – A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia

Postvention – a strategy or approach that is implemented after a suicide or suicide attempt has occurred.

Suicide prevention – the collective efforts of local community organisations, health professionals and related professionals to reduce the incidence of suicide.

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For more information

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