




Australian Indigenous Suicide Prevention Policy Concordance:

**Indigenous-specific and Other Relevant Suicide
Prevention measures Policies.**



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INTRODUCTION

This Concordance is aimed at Indigenous communities, mental health and health services, Primary Health Networks, policy-makers, researchers and advocates interested in Indigenous suicide prevention.

It aims to assist readers navigate the many policy documents that encompass Indigenous and mainstream suicide prevention and related areas at the Commonwealth, States and Territory and community levels. This includes Indigenous social and emotional wellbeing and relevant mental health-related policy documents.

This Concordance works by collating and organising extracts of relevant text from strategic directions and actions in these policy documents by themes and major subject matters. Against each extract, action numbers, page numbers are listed. In these ways, this Concordance aims to make cross-referencing across the number of documents that touch on Indigenous suicide prevention policy as easy as possible. In doing so, it highlights important shared elements in many policy documents, as well as responses that are Indigenous-specific and vary from mainstream responses.

While every effort has been taken to ensure the accuracy of this document, and currency of the documents therein (at October 2019) it should not be used as a substitute for the policy documents themselves.

We invite you to contribute to the Concordance with relevant and innovative strategy and practice examples.

Please send your contributions to cbp.clearinghouse@uwa.edu.au.

The formal relationships between key documents in the Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention space.

In addition to the synergies between various strategic documents (as illustrated by this concordance) there are additional formal relationships between them, as set out in the documents themselves. The most important at the national level are summarised as below:

a) The Fifth National Mental Health and Suicide Prevention Plan

- Recognises the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 as a guiding document in implementation (p.32).
- Includes action to implement the Gayaa Dhuwi (Proud Spirit) Declaration (Action 12.3 p.34).
- Is informed by the work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (pp.24, 32)
- Is informed by the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (pp.2, 24).

b) The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023

- Outcome 3.3 - to implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

c) The National Aboriginal and Torres Strait Islander Health Plan Implementation Plan

- Recognises the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023; National Aboriginal and Torres Strait Islander Suicide Prevention Strategy; and National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 – 2019 as guiding documents for implementation (p.8).
- Includes the implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy as a deliverable by 2018 (Strategy 1C) (p.15).

PART 1:

OVERSIGHT AND COORDINATION OF SUICIDE PREVENTION ACTIVITY

COUNCIL OF AUSTRALIAN GOVERNMENTS – FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN		
GOVERNANCE		
Fifth Plan 2017-2023	Action i, p.12	<ul style="list-style-type: none"> • Governments will establish a Mental Health Expert Advisory Group [now referred to as the Mental Health Expert Reference Group] ... to advise the Australian Health Ministers Advisory Council, (AHMAC) through the Mental Health and Drug and Alcohol Principal Committee [now referred to as the Mental Health Principal Committee] on Fifth Plan implementation/analyse progress...
	Action ii, p.12	<ul style="list-style-type: none"> • Governments will establish a Suicide Prevention Subcommittee [now referred to as the Suicide Prevention Project Reference Group - SPPRG] that will report to [MHPC] on priorities for planning and investment. Membership will consist of: <ul style="list-style-type: none"> ◆ representatives from the Commonwealth and each state and territory government ◆ expert representatives from key peak bodies, research and academia and the Aboriginal and Torres Strait Islander health sector ◆ consumers and carers ◆ cross-representation with the new Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee [see below] • The first priority for the [SPPRG] will be to develop the National Suicide Prevention Implementation Strategy for COAG Health Council endorsement
	Action iii, p.13/ Action 4, p.25	<ul style="list-style-type: none"> • Governments will establish an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee [now referred to as the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group – ATSIMHSPPRG] that will report to [MHPC] on priorities for planning and investment. [ATSIMHSPPRG] will: <ul style="list-style-type: none"> ◆ be chaired by Aboriginal and Torres Strait Islander representatives ◆ include membership from the Commonwealth and each state and territory government ◆ include cross-representation with the new Suicide Prevention Subcommittee. • ATSIMHSPPRG – report to MHPC/AHMAC - priority tasks under Action 11 (Terms of Reference)
	Action v, p.17	<ul style="list-style-type: none"> • Governments will request the National Mental Health Commission delivers an annual report, for presentation to health ministers, on the implementation progress of the Fifth Plan and performance against identified indicators once the baselines have been established. These indicators will be disaggregated by Aboriginal and Torres Strait Islander status where possible.

COMMONWEALTH		
NATIONAL LEADERSHIP INITIATIVES		
\$503 m Youth Mental Health and Suicide Prevention Plan	Budget 2019-20	<ul style="list-style-type: none"> • Prime ministerial priority -- providing greater support for all Australians needing mental health and suicide prevention services is a key priority of my Government. • ... my Government is working towards a zero-suicide goal. https://www.pm.gov.au/media/making-suicide-prevention-national-priority • A Suicide Prevention Adviser will be established within PM&C (Christine Morgan) • \$15 million to create a new national information system that will help communities and services respond quickly to areas affected by high incidences of suicide and self-harm.
Australia's Long-Term National Health Plan - (until 2030)		<p><i>Announced 14 August 2019, detail is not available at time of writing, but all the below might involve mental health reform and/or mental health impacts that in turn help reduce suicide:</i></p> <ul style="list-style-type: none"> • 10-year Primary Healthcare Plan in development • Indigenous preventative health plan in development. Particular goals - ending avoidable Indigenous blindness by 2025; ending avoidable Indigenous deafness; defeating rheumatic heart disease by 2030. • National 10-year Preventative Health Strategy in development
'2030 Mental Health Vision'	Part of the above	<ul style="list-style-type: none"> • Intergenerational health and mental health survey involving 60,000 Australians. • National Children's Mental Health Strategy in development
National Suicide Prevention Leadership and Support Program (ongoing)	Activity 1	<ul style="list-style-type: none"> • Suicide Prevention Australia is the national peak body for the suicide prevention sector. See: https://www.suicidepreventionaust.org/
	Activity 2	<ul style="list-style-type: none"> • National Leadership in Suicide Prevention Research - The University of Melbourne • See also Centre for Research Excellence in Suicide Prevention (CRESP), based at the University of NSW, brings together researchers from Australia and New Zealand to undertake research in suicide prevention. The centre was established in 2012 and is funded by the National Health and Medical Research Council. It focuses on four key areas of research: better delivery of interventions, better knowledge of causes and risks, improved help-seeking and improved prioritisation of suicide funds.
	Activity 3	<ul style="list-style-type: none"> • Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention - University of Western Australia (Poche Centre). This built on the work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).
	Activity 4	<ul style="list-style-type: none"> • National Media and Communications Strategies including Everymind – Mindframe and Life in Mind
	Activity 5	<ul style="list-style-type: none"> • National Support Services for Individuals at Risk of Suicide
Indigenous specific	NATSISPS	<ul style="list-style-type: none"> • In 2013, the Commonwealth released the <i>National Aboriginal and Torres Strait Islander Suicide Prevention Plan</i> which is aligned with the LIFE Framework. While extracted in this Concordance, the Plan was never implemented and otherwise applied to the Commonwealth only.
	MH&SEWB Fr	<ul style="list-style-type: none"> • In October 2017, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 was released. This contains Indigenous-specific responses across the mental health stepped care model utilised in the Fifth National Mental Health and Suicide Prevention Plan.
	Healing Foundation	<ul style="list-style-type: none"> • The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families. See: https://healingfoundation.org.au/about-us/
	Drug and Alcohol	<ul style="list-style-type: none"> • National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 aims to reduce the harmful effects of alcohol and other drugs in Aboriginal and Torres Strait Islander communities. See: https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-peoples-drug-strategy-2014-2019
	NATSIHP/IP	<ul style="list-style-type: none"> • The National Aboriginal and Torres Strait Islander Health Plan is an evidence-based policy framework designed to guide policies and programmes to improve Aboriginal and Torres Strait Islander health until 2023. For the plan and its implementation component see: https://www1.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan

**STATE AND TERRITORY SUICIDE PREVENTION GOVERNANCE
(BELOW MINISTERIAL LEVEL) AND STRATEGIC RESPONSES TO SUICIDE**

NSW

Governance		<ul style="list-style-type: none"> • NSW Ministry of Health • Mental Health Commission of NSW • The NSW Mental Health Taskforce will provide oversight for the Strategic Framework for Suicide Prevention in NSW 2018–2023, reflecting the diverse membership required to ensure action is taken across agencies. • NSW Suicide Prevention Advisory Group, was est. in 2016 to strengthen the planning, monitoring and coordination of suicide prevention efforts. Convened every six months by the Mental Health Commission of NSW and the NSW Ministry of Health, it brings together key stakeholders including police, emergency services, other government agencies, community organisations, PHNs, industry groups, Aboriginal health organisations, rural and remote communities, LGBTI communities and young people. The Advisory Group will continue to provide whole of community guidance to the NSW Mental Health Taskforce on issues relating to suicide prevention and implementation of the Framework.
Strategic responses - mainstream	Mental health Suicide Prevention	<ul style="list-style-type: none"> • The Mental Health Commission of NSW's Living Well: A Strategic Plan for Mental Health in NSW 2014–2024 serves as the overarching framework for mental health and wellbeing for the period of 2014-2024. • Strategic Framework for Suicide Prevention in NSW 2018-2023 launched in October 2018
Indigenous specific		<ul style="list-style-type: none"> • The NSW Aboriginal Health Plan 2013–2023 envisions health equity for Aboriginal people in NSW. An Aboriginal Mental Health Plan 2006-10 was developed under a previous plan but is yet to be replaced.

WESTERN AUSTRALIA

Governance		<ul style="list-style-type: none"> • Ministerial Council for Suicide Prevention • Government of Western Australia Mental Health Commission • Government of Western Australia Chief Psychiatrist
Strategic responses - mainstream	WA SP2020, p.30	<ul style="list-style-type: none"> • Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 • Suicide Prevention 2020: Together We Can Save Lives (2015) - aims to reduce the number of suicides in WA by 50 per cent over the next decade. A Suicide Prevention 2020 Implementation Plan for 2015-2020 will detail activities, resources and lead agencies required. The Implementation Plan will define actions, allocate responsibility, and identify outputs and outcomes. Progressive independent evaluation will be implemented to enable effective monitoring and reporting to ensure ongoing improvement. Actions that are significantly related to mental health, alcohol and other drug promotion, prevention and service delivery will also be concurrently addressed through the Mental Health, Alcohol and Other Drug Services Plan 2015-2025. • Implemented by the WA Mental Health Commission in collaboration with the Ministerial Council for Suicide Prevention, strategic partners, services and relevant government agencies.
Indigenous-specific		<ul style="list-style-type: none"> • WA Aboriginal Health and Wellbeing Framework 2015–2030 (Does not significantly address suicide.)

**STATE AND TERRITORY SUICIDE PREVENTION GOVERNANCE
(BELOW MINISTERIAL LEVEL) AND STRATEGIC RESPONSES TO SUICIDE cont'd**

QUEENSLAND

Governance		<ul style="list-style-type: none"> Queensland Department of Health Queensland Mental Health Commission Queensland Suicide Prevention Reference Group – convened by the Commission. The Commission will monitor the Action Plan’s implementation and will report on progress annually. Progress will be measured based on age standardised rates of suicide in Queensland and on the rates of suicide experienced by vulnerable groups. The Commission will review the Action Plan after 12 months. (See: https://cabinet.qld.gov.au/documents/2015/Sep/SuicidePrevPlan/Attachments/Summary.PDF) Queensland Advisory Group on Suicide – sub-committee of the above – focus on enhancing the usability, and timeliness of suicide mortality and attempt data across Queensland. Representatives are the key suicide data custodians in Queensland, including the Office of the State Coroner, Queensland Health, Queensland Ambulance Service and Queensland Police Service.
Strategic responses - mainstream	Mental health	<ul style="list-style-type: none"> The Queensland Mental Health, Drug and Alcohol Strategic Plan 2014 - 2019 aims to improve the health and wellbeing of Queenslanders and to develop a renewed approach to suicide prevention.
	Suicide Prevention	<ul style="list-style-type: none"> The goal of the resultant (from above) Queensland Suicide Prevention Action Plan 2015-17 is to reduce suicide and its impact on Queenslanders through a whole-of-government plan and comprehensive cross-sectoral approach. The Queensland Government’s Suicide Prevention in Health Services Initiative is an integral part of Connecting care to recovery 2016–2021: A plan for Queensland’s state-funded mental health, alcohol and other drug services. The Townsville Community Suicide Prevention Action Plan 2017-2020 was guided by the Living is for Everyone (LIFE) framework and the Queensland Suicide Prevention Action Plan 2015-17.
Indigenous specific	Mental Health	<ul style="list-style-type: none"> Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021. (Aims to close gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Aboriginal and Torres Strait Islander Queenslanders.) The Queensland Mental Health Commission has developed a Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18 (https://cabinet.qld.gov.au/documents/2016/Aug/QATSIwellplan/Attachments/Plan.PDF)
	Qld Aboriginal and Torres Strait Islander SEWB Action Plan, Action 9, p.18	<ul style="list-style-type: none"> Support the Cultural Social and Emotional Wellbeing Pilot in Kuranda and Cherbourg. The pilot is an initiative under the National Empowerment Project. It seeks to strengthen cultural, social and emotional wellbeing, to increase resilience, and reduce psychological and community distress and high rates of suicide in Aboriginal and Torres Strait Islander communities. The Commission provides funding of \$367,000 to Ngoonbi Community Services Indigenous Corporation. The pilot provides Mental Health First Aid and Cultural Social and Emotional Wellbeing programs to empower community members with the knowledge and tools to assess, prevent and respond to mental health issues (Queensland Mental Health Commission).

SOUTH AUSTRALIA

Governance		<ul style="list-style-type: none"> SA Deptment of Health SA Mental Health Commission - co-ordinates, oversees and evaluates the implementation South Australian Mental Health Strategic Plan 2017–2022 South Australian Suicide Prevention Plan is implemented by a South Australian Suicide Prevention Plan Implementation Committee. Implementation will be reported against through the Annual Report of the Chief Psychiatrist of South Australia. Suicide Prevention Networks (see below)
Strategic responses - mainstream		<ul style="list-style-type: none"> South Australian Mental Health Strategic Plan 2017–2022 South Australian Suicide Prevention Plan 2017-2021 South Australian Health and Wellbeing Strategy 2019-2024_(under development at time of writing)
Indigenous specific		<ul style="list-style-type: none"> Aboriginal Health Care Framework 2019-2024 (under development at time of writing) Aboriginal Health Impact Statement Policy Directive

**STATE AND TERRITORY SUICIDE PREVENTION GOVERNANCE
(BELOW MINISTERIAL LEVEL) AND STRATEGIC RESPONSES TO SUICIDE cont'd**

TASMANIA

Governance	Tas SPS, p.11	<ul style="list-style-type: none"> Overall responsibility for implementing and monitoring the <i>Tasmanian Suicide Prevention Strategy (2016-2020)</i> 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.
Strategic responses - mainstream		<ul style="list-style-type: none"> Rethink Mental Health - Better Mental Health and Wellbeing – A Long-Term Plan for Mental Health in Tasmania 2015-25 Tasmanian Suicide Prevention Strategy (2016-2020) Youth Suicide Prevention Plan for Tasmania (2016-2020) Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020).

ACT

Indigenous specific		See: https://www.dhhs.tas.gov.au/publichealth/healthy_communities/aboriginal_health
Governance		<ul style="list-style-type: none"> Canberra Health Services ACT Health Directorate
Strategic responses - mainstream		<ul style="list-style-type: none"> See Mental Health Act 2015 (under review at time of writing) https://www.health.act.gov.au/about-our-health-system/consumer-involvement/community-consultation/acts-mental-health-act-2015 See ACT mental health services directory: https://health.act.gov.au/services/mental-health Let's Talk for Suicide Prevention is the ACT Health initiative that 'seeks to raise awareness about suicide prevention, as well as inspire and empower Canberrans to make meaningful connections with people who may be doing it tough'. See: https://health.act.gov.au/services-and-programs/mental-health/suicide-prevention
Indigenous specific		<ul style="list-style-type: none"> See: https://www.health.act.gov.au/services/aboriginal-and-torres-strait-islander-health Winnunga Nimmityjah Aboriginal Health and Community Services: http://www.winnunga.org.au/

**STATE AND TERRITORY SUICIDE PREVENTION GOVERNANCE
(BELOW MINISTERIAL LEVEL) AND STRATEGIC RESPONSES TO SUICIDE cont'd**

NORTHERN TERRITORY

<p>Governance</p>	<p>NT SP Framework p.2.</p>	<ul style="list-style-type: none"> • NT Department of Health • Implementation of the NT Suicide Prevention Strategic Framework 2018-2023 will be overseen by the Northern Territory Suicide Prevention Coordination Committee (NTSPCC), convened by the NT Department of Health. The NTSPCC includes government departments and non-government organisations providing representation for those whose lives have been impacted by suicide and suicidal behaviour. The purpose of the NTSPCC is to: <ul style="list-style-type: none"> ◆ provide strategic advice and support and to oversee a multi sectoral approach to halving the incidence of suicide in the NT over the next ten years. ◆ contribute to the development and monitoring of the NT Suicide Prevention Strategic Framework 2018-2023 ◆ Provide strategic advice to the monitoring of coordinated suicide prevention activities across the Territory (taking into account factors such as regional integration, capacity, capability, quality and safety) ◆ Utilise and form interagency working parties, when necessary, to progress areas of work for the NTSPCC. The Committee may invite individuals with specialist expertise to participate in working parties as necessary ◆ Provide advice and communication channels for the flow of information about suicide prevention initiatives. • The NTSPCC reports to the NT Legislative Council's Children and Families Standing Committee
<p>Strategic responses - mainstream</p>		<ul style="list-style-type: none"> • NT Health Strategic Plan 2018 to 2022 • Northern Territory Mental Health Service Strategic Plan 2015 - 2021 • NT Suicide Prevention Strategic Framework 2018-2023 – implemented through a NT Suicide Prevention Strategic Framework Implementation Plan (NTSPSFIP) 2018 – 2023 • Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018–2028 • Northern Territory Families Strategic Plan 2017-2020
<p>Regional planning under the NTSPFIP</p>	<p>NT SP Framework at p.27</p>	<ul style="list-style-type: none"> • Identify the planning group - the first step is to identify who will participate in the planning and implementation process. This might include stakeholders from: local service providers, Aboriginal/Torres Strait Islander Elders, leaders, interested community members or other groups such as sports clubs. It does not need to be a new committee or group. It may be an existing community network, committee, or informal group of people who meet for other purposes related to improving the wellbeing of individuals, families or the community as whole. • Collaborative critical conversation of the current state - the planning network or group can undertake a critical conversation regarding the current state of local suicide prevention and intervention activities. Questions that might inform this assessment include: <ul style="list-style-type: none"> ◆ Who are the priority groups in this region? ◆ What services or initiatives are currently offered to support suicide prevention, intervention, and postvention? ◆ What do we currently do in each of the 11 focus elements (surveillance, media, awareness etc.)? ◆ Where are our strengths? ◆ What do we need? • Identify the future state - once the current state conversations have occurred, consider future needs. Questions to inform this discussion might include: <ul style="list-style-type: none"> ◆ What are the gaps in our services? ◆ What do we need to offer to support our various priority groups? ◆ What needs to be done to fill the focus element gaps? • Develop a Plan - use information gained from these discussions to develop a set of actions for your region. These actions should be measurable and align to the goals, outcomes and focus elements in the NTSPSF Implementation Plan.
<p>Indigenous-specific</p>		<ul style="list-style-type: none"> • The Northern Territory Aboriginal Health Plan 2015-2018 – a goal is decreased rates of psychological distress and suicide rates in Aboriginal people (p.15).

**STATE AND TERRITORY SUICIDE PREVENTION GOVERNANCE
(BELOW MINISTERIAL LEVEL) AND STRATEGIC RESPONSES TO SUICIDE cont'd**

VICTORIA

Governance	Vic SP Fr, p.28	<ul style="list-style-type: none"> • The Victorian Government will drive the implementation of the Victorian Suicide Prevention Framework 2016-2025 through ensuring cross-government leadership and accountability. • The government will consult regularly with the Expert Taskforce on Mental Health on progress with the suicide prevention strategy and emerging issues in the community, and on the development of new initiatives. • The government will also consult other key advisory groups on the effective approaches to suicide prevention in key vulnerable groups, including specifically the Aboriginal and the lesbian, gay, bisexual, trans and gender diverse and intersex communities. Local suicide prevention groups will be established to oversee the development of the place-based trials. • These groups will be supported by the Department of Health and Human Services and partners. • The government will report annually on progress, with suicide prevention as part of the annual report to parliament on mental health. • The measure for assessing progress will be the age standardised rate of deaths from intentional self-harm as reported annually by the Australian Bureau of Statistics in its <i>Causes of death</i> publication. • The suicide prevention framework will be evaluated, including evaluation of the effectiveness of individual interventions.
Strategic responses - mainstream	Vic SP Fr, p.9	<ul style="list-style-type: none"> • Victorian Public Health and Wellbeing Plan 2015–2019 • Victoria's 10-year mental health plan • Through the Victorian Suicide Prevention Framework 2016-2025, the government is committed to halving the rate of suicide deaths by 2025. This target is guided by a broader vision, similar to the Vision Zero approach to road safety and the international Zero Suicides in Health Care approach. We aim to keep working on suicide prevention until there are no suicide deaths. <ul style="list-style-type: none"> ◆ The government aims to reduce the gap in suicide rates between particular vulnerable groups and the general population. ◆ The framework sets these long-term targets and the principles and objectives to guide government decisions over the next 10 years. ◆ It also outlines the key actions over the next three years to support progress towards meeting the target. Many of the actions build on existing proven strategies but there is also a focus on investment in new initiatives. The framework includes universal initiatives and initiatives that aim to respond to the needs of vulnerable and at-risk groups. • Victoria's Correctional Suicide Prevention Framework has identified a set of foundation principles to inform prevention activities. These include those from the LIFE Framework, plus additional principles relevant to the correctional setting.
Indigenous specific		<ul style="list-style-type: none"> • Balit Murrup: Aboriginal social and emotional wellbeing framework 2017 – 2027 has been developed by an Aboriginal Social and Emotional Reference Group. • The above aligns with Korin Korin Balit-Djak, the 2017- 2027 mental health plan and suicide prevention framework

REGIONAL FOCUS			
	Fifth Plan (2017-23)	Action 1.1 (IP) p 5 -7	<ul style="list-style-type: none"> The Commonwealth will direct PHNs to jointly develop regional plans with LHNs and direct to publicly release draft plans for public comment
		Action 2.2, p.21	<ul style="list-style-type: none"> Governments will work with PHNs and LHNs to implement integrated planning and service delivery at the regional level. This will include: <ul style="list-style-type: none"> Engaging with the local community, including consumers and carers, community-managed organisations, ACCHSs, NDIS providers, the NDIA, private providers and social service agencies
		Action 2.3, p.21	<ul style="list-style-type: none"> ... Undertaking joint regional mental health needs assessment to identify gaps, duplication and inefficiencies to improve sustainability
		Action 2.5, p.21	<ul style="list-style-type: none"> ... Developing joint regional mental health and suicide prevention plans and commissioning services according to those plans
		Action 2.7, p.21	<ul style="list-style-type: none"> ... Developing region-wide multi-agency agreements, shared care pathways, triage protocols and information-sharing protocols to improve integration and assist consumers and carers to navigate the system
	PHN Guidelines (2015)	Regional Approach to Suicide Prevention p.1	<ul style="list-style-type: none"> In 2016-17 PHNs are expected to: <ul style="list-style-type: none"> undertake planning of community-based suicide prevention activity, through a more integrated and systems-based approach in partnership with Local Hospital Networks (LHNs) and other local organisations; commence commissioning of community-based suicide prevention activities within the context of this plan; and undertake planning and commissioning of community-based suicide prevention activities for Aboriginal and Torres Strait Islander people that are integrated with drug and alcohol services, mental health services and social and emotional wellbeing services. Longer term PHNs will be expected to: <ul style="list-style-type: none"> ensure there is agreement within the region, including with LHNs, about the need to support person-centred follow-up care to individuals who have self-harmed or attempted suicide, and that there is no ambiguity in the responsibility for provision of this care; continue commissioning of community-based suicide prevention activities, including for Aboriginal and Torres Strait Islander people; and build the capacity of primary care services to support people at risk of suicide.
Indigenous leadership	GDD (2017)	Theme 4, p.5	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to: <ul style="list-style-type: none"> lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples. lead in all areas of government activity that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander people.

REGIONAL FOCUS			
Planning	Fifth Plan (2017-23)	Action 2.5, p.21	... Developing joint regional mental health and suicide prevention plans and commissioning services according to those plans
		Action 10, p.33	Regional plans to connect culturally informed Aboriginal and Torres Strait Islander SP and postvention services locally
	NATSISPS (2013)	Outcome 4.2, p.38	<ul style="list-style-type: none"> • There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of suicide prevention <ul style="list-style-type: none"> (i) Investigate feasibility of approaches to regional coordination of SP including, but not limited to, roles of key government agencies and partners (ii) Identify models for governance to support interagency approaches to coordinated SP (iii) Develop data, information and resources to support regional level planning and coordination of strategies (iv) Examine models for pooling of funds to support coordinated approaches to prevention
	NATSIHP (2013-23)	Strategy 1D, p16	<ul style="list-style-type: none"> • Improved regional planning and coordination of health care services across sectors and providers.
	MH&SEWB Fr (2017-2023)	Outcome 4.3, p.41	<ul style="list-style-type: none"> • Coordinate and integrate MH&SEWB substance misuse, SP and social health services and programs to ensure clients experience seamless transitions between them
Regional Coordinators	WA SP 2020 (2015)	p.35	<ul style="list-style-type: none"> • The Mental Health Commission will phase in qualified suicide prevention coordinators within mental health and/or drug and alcohol services across regions in need. • The suicide prevention coordinators will be integrated into mental health and alcohol and other drug services, with stronger connections to interagency government, health and community service committees to consolidate collaboration across sectors. • This is consistent with recommendations contained in the evaluation of the 2009-13 Strategy and will strengthen sustainability of localised, strategic community coordination by improving local coordination... This will be a phased in approach to ensure community readiness, service responsiveness and ongoing improvement. The qualified suicide prevention coordinators will initially be located in north and east metropolitan Perth, and the Kimberley, South West and Wheatbelt regions. The program design will adopt the best elements of the previous Community Action Plans and existing alcohol and other drugs prevention model in Western Australia. • National crisis lines and online resources funded by the Commonwealth will be promoted across Western Australia including Suicide Call Back Service, Reachout, headspace, beyondblue, QLife (for LGBTIQ people) and Lifeline.

PART 2:

SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION

SYSTEMS-BASED AND MULTIPLE SIMULTANEOUS APPROACHES		
NATIONAL SUICIDE PREVENTION STRATEGY		
LiFE Framework (2007)		<ul style="list-style-type: none"> • The 2007 National Suicide Prevention Strategy (NSPS) is operationalised through the <i>Life is for Everyone (LiFE) Framework</i> – an adaptation of the LiFE Model - which is based on the premise that suicide prevention and activities and programs should be coordinated across eight overlapping domains of care and support: <ul style="list-style-type: none"> ◆ universal interventions ◆ selective interventions ◆ indicated interventions ◆ symptom identification ◆ early intervention ◆ standard treatment ◆ longer-term treatment and support. • These overlapping domains target different sections of the population at all stages of suicide risk, treatment and recovery to provide comprehensive support and care. • To achieve its objective and goals, the LiFE Framework sets out six action areas which have been adapted by other suicide prevention strategies including the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (discussed below). The action areas include: <ul style="list-style-type: none"> ◆ Improving the evidence base and understanding of suicide prevention through building a high-quality body of research on effective activities and developing thorough evaluation methodologies; ◆ Building individual resilience and capacity for self-help by promoting supportive environments; ◆ Improving community strength, resilience and capacity in suicide prevention by raising awareness of suicide prevention in families and communities and when to take action; ◆ Taking a coordinated approach to suicide prevention that involves the collaboration of communities, organisations and all levels of government; ◆ Providing targeted suicide prevention activities with a focus on prevention and early intervention, individual resilience, help-seeking and supportive environments; and ◆ Implementing standards and quality in suicide prevention and drawing on the evidence base to determine effective activities. • The LiFE Framework informs, but is being superseded at time of writing by, systems-based approaches as discussed below.

SYSTEMS-BASED AND MULTIPLE SIMULTANEOUS APPROACHES cont'd

NATIONAL SUICIDE PREVENTION IMPLEMENTATION STRATEGY IN DEVELOPMENT

<p>Fifth Plan (2017-2023)</p>	<p>Action 4 (imp) p.11/ Action 3, p.24, Action 4, p.25</p>	<p>[SPPRG] will lead the development of the National Suicide Prevention Implementation Strategy. This will include a focus on 11 elements drawn from the World Health Organization's (2014) <i>Preventing Suicide – A Global Imperative</i> (at p.57):</p> <ul style="list-style-type: none"> ◆ Surveillance—increase the quality and timeliness of data on suicide and suicide attempts. ◆ Means restriction—reduce the availability, accessibility and attractiveness of the means to suicide. ◆ Media—promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media. ◆ Access to services—promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care. ◆ Training and education—maintain comprehensive training programs for identified gatekeepers. ◆ Treatment—improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt. ◆ Crisis intervention—ensure that communities have the capacity to respond to crises with appropriate interventions. ◆ Postvention—improve response to and caring for those affected by suicide and suicide attempts. ◆ Awareness—establish public information campaigns to support the understanding that suicides are preventable. ◆ Stigma reduction—promote the use of mental health services. ◆ Oversight and coordination—utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours. <ul style="list-style-type: none"> ● Governments will, through the [SPPRG of the MHPC] develop a National Suicide Prevention Implementation Strategy that operationalises the 11 elements above, taking into account existing strategies, plans and activities, with a priority focus on: <ul style="list-style-type: none"> ◆ providing consistent and timely follow-up care for people who have attempted suicide or are at risk of suicide, including agreeing on clear roles and responsibilities for providers across the service system ◆ providing timely follow-up support to people affected by suicide ◆ improving cultural safety across all service settings ◆ improving relationships between providers, including emergency services ◆ improving data collections and combined evaluation efforts in order to build the evidence base on 'what works' in relation to preventing suicide and suicide attempts.
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INDIGENOUS-SPECIFIC SUICIDE PREVENTION PLAN

<p>Fifth Plan (2017-2023)</p>	<p>Action 11</p>	<ul style="list-style-type: none"> ● [ATSIMHSPPRG] will work with the [SPPRG] on the development of a nationally agreed approach to suicide prevention for Aboriginal and Torres Strait Islander peoples, for inclusion in the National Suicide Prevention Implementation Strategy [TOR 1] <i>NB: Subsequent meetings of both ATSIMHSPPRG and the SPPRG have resulted in agreement that a dedicated Indigenous suicide prevention plan will be developed guided by the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (see above).</i>
<p>2019-20 Federal Budget</p>		<ul style="list-style-type: none"> ● \$4.5 million for Indigenous leadership to create a national [Indigenous suicide prevention] plan for culturally -appropriate care, and services that recognise the value of community and protective social factors

SYSTEMS-BASED AND MULTIPLE SIMULTANEOUS APPROACHES cont'd

SYSTEMS-BASED APPROACHES BEING TRIALLED

<p>National Suicide Prevention Trial (ongoing)</p>	<p>Systems-based approaches</p>	<ul style="list-style-type: none"> • The Australian Government is supporting the implementation and evaluation of twelve suicide prevention trial sites across Australia as part of the National Suicide Prevention Trial. • The trials are led by Primary Health Networks (PHNs) and aim to improve the current evidence for effective suicide prevention strategies at a local level for at-risk population groups. Each trial site will run for four years from 2016-17 to 2019-20 and receive Australian Government funding of up to \$4 million. PHNs who have a trial site within their region are actively engaged with local stakeholders and have formed community working groups, as well as commissioning activities such as suicide prevention training, media campaigns and follow-up support services. • Selection of each trial site was determined with consideration for infrastructure and services available within the region. Factors considered for selection of trial sites included: <ul style="list-style-type: none"> ◆ their relationship with other suicide prevention activities within Australia ◆ the rate of suicide death within the region ◆ the Government's election commitments to mental health and suicide prevention in the region ◆ participation in the Primary Health Network Mental Health Reform Lead Site Project... • Details of each trial site including date of implementation and target population are listed – at: https://www.lifeinmindaustralia.com.au/programs-resources/regional-approaches/phn • Each trial site will focus suicide prevention towards a specific priority population/s and administer prevention strategies reflecting community needs.
	<p>European Alliance Against Depression model</p>	<ul style="list-style-type: none"> • One systems-based approach being trialled in Australia (in Perth South) is the European Alliance Against Depression (EAAD) model (2008). • It aims to improve care and optimise treatment for patients with depressive disorders and to prevent suicidal behaviour by focusing on four pillars: <ul style="list-style-type: none"> ◆ Primary health care and mental health care ◆ General public depression awareness campaign ◆ Focus on high risk groups and their relatives ◆ Community facilitators and stakeholders • WA Primary Health Alliance (WAPHA) is the national chapter for the European Alliance Against Depression (EAAD) and is committed to providing leadership for the ongoing dialogue and action around the treatment of depression and anxiety and the prevention of suicide. The EAAD four-pillar framework is based on evaluated trials and is recognised as the world's best practice for the care of people with depression and in the reduction of suicide. It is a clinical model which is community-led. • WAPHA is using the principles of EAAD to inform its mental health commissioning and related activities throughout WA: "We believe this framework provides the platform to come together as stakeholders, partners and communities to treat depression and reduce deaths by suicide in WA." <p>See: https://www.wapha.org.au/community/community-projects-and-stories/alliance-against-depression/</p>

SYSTEMS-BASED AND MULTIPLE SIMULTANEOUS APPROACHES cont'd

SYSTEMS-BASED APPROACHES BEING TRIALLED cont'd

<p>Black Dog Institute website</p>	<p>LifeSpan Suicide Prevention Trial</p>	<ul style="list-style-type: none"> • LifeSpan is an evidence-based, systems-based approach to integrated suicide prevention developed by the Black Dog Institute. It combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community. • LifeSpan involves the implementation of nine evidence-based strategies from population level to the individual, implemented simultaneously within a localised region. <ul style="list-style-type: none"> ◆ Providing emergency and follow-up care for suicidal crisis ◆ Using evidence-based treatment for suicidality ◆ Equipping primary care to identify and support people in distress ◆ Improving the competency and confidence of frontline workers to deal with suicidal crisis ◆ Promoting help-seeking, mental health and resilience in schools ◆ Training the community to recognise and respond to suicidality ◆ Engaging the community and providing opportunities to be part of the change ◆ Encouraging safe and purposeful media reporting ◆ Improving safety and reducing access to means of suicide • Based on scientific modelling, LifeSpan is predicted to prevent 21% of suicide deaths, and 30% of suicide attempts. • In December 2015, Black Dog Institute received an independent philanthropic grant from the Paul Ramsay Foundation to deliver LifeSpan in four sites in NSW through PHNs: Newcastle, Illawarra Shoalhaven, Central Coast and Murrumbidgee. • LifeSpan has rolled out: <ul style="list-style-type: none"> ◆ Youth Aware of Mental Health (YAM) best-practice suicide prevention program to 5000 Year 9 students in NSW high schools. ◆ Question, Persuade, Refer (QPR) online program - One thousand people in NSW are now trained in the QPR online program, enabling community members and professionals to identify those at risk of suicide more effectively. • Another key element of ongoing support to trial sites is the provision of quality data for evidence-based decision making in suicide prevention. Black Dog is establishing a sophisticated analytics capability which allows us to advise regional suicide prevention groups on the best location, type of intervention and investment based on local needs and suicide risk levels. This ground-breaking work is the result of a partnership with the Australian National University and SAS, the global analytics company, and we look forward to further discussions with the Federal Government about continuing to develop this capability into a real-time national sentinel system, informing Government and Primary Health Networks about how best to target suicide prevention. • These trials will also deliver important insights into the tailoring of suicide prevention efforts to priority populations including Aboriginal and Torres Strait Islander peoples, young people, LGBTQI communities, men, rural and regional needs, and veterans.
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SYSTEMS-BASED AND MULTIPLE SIMULTANEOUS APPROACHES cont'd

SYSTEMS-BASED APPROACHES BEING TRIALLED cont'd

<p>Vic SP Framework (2016-25)</p>	<p>Objective 5, p.26</p> <p>Victorian SP Trials</p>	<ul style="list-style-type: none"> • Objective 5 is to... help local communities to prevent suicide through a coordinated place-based approach that delivers both universal and targeted interventions in communities across Victoria. • Victoria will trial the coordinated place-based approach to suicide prevention in six sites. This will enable local governance and coordination of government and non-government organisations to deliver multiple interventions in targeted local areas. The core features of a coordinated approach to suicide prevention are: <ul style="list-style-type: none"> ◆ implementing a range of evidence-based strategies at the same time ◆ multi-sectoral involvement by all government, non-government, health, business, education, research and community agencies ◆ governance within a localised area ◆ demonstrating sustainability and long-term commitment. • This approach emphasises all relevant organisations and services working together in an integrated way, simultaneously and at a local level. It implements suicide prevention strategies that are proven to be effective, and builds the evidence base for emerging approaches. Each site will then develop a suicide prevention action plan based on a needs analysis. It will set out the specific actions to be taken to reduce suicide risk in the local community. This plan will consist of a set of core principles based on evidence of effective interventions, and specific strategies will be tailored to address unique community needs. • Each local plan will include locally adapted action from nine key suicide prevention interventions: <ul style="list-style-type: none"> ◆ appropriate and continuing care once people leave emergency departments and hospitals ◆ high-quality treatment for people with mental health problems ◆ training general practitioners to assess depression and other mental illnesses, and support people at risk of suicide ◆ suicide prevention training for frontline staff every three years, including police, ambulance and other first responders ◆ gatekeeper training for people likely to come into contact with at-risk individuals ◆ school-based peer support and mental health literacy programs • community suicide prevention awareness programs ◆ responsible suicide reporting by media ◆ reducing access to lethal means of suicide. • The Department of Health and Human Services will provide central coordination as well as support to each local site. This coordination and support will assist local communities to develop innovative, evidence-based suicide prevention plans that both support the policy directions of Victoria's 10-year mental health plan and promote learning at the local community level about the most effective strategies. • The coordination and support will include advice on effective strategies, data analysis, access to research experts, coordination of effort across agencies, and shared learning and evaluation activities across sites. The sites commences operation during the 2016–17 year. <p>The program may be expanded to more sites through real-time assessment of the impact of initial implementation sites and the needs of local communities. In each site the government will seek to partner with the primary health network, and provide coordination, support, and access to specialist expertise to ensure successful implementation.</p>
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SYSTEMS-BASED AND MULTIPLE SIMULTANEOUS APPROACHES cont'd		
INDIGENOUS & INDIGENOUS- SPECIFIC NATIONAL SUICIDE PREVENTION TRIALS/ SYSTEMS-BASED APPROACHES		
NATSISPS (2013)	Outcome 3.5, p.36	<ul style="list-style-type: none"> There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc
NATSIHP /IP (2013-2023)	Strategy 1C, p.13	<ul style="list-style-type: none"> Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability.
Darwin (ongoing)	Strengthening Our Spirits model	<ul style="list-style-type: none"> Darwin is one of 12 regions selected for the Australian Government's National Suicide Prevention Trial (as above). In partnership with the community and key stakeholders, Northern Territory PHN is coordinating the implementation of the trial, focusing on the Aboriginal and Torres Strait Islander population of the Greater Darwin region. Under the trial, suicide prevention services will adopt a more considered and tailored approach to better meet local needs. Our Darwin trial site engaged the Aboriginal and Torres Strait Islander community to inform and lead the design of a systems-based approach to suicide prevention referred to as the Strengthening Our Spirits model based on the elements of fire, land, air and water. See: https://www.ntphn.org.au/strengthening-our-spirits
Kimberley (ongoing)	ATSISPEP 'success factors' as the basis of a systems-based approach	<ul style="list-style-type: none"> The Australian Government chose the Kimberley as one of 12 national Suicide Prevention Trial Sites (as above) due to the tragic over-representation of suicide in Aboriginal communities in the Kimberley, where the age-adjusted rate of suicide is more than six times the national average. The Trial is guided by the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). A strong cultural framework underpins all Trial activities and community decision making on suicide prevention strategies in local communities. The Trial is led by the WA Primary Health Alliance, Country WA PHN, in partnership with the Kimberley Aboriginal Medical Services (KAMS), who have been commissioned to co-design and co-govern the Trial. The Trial's Working Group is co-chaired by the Minister for Indigenous Health [now for Indigenous Australians], Ken Wyatt AM MP and the KAMS Deputy CEO, Mr Rob McPhee and has strong community representation from across the region. This group oversees the implementation of the operational plan. The Trial also has a Steering Group, which has been nominated by the Working Group Members to make decisions that will progress the trial between the Working Group meetings. https://www.wapha.org.au/wp-content/uploads/2019/01/Kimberley-Aboriginal-Suicide-Prevention-Trial-Stakeholder-Update-1.pdf

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN

1. SURVEILLANCE

– increase the quality and timeliness of data on suicide and suicide attempts.

Budget 2019-20	Youth MH&SP Plan	<ul style="list-style-type: none"> • \$15 million to create a new national information system that will help communities and services respond quickly to areas affected by high incidences of suicide and self-harm.
NATSISPS (2013)	Outcome 1.4	<ul style="list-style-type: none"> • High levels of suicide and self-harm in communities are identified and monitored to facilitate a planned response. <ul style="list-style-type: none"> (i) Standardised methods for assessment and recording of suicidal behaviour and self-harm are reviewed for adoption by primary health care and specialist mental health services (ii) Primary health care and community services implement protocols for mental health assessment and recording data on self-harm
ATSISPEP CRP (2016)	Rec.	<ul style="list-style-type: none"> • Real time suicide data
Queensland Suicide Register		<ul style="list-style-type: none"> • Queensland Suicide Register • The Australian Institute of Suicide Research and Prevention (AISRAP) maintains the Queensland Suicide Register (QSR). • The QSR contains data from suicides that have occurred in Queensland from 1990 and contains a broad range of information regarding these types of deaths including the circumstances of the death, preceding life events and psychiatric history. • AISRAP conducts ongoing research based on this data and compile a tri-annual report on suicide mortality rates.
Qld SP Action Plan (2015-17)	Priority 4, p.23	<ul style="list-style-type: none"> • Develop and implement a Data and Information Sharing Network to enhance the collection, analysis and dissemination of suicide mortality and attempt data. This work will seek to improve the timeliness, accessibility and utility of this type of data and information for service providers, community representatives and other practitioners.
	Priority 4, Actions 39, 40, p33.	<ul style="list-style-type: none"> • Review the deaths and serious injuries of children who were known to Child Safety within one year prior to the incident or who were in out-of-home care at the time of the event, including suicides. • Department of Communities, Child Safety and Disability Services, Child Death Review Panels will conduct a review when a child or young person in care has died by suicide. The purpose of the review is to facilitate ongoing learning and foster improvement in the provision of services and accountability within Child Safety Services. Outcomes of the review will help inform whether appropriate case management and service delivery responses were provided to assist the young person • Implement a process for monitoring and analysing incidents of suspected suicide and significant self-harm involving individuals with current or recent contact with a Queensland Health service. This project will extend upon existing mortality review processes within Hospital and Health Services across the state and will inform strategic directions, policy and clinical practice, with a view to improving the care of people presenting at risk of suicide.
Living Well (NSW) (2014-24)	p.38 Action 3.4.6	<ul style="list-style-type: none"> • Assess the data needs of local communities and service providers and provide timely reports to meet those needs, including by considering the recommendations of the National Committee for the Standardised Reporting on Suicide, working with first responders and assessing whether a suicide register should be established in NSW. • Significant underlying issues, such as data collection and the dissemination of high-quality information and training, need to be addressed if we are to achieve a significant impact. Taking some key steps towards resolving these issues will reap direct benefits and provide a solid foundation on which we can build and refine further reform aimed at preventing suicide (p.36).

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN

1. SURVEILLANCE

– increase the quality and timeliness of data on suicide and suicide attempts.

NSW SP Plan (2018-23)	Priority Area 5, p.31	<ul style="list-style-type: none"> • Exploring opportunities to use data already available through the health system, human services, emergency services and other sources to inform suicide prevention activities. A wide range of data collections and intelligence systems provide opportunities for better linkages and their potential utility is being considered across government. Key data system experts will convene to inform options for NSW to work towards improvements in the timeliness, quality, sharing and utility of data. • Exploring how digital technologies can enhance suicide prevention activities, especially through consideration of predictive technologies and machine learning.
Townsville SP Plan (2017-20)	Strategy 2.7 p.18	<ul style="list-style-type: none"> • Monitoring of population base Levels of risk • Confidential regular liaising with emergency services re: data on attempts in Townsville ... allowing for 'Heat Mapping' of the City per week, allowing for rapid coordination of support and follow up.
SA SP Plan (2017–21)	Priority 3, Action 1, p.21	<ul style="list-style-type: none"> • Establish a South Australian Suicide Registry - We will work with SAPOL and the State Coroner's Office to establish a Suicide Registry to provide early identification and understanding of suicide in South Australia. • 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. • Connect to evidence base development (p.22)

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

2. MEANS RESTRICTION

- reduce the availability, accessibility and attractiveness of the means to suicide.

NATSISPS (2013)	Outcome 1.1, p.28	<ul style="list-style-type: none"> • (iv) Develop specific strategies regarding access to methods and means of suicide in the community
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Reducing access to lethal means of suicide
NSW SP Plan (2018-23)	Priority Area 5, p.31	<ul style="list-style-type: none"> • Transport for NSW is funding the Preventing Railway Suicide project aimed at developing an automated suicide risk detection system to reduce the incidence and impact of railway suicide, which has a devastating effect on victims' families, station staff, train drivers, emergency workers, and bystanders. • This project will develop two complementary information systems for more effective detection and reporting of suicide risk, use these systems to investigate how different situational factors interact with different combinations of service interventions to influence suicide risk, and share the findings to reduce railway suicide in Australia and overseas.
National		<ul style="list-style-type: none"> • Project Agreement for SP: Cth – NSW – Vic – Tas – ACT agreement to support the delivery of infrastructure projects to prevent suicides at suicide hotspots
Qld SP Action Plan (2015-17)	Priority 2, p.16	<ul style="list-style-type: none"> • Continue efforts to reduce access to the lethal means of suicide within facilities and community infrastructure and provide support to individuals at risk to eliminate or reduce the risk of suicide
SA SP Plan (2017-21)	Priority 2, Action 8, p.19	<ul style="list-style-type: none"> • Working to create safer environments: SA Health will work with Australian, 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.
Tas SP Plan (2016-20)	Priority 3, Objective 8, p.25	<ul style="list-style-type: none"> • Activities to implement public health approaches to reduce suicidal behaviour and increase community literacy about suicide and suicide prevention. • Work to identify and reduce access to means of suicide in Tasmania, including safety measures implemented at known hotspots. • 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. • Investigate options to reduce and/or restrict access to means of suicide identified through data analysis in Tasmania. Longer-term

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

3. MEDIA

– promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media. See Mindframe: <https://mindframe.org.au/>

ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> Responsible suicide reporting by the media
Townsville SP Plan (2017-20)	Strategy 8	<ul style="list-style-type: none"> Local media strategy
National	National Communications Charter	<ul style="list-style-type: none"> A unified approach to mental health and suicide prevention. The Charter is designed to guide the way organisations talk about mental health and suicide prevention, with each other and with the community. It serves as a formal commitment to working together and developing better structures and processes for collaboration.
SA SP Plan (2017-21)	Priority 2, Action 9, p.19	<ul style="list-style-type: none"> Engaging with the media: SA Health will continue to work with media organisations to use the Mindframe National Media Initiative 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.
Tas SP Plan (2016-20)	Priority 3, Objectives, 8 and 9, p.25	<ul style="list-style-type: none"> 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 [below]) Develop and implement a proactive communication strategy that involves and includes services, individuals, government agencies, communities and the media 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. 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. Deliver annual Mindframe2 (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. 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.
	Actions 2.1/ 2.2 p.23	<ul style="list-style-type: none"> Work with national agencies to support the dissemination of guidelines for managing online content following suicide deaths – including the management of memorial pages Work with national agencies to implement guidelines to support how suicide prevention organisations and campaigns engage with communities online. Longer-term 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 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).

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

4. ACCESS TO SERVICES

– promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.

	NSW SP Plan (2014-24)	Priority 3, p.27	<ul style="list-style-type: none"> • Caring for people with suicidal behaviour and thinking in mental health services <ul style="list-style-type: none"> ◆ A significant expansion of clinical mental health services is underway in NSW. Mental health services that make clinicians available in the community rather than hospital are growing and access to specialist mental health professionals in emergency departments and hospitals is being further developed, including through video links to rural areas. ◆ NSW Health is also increasing the number of peer workers (people with a lived experience of a mental health issue) employed in mental health services to support people in their recovery. Peer workers in mental health are people with lived experience of a mental health condition who are employed to support people in their recovery and advocate for improvements to the mental health system.
	Qld SP Action Plan (2015-17)	Priority 2, p.16, Action 25, p.29	<ul style="list-style-type: none"> • Equip all service providers with the necessary skills and knowledge to identify and respond in an appropriate and timely way to support people at risk of suicide, dependent on their respective roles and responsibilities. • Provide person-centred assessment, support, treatment and care for those at risk that not only considers the point-in-time clinical assessment, but the life circumstances of the person needing support, including appropriate follow-up care for those who have attempted suicide.
	Qld Connecting care to recovery (2016-21)	Priority 4, p.22	<ul style="list-style-type: none"> • Strengthening clinical skills and capacity to screen, assess and manage suicide risk.
Integrated services	SA SP Plan (2017-21)	Action 1 p, 12	<ul style="list-style-type: none"> • 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 <i>Connecting with People</i> 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 <i>Connecting with People</i> approach such as, Dialectic Behaviour Therapy, Cognitive Behaviour Therapy, Narrative Therapy, Mentalization Based Cognitive Therapy, Mindfulness Training and Schema Therapy • Connecting with People is an internationally recognised suicide and self-harm mitigation and prevention program built upon best available evidence in the field of suicide prevention. As a training program the Connecting with People approach is designed for use by SA Health and its partners to assist individuals vulnerable to, and/or experiencing suicide and self-harm related distress. <ul style="list-style-type: none"> ◆ It is situated on the premise that suicide is preventable and can be mitigated when clinicians have the appropriate knowledge, attitudes, skills and confidence and access to tools for intervention. ◆ The Connecting with People approach is a paradigm shift in the way suicide is considered. It is marked by clinicians engaging in comprehensive person-centred assessment, safety planning and suicide mitigation with a series of evidence-informed and peer-reviewed clinical tools to support clinical assessments and assist with the identification of, and response to suicide risk. It requires nurses to work in a compassionate person-centred way with the individual to identify their own risk factors, distress triggers, needs and strengths, imparting hope and encouraging them to seek and accept support. The Connecting with People approach also involves the practice of safety planning (see safety planning). • See: https://www.lifeinmindaustralia.com.au/news/suicide-prevention-insights-connecting-with-people-in-south-australia
Workforce Partnership with ACCHSS			

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

4. ACCESS TO SERVICES cont'd

– promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.

Workforce Partnership with ACCHSS	Townsville SP Plan (2017-20)	Strategy 2.6	<ul style="list-style-type: none"> • Survey mental health professionals within the region to identify those who have expertise in treatment of suicidal individuals, including for particular issues and groups (ie: childhood abuse and neglect, Aboriginal and Torres Strait Islander Peoples, LGBTIQ people) • Create a local Register of clinical practitioners who specialise in trauma informed care - This includes trauma related to Sexual Violence & Domestic Violence (as identified by the Qld Mental Health Commission in Live Well) • Develop a list of locally relevant referral pathways that can be used at times of crisis or in aftercare and includes links to the Register. • Begin targeted rollout of referral pathway lists
	NSW SP Plan (2018-23)	Priority 5, p.31	<ul style="list-style-type: none"> • NSW Health is evaluating the pilot of LikeMind mental health hubs in Penrith, Seven Hills, Orange and Wagga Wagga. • LikeMind is an integrated service that brings together four core streams of service provision (mental health, drug and alcohol, primary care, and psychosocial and vocational services) in an accessible, engaging community space or 'one stop shop' for adult mental health consumers.
	Tas SP Plan (2016-20)	Priority 1.1, p.21	<ul style="list-style-type: none"> • 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. • Develop a more integrated health service system that works to support people with suicidal behaviour, regardless of how or where they present for services. • 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 Health Pathways online system to track and monitor progress. • In line with the Rethink Plan [Tas mental health 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. • 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

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

4. ACCESS TO SERVICES cont'd

– promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.

NATSISPS (2013)	Outcome 3.2	<ul style="list-style-type: none"> • Build inter-sectoral and professional links to support integrated services • Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres • Develop and disseminate models for services that combine specific targeted and indicated services in centres providing integrated wellbeing services • Strengthen the focus on early intervention and suicide prevention within integrated services • Build inter-sectoral and professional links to support integrated services
	Outcome 4.2	<ul style="list-style-type: none"> • Coordinated suicide prevention strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities • There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of suicide prevention • Identify models for governance to support interagency approaches to coordinated suicide prevention • Examine models for pooling of funds to support coordinated approaches to prevention
	Outcome 4.3	<ul style="list-style-type: none"> • There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients • Pilot and evaluate specific multidisciplinary approaches to service provision for vulnerable individuals and families • Investigate feasibility of specific memoranda of understanding to enable joint approaches to case management • Clarify agency responsibilities for interagency coordination of care for high risk Aboriginal and Torres Strait Islander clients and families
ATSISPEP STW (2016)	p.3	<ul style="list-style-type: none"> • Cross-agency collaboration
Balit Murrup (2017-27)	p.12	<ul style="list-style-type: none"> • Integrated and seamless service delivery: We will explore new service models with Aboriginal communities and mental health consumers that facilitate access, focuses on outcomes and provides clear pathways and transition support to ensure continuity and service integration. • We will work collaboratively across governments to support the development of joined-up approaches to social and emotional wellbeing support, mental health, suicide prevention, and alcohol and drug services. This will be underpinned by recognising the importance of holistic and integrated services to Aboriginal people. Particular emphasis will be placed on building partnerships between mainstream clinical mental health services, Aboriginal community-controlled health organisations and other primary and community health providers to support the continuity of care for Aboriginal people entering and leaving hospital.
MH&SEWB Fr (2017-23)	Outcome 4.2, p.40	<ul style="list-style-type: none"> • Culturally and clinically appropriate specialist mental health care is available according to need • Ensure the required mix and level of specialist MH services and workers, paraprofessionals and professionals required to meet the MH needs of the Aboriginal and Torres Strait Islander people, including specialist SP services for people at risk of suicide

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

4. ACCESS TO SERVICES cont'd

– promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.

NATSISPS (2013)	Outcome 4.4, p.38	<ul style="list-style-type: none"> (ii) Establish partnerships between governments and the community sector to develop and train the prevention workforce across health, education and community services
	Outcome 3.4, p.35	<ul style="list-style-type: none"> There are links and partnerships between mainstream specialist mental health and wellbeing services and Aboriginal and Torres Strait Islander wellbeing services and community organisations <ul style="list-style-type: none"> (i) Identify opportunities for complementary service provision arrangements and referral linkages between mainstream services and Aboriginal and Torres Strait Islander community services to coordinate the provision of targeted preventive services (ii) Develop local partnerships between existing services such as headspace centres and Aboriginal and Torres Strait Islander community SEWB services
	Outcome 4.4, p.38	<ul style="list-style-type: none"> Coordinated SP strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities <ul style="list-style-type: none"> (i) Build the capacity of Aboriginal and Torres Strait Islander organisations to sustain partnerships with govts and other organisations
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> Partnerships with community organisations and ACCHSs
MH&SEWB Fr (2017-23)	Outcome 1.3, p.31	<ul style="list-style-type: none"> Give preference to funding ACCHSs to deliver MH, SP and other primary health programs and services where feasible.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

5. TRAINING AND EDUCATION

– maintain comprehensive training programs for identified gatekeepers

NATSISPS (2013)	Outcome 1.3 p.28	<ul style="list-style-type: none"> • There is access to community-based programs to improve suicide awareness among “gatekeepers” and “natural helpers” in communities affected by self-harm and suicide.
	Outcome 1.2 p.28	<ul style="list-style-type: none"> • Materials and resources are available that are appropriate for the needs of Aboriginal and Torres Strait Islander peoples in diverse community settings. <ul style="list-style-type: none"> (i) Identify resource gaps and needs (ii) Review and extend Aboriginal and Torres Strait Islander language training programs for mental health and social and emotional wellbeing (iii) Produce resource materials in diverse formats for use by Aboriginal and Torres Strait Islander people in different community contexts, including those with Aboriginal and Torres Strait Islander languages
SP Workforce Development and Training Plan for Tasmania (2016-2020)	Actions pp 14 - 22	<ul style="list-style-type: none"> • Workforces likely to interact with people experiencing a suicidal crisis. Requirement: Tailored training for role and setting which focuses on person-centred risk identification and immediate management of those at risk (p.14-15) • Health (and other) workers likely to interact with those at risk of suicide and/or needing ongoing management and care. Requirement: Tailored training for their role focused on identification of those at risk and ongoing support and management. (p.16-17) • Non-health workforces that may interact with people at risk of suicide or those impacted by suicide. Requirement: General knowledge and skills about suicide prevention, early intervention and postvention that is tailored for their specific role or setting (p.18-20)
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Gatekeeper training – Indigenous-specific
NSW SP Plan (2018-23)	Priority 1, p.22	<ul style="list-style-type: none"> • Promoting mental health literacy and community led suicide prevention with Aboriginal people - NSW Health is funding the delivery of Mental Health First Aid across NSW to improve mental health literacy and equip people with the skills they need to provide appropriate support to people experiencing mental health problems.
SA SP Plan (2017-21)	Action 4, p.13	<ul style="list-style-type: none"> • Gatekeeper and early identification/intervention training and education • We will provide education and training in the <i>Connecting with People</i> approach to first responder personnel; including South Australian Ambulance Service staff, South Australia Police (SAPOL), the State Emergency Service (SES), Metropolitan Service (MFS), Country Fire Service (CFS), Lifeline, SPNs 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 the 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.
VIC SP Plan (2016-25)	Objective 2, p.18	<ul style="list-style-type: none"> • Sporting clubs are an essential part of the community fabric. Victorians of all ages and backgrounds come together in grassroots clubs to be active, enjoy themselves in a positive environment and socialise. Many people with higher risk factors participate in club sport – for example Aboriginal, LGBTI, rural communities, young people affected by suicide and families and friends of suicidal people. This makes sporting clubs an important setting to reach out to those who need help. The government will continue to work with the sector to improve mental health and wellbeing outcomes for Victorians.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

5. TRAINING AND EDUCATION cont'd

- maintain comprehensive training programs for identified gatekeepers

	Townsville SP Plan (2017-20)	Action 5.1, p.25	<p>SP Training for:</p> <ul style="list-style-type: none"> • Volunteers including, but not limited to: - Sports/arts/music/dance -coaches and tutors - Club leaders - Surf life savers - Service club members (including Landcare groups, etc.) - Volunteer coordinators - Meals-on-Wheels volunteers - Hospital and nursing home volunteers - Neighbourhood / Community Centre • Frontline Services include: SES, Rural Fire Brigade, QPS, QAS, AFP, QFES, Nurses (Registered/Enrolled) – incl Midwives, Aged Care, ADF • Public Facing Industries, for example: - Hospitality and Tourism, eg: caravan park operators, publicans and bar staff - Transport Workers - Personal Care Industry, eg: hairdressers, personal trainers, massage therapists, beauticians - Librarians - Childcare workers • Schools and Education - Parents, teaching staff, auxiliary staff, boarding school residential staff, after school care staff - Vocational Education and Training- staff, operators and students - University – staff, residential advisors, students • Track and map: - Who has already undertaken training and currency - Maintain accurate data of people who undertake training - Follow-up evaluation of who has used their training
	Qld Connecting care to recovery (2016-21)	Priority 4, p.22	<ul style="list-style-type: none"> • Enhancing training of emergency department staff to better recognise, assess and manage people at risk of suicide • implementing sustainable training for emergency department staff and other front line acute mental health care staff in recognising, responding to and providing care for people presenting to HHSs with suicide risk
	WA SP 2020 (2015)	Action Area 5, p.3 and p.41	<ul style="list-style-type: none"> • Increased suicide prevention training: <ul style="list-style-type: none"> ◆ Promoting training and self-help activities for high-risk groups and peer support. ◆ Supporting mental health and suicide prevention training in schools, vocational and tertiary education sectors and community groups... ◆ Backing up training with adequate supervision and de-briefing mechanisms. (The Mental Health Commission will promote supervision and de-briefing guidelines and best practice on the One Life WA website.) • The State Government will continue to and provide training grants and coordination to enable local communities to access evidence-based mental health and suicide prevention training... Gatekeeper training will be expanded across the State with frontline workers in education, health, police, welfare and corrective services receiving training every three years. • Trauma informed care and specialist suicide prevention training for at-risk groups such as people who are bereaved by suicide, young people, Aboriginal communities, first responders and LGBTI groups will be supported.
Peer to peer mentoring	ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Peer-to-peer mentoring, and education and leadership on suicide prevention* • Employment of community members /peer workforce*
	Townsville SP Plan (2017-20)	p.27 Discussion of qualifications	<ul style="list-style-type: none"> • It is imperative that Peer Support Workers (even as a voluntary role) are provided with the skills, knowledge and recognition to take on this critical role. • With this in mind, extracting short course (units) from Certificate IV in Mental Health Peer Work (CHC43515) can be used to equip a Peer Support Worker with skills in safety as they support and potentially intervene.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

5. TRAINING AND EDUCATION cont'd

– maintain comprehensive training programs for identified gatekeepers

GP capacity building and support	SA SP Plan (2017-21)	Priority 2, Action 4, p.19	<p>Workplace Peer support:</p> <ul style="list-style-type: none"> • SAFECOM will provide Peer Support Officers trained in Psychological First Aid and Mental Health First Aid to provide awareness programs in stress, trauma and suicide prevention to volunteers in their regions. • The Department of Planning, 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. [NB: This is an example of workplace peer-based initiatives from around the country.]
	NATSISPS (2013)	Outcome 2.4, p.32	<ul style="list-style-type: none"> • (iii) Examine strategies to improve the preventive capacity of primary health care, including GP services, routine delivery of mental health assessments, counselling, etc
	ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Training of frontline staff/GPs in detecting depression and suicide risk
	Townsville SP Plan (2017-20)	Strategy 3, Actions 3.4/ 3.5 p.20	<ul style="list-style-type: none"> • GP Induction training <ul style="list-style-type: none"> ◆ Local, generalised induction for international/locum GPs new to the region about local services, local community and local culture ◆ Development of Induction Tool Kit ◆ Roll out of induction program Investment • Delivery of advanced suicide prevention training targeted to clinicians – in particular, local resources available to GPs through the General Practice Mental Health Standards Collaboration (GPMHSC) Tool Kit – <ul style="list-style-type: none"> ◆ Year 1: Target training to geographical ‘hot spots’ - ◆ Year 2: Focus training on SuperClinics – ◆ Year 3: Focus on After Hour Care GPs such as ‘Doctor to Your Door’
	WA SP 2020 (2015)	Action Area 5, p.3	<ul style="list-style-type: none"> • Coordinating Gatekeeper and other programs for professionals and paraprofessionals including General Practitioners, health workers and frontline service providers • Backing up training with adequate supervision and de-briefing mechanisms. (The Mental Health Commission will promote supervision and de-briefing guidelines and best practice on the One Life WA website.)
	SA SP Plan (2017-21)	Action 2, p.12	<ul style="list-style-type: none"> • 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 <i>Connecting with People</i> approach so that it is available through primary care.
	VIC SP Plan (2016-25)	Objective 3, p.23	<ul style="list-style-type: none"> • The Department of Health and Human Services will work with the primary health networks to deliver local, placed-based training for general practitioners to build their capability to respond to suicidal behaviours in patients and support patients after suicide attempts.
	Tas SP Plan (2016-20)	Priority 5, p.28	<ul style="list-style-type: none"> • Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020) - Train and support health workers and other gatekeepers to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours
Universal screening by GPs	Townsville SP Plan (2017-20)	Strategy 3.6	<ul style="list-style-type: none"> • Implementation of universal screening for depression, anxiety and suicidality within GP clinics - pre-screening prior to patient appointment while in waiting room; using a tablet, in the same manner as checking vital signs such as blood pressure etc. (NB: Essential that this is informed through lived experience.) <ul style="list-style-type: none"> ◆ Year 1: 10% of GP clinics to trial in strategically chosen localities ◆ Year 2: 25% of GP clinics applying universal screening ◆ Year 3: 50% of GP clinics
		Strategy 3.7	<ul style="list-style-type: none"> • Implementation of the STARS – Screening Tool for Assessing Risk of Suicide at the point when someone is flagged at possible risk of suicide

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

5. TRAINING AND EDUCATION cont'd

- maintain comprehensive training programs for identified gatekeepers

Frontline staff	ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Training of frontline staff/GPs in detecting depression and suicide risk
	Living Well (2014-24)	Page 38 Action 3.4.7	<ul style="list-style-type: none"> • Ensure that front-line emergency, hospital, primary care and crisis personnel have access to good training about responding to suicidal behaviour, and that this training is strongly supported or mandated by employers.
Support for front line staff	NSW SP Plan (2018-23)	Priority 2, p.25	<ul style="list-style-type: none"> • NSW Health funds suicide prevention gatekeeper training for non-mental health workers in front line roles such as emergency department staff, first responders, drug and alcohol workers and maternal health nurses. • The NSW Department of Family and Community Services' Caseworker Development Program includes a module related to self-harm and suicide prevention to better support caseworkers' awareness and responsiveness to these issues. A staff wellbeing strategy has also been developed to increase emotional wellbeing, build resilience, manage potential psychological injuries and develop a comprehensive understanding of mental health risks.
	VIC SP Plan (2016-25)	Object 3, p.23	<ul style="list-style-type: none"> • The Department of Health and Human Services will support the delivery of training, practice guidelines, clinical supervision packages and community of practices for frontline staff to manage suicidal behaviour. • This training and professional development will be offered to both mental health professionals and the full range of other non-specialist staff who support suicidal people. • Training will be developed to suit the needs of individual agencies and their staff. • A new Centre for Mental Health Workforce Development will disseminate best practice and promote trauma-informed care and other practice improvements to both specialist and non-specialist workforces.
	Qld SP Plan (2015-17)	Priority 1, Actions 5,8,9, p.26-27	<ul style="list-style-type: none"> • Provide resilience training for staff identified as first responders to assist them in managing the personal impact of attending to traumatic or stressful situations. • Provide programs for front line officers that focus on post-incident support including FireCare and Embrace and improved access to employee assistance programs.
	WA SP 2020 (2015)	p.35	<ul style="list-style-type: none"> • Training in Gatekeeper suicide prevention and trauma informed care will be increased for frontline workers, health professionals and para-professionals.
Townsville SP Plan (2017-20)	Action 4.1, p23		<ul style="list-style-type: none"> • Facilitate Opportunities for Training – particularly in relation to personal wellness plans (linked to Strategy 2.3). e.g. Blue Knot Foundation Training Safeguarding yourself – Recognising & Responding to Vicarious Trauma
	Action 4.5, p.24		<ul style="list-style-type: none"> • Frontline personnel have access to suitable clinical support (external to work if necessary)
	Action 4.3, p.24		<ul style="list-style-type: none"> • Peer support for front line workers (annual Peer Support Week for Queensland Fire and Emergency Services)
	Action 4.7, p.24		<ul style="list-style-type: none"> • Modified rollout of Yellow Ribbon Card System (See: https://yellowribbon.org/who-we-are/) • Basic, modified rollout in conjunction with Action 4.5 [above] - Clinicians Registered to ensure Frontline Personnel self-refer and are assured of confidentiality Further, able to be assisted with clinical intake with a mutual pre-understanding of what level their crisis is when presenting the card

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

5. TRAINING AND EDUCATION cont'd

– maintain comprehensive training programs for identified gatekeepers

SA SP Plan (2017-21)	Action 5, p.13	<ul style="list-style-type: none"> • Health and Wellbeing approaches within the workforce <ul style="list-style-type: none"> ◆ SAPOL will develop a Health and Wellbeing Strategy for their workforce. The principal objectives are to promote positive mental health and wellbeing, break-down stigma and discrimination, improve help-seeking and offer early access and effective support for all members. ◆ The Department for Correctional Services (DCS) will progress a 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.
VIC SP Plan (2016-25)	Objective 2, p.18	<ul style="list-style-type: none"> • Victorian Government will require all agencies that employ frontline health and emergency services staff to develop and implement mental health and resilience plans as part of a comprehensive occupational health and safety framework. This will include Victoria Police, Ambulance Victoria, Metropolitan Fire Brigade, Victoria State Emergency Service, child protection and health services. • Victoria Police will develop a comprehensive mental health strategy to address the issues and gaps identified in the Victoria Police mental health review. • For paramedics, a partnership between Ambulance Victoria and beyondblue will design training programs covering topics such as depression and anxiety, trauma, substance abuse and suicide prevention. The training will support paramedics to understand mental health issues, recognise and respond to those at risk of suicide, and receive advice on getting the help they need. These plans to protect the mental health of these groups of workers will be implemented hand in hand with training that supports these staff to protect and support better mental health outcomes for clients, such as trauma-informed practices.
Qld SP Action Plan (2015-17)	Priority 2, p.21	<ul style="list-style-type: none"> • The Queensland Ambulance Service is a partner in a national, ambulance based \$2.7 million project to reduce suicide and to improve the mental health of men and boys. The three-year project is being led by Monash University, funded by the Movember Foundation, and will map the needs of men and boys through ambulance presentations, and identify key intervention points for linkage to appropriate care. <u>A number of workforce education paramedic-delivered interventions will also be developed for trial.</u>
	Priority 1, Action 7 p.27; Priority 2, Action 12, p.28	<ul style="list-style-type: none"> • Develop a Queensland Police Service framework for Improving Mental Health, Well Being and Suicide Prevention Plan 2015-17. • Continue training front line PoliceLink staff in understanding suicidal behaviours and managing callers at high risk of suicide.
	Priority 1, 9, p27, Priority 2, Action 11, p.28	<ul style="list-style-type: none"> • Implement a 'Suicide Recognition and Intervention' training package for front line Queensland Rail staff. • With Queensland Rail -- Continue facilitation of Employee Exposure Prevention and Support Programs.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

6. TREATMENT

– improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

NATSISPS (2013)	Outcome 3.3	<ul style="list-style-type: none"> Targeted and indicated services, including emergency services, are culturally appropriate. They are delivered by Aboriginal and Torres Strait Islander personnel and engage Aboriginal and Torres Strait Islander clients and families Employ Aboriginal and Torres Strait Islander personnel in outreach, follow-up and engagement roles
	Outcome 3.1 p.35	<ul style="list-style-type: none"> There is access to effective targeted and specialist services by Aboriginal and Torres Strait Islander people who are at risk of suicide or self-harm <ul style="list-style-type: none"> (i) Map service utilisation and barriers for Aboriginal and Torres Strait Islander people seeking to access targeted and indicated services in regions and communities (ii) Identify barriers to access and utilisation and develop strategies to improve access to referral networks, Aboriginal and Torres Strait Islander information, liaison, flexibility and responsiveness
ATSIPEP STW (2016)	p.3 (Table) success factors in indicated services	<ul style="list-style-type: none"> 24/7 availability* Time protocols* (see also ATAPS Guidelines for ATSO SP Services) Awareness of critical risk periods and responsiveness at those times Employment of community members /peer workforce* (in services) High quality and culturally appropriate treatments
GDD (2017)	Theme 4, p.5	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
Qld SP Action Plan (2015-17)	Priority 3, p.21	<ul style="list-style-type: none"> Scope current service models, barriers for accessing services and options for improvement for Aboriginal and Torres Strait Islander young people at risk of suicide within the Townsville region. This will particularly focus on the need for after-hours support for Aboriginal and Torres Strait Islander children and young people who are at imminent risk of harm, in consultation with local service providers and community representatives (Queensland Mental Health Commission).
	Priority 2, p.16, Action 25, p.29	<ul style="list-style-type: none"> Equip all service providers with the necessary skills and knowledge to identify and respond in an appropriate and timely way to support people at risk of suicide, dependent on their respective roles and responsibilities. Provide person-centred assessment, support, treatment and care for those at risk that not only considers the point-in-time clinical assessment, but the life circumstances of the person needing support, including appropriate follow-up care for those who have attempted suicide.
Townsville SP Plan (2017-20)	Strategy 2.2 p.17	<ul style="list-style-type: none"> Support/Referral to local initiatives e.g. Red Dust Healing, Uncle Alfred's Men's Group etc. Capacity Building those Services though evidence base scaffolding to encourage financial self sustainably.
Qld SP Action Plan (2015-17)	Priority 2, p.16, Action 25, p.29	<ul style="list-style-type: none"> Equip all service providers with the necessary skills and knowledge to identify and respond in an appropriate and timely way to support people at risk of suicide, dependent on their respective roles and responsibilities. Provide person-centred assessment, support, treatment and care for those at risk that not only considers the point-in-time clinical assessment, but the life circumstances of the person needing support, including appropriate follow-up care for those who have attempted suicide.
Qld Connecting care to recovery (2017-21)	Priority 4, p.22	<ul style="list-style-type: none"> Strengthening clinical skills and capacity to screen, assess and manage suicide risk.
WA SP 2020 (2015)	p.35	<ul style="list-style-type: none"> The Mental Health Commission will seek resources to expand a number of existing services across the State to better support people at high risk. This will include increasing mental health training, early intervention and suicide prevention programs for young people, men and women, families experiencing trauma, Aboriginal communities, regional communities and lesbian, gay, bisexual, transgender and intersex groups.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

6. TREATMENT cont'd

– improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

<p>SA SP Plan (2017-21)</p>	<p>Action 1 p, 12</p>	<ul style="list-style-type: none"> • 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 • Connecting with People is an internationally recognised suicide and self-harm mitigation and prevention program built upon best available evidence in the field of suicide prevention. As a training program the Connecting with People approach is designed for use by SA Health and its partners to assist individuals vulnerable to, and/or experiencing suicide and self-harm related distress. <ul style="list-style-type: none"> ◆ It is situated on the premise that suicide is preventable and can be mitigated when clinicians have the appropriate knowledge, attitudes, skills and confidence and access to tools for intervention. ◆ The Connecting with People approach is a paradigm shift in the way suicide is considered. <p>It is marked by clinicians engaging in comprehensive person-centred assessment, safety planning and suicide mitigation with a series of evidence-informed and peer-reviewed clinical tools to support clinical assessments and assist with the identification of, and response to suicide risk.</p> <p>It requires nurses to work in a compassionate person-centred way with the individual to identify their own risk factors, distress triggers, needs and strengths, imparting hope and encouraging them to seek and accept support.</p> <p>The Connecting with People approach also involves the practice of safety planning (see safety planning).</p> • See: https://www.lifeinmindaustralia.com.au/news/suicide-prevention-insights-connecting-with-people-in-south-australia
<p>Vic SP Plan (2016-25)</p>	<p>Objective 3, p.23</p>	<ul style="list-style-type: none"> • A new The Department of Health and Human Services will work with the primary health networks to deliver local, placed-based training for general practitioners to build their capability to respond to suicidal behaviours in patients and support patients after suicide attempts. The department will continue to broker relationships between primary health networks and health services networks to build stronger pathways between tertiary care and primary care to support patient transition from hospital after a suicide attempt. The department will encourage person-centred, family-sensitive and recovery oriented models of care in these settings. • Centre for Mental Health Workforce Development will disseminate best practice and promote trauma-informed care and other practice improvements to both specialist and non-specialist workforces.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

6. TREATMENT cont'd

– improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

Follow up care after a suicide attempt	ATSIPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> Continuing care/assertive outreach post emergency department after a suicide attempt*
	NSW SP Plan (2018-23)	Priority 2, p.25	<ul style="list-style-type: none"> Delivering consistent, timely and continuing follow-up care and support: Aftercare projects are being rapidly expanded throughout NSW.
	Qld Connecting care to recovery (2017-23)	Priority 4, Actions 39, 40, p33.	<ul style="list-style-type: none"> Implement a process for monitoring and analysing incidents of suspected suicide and significant self-harm involving individuals with current or recent contact with a Queensland Health service. This project will extend upon existing mortality review processes within Hospital and Health Services across the state and will inform strategic directions, policy and clinical practice, with a view to improving the care of people presenting at risk of suicide.
		Priority 4, p.22	<ul style="list-style-type: none"> Enhancing... assertive outreach for people discharged from emergency departments and inpatient units will be improved. The environmental safety of our hospital and health facilities will be strengthened to mitigate risk. We will collaborate with other services to build capacity and develop early and targeted responses to the management of people at risk, including the needs of at-risk groups. This includes supporting access to high quality evidence-based psychological services. ... Implementing a new state-wide program to embed a systems approach and strengthen clinical governance for suicide risk screening, assessment and management across our HHSs Suicide Prevention in Health Services Initiative Establishing a suicide prevention health taskforce co-chaired by a HHS and a PHN, resourced to identify and translate the evidence-base for suicide prevention initiatives in a health service delivery context, support implementation of early intervention initiatives, and promote the strengthening of partnerships across HHSs and PHNs at a state-wide and local level... undertaking a multi-incident analysis of sentinel events relating to deaths by suspected suicide of people with a recent contact with a health service. The analysis will inform the work of the taskforce and HHSs development initiatives across the State.
	Beyond Blue (ongoing)	Way Back Support Services	<ul style="list-style-type: none"> The Way Back Support Service is delivered to people who have been admitted to a hospital following a suicide attempt or people experiencing a suicide crisis. Partnering hospitals assess and refer people to The Way Back Support Coordinators who then contact the person within 24 hours and work with them to develop a safety plan. Encouraging results in trial sites led to an Australian Government Budget announcement of \$37.6 million for Beyond Blue to roll out The Way Back to up to 25 sites across the country, beginning July 2018.
		Way Back Resources (see above)	<ul style="list-style-type: none"> Finding your way back resource: http://resources.beyondblue.org.au/prism/file?token=BL/1160 Guiding their way back resource: http://resources.beyondblue.org.au/prism/file?token=BL/1161 Finding Our Way Back: A resource specifically for Aboriginal and Torres Strait Islander people after a suicide attempt: http://resources.beyondblue.org.au/prism/file?token=BL/1289
	SA SP Plan (2017-21)	Strategy 1, p.12	<ul style="list-style-type: none"> 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.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

6. TREATMENT cont'd

– improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

<p>Vic SP Plan (2016-25)</p>	<p>p.10</p>	<ul style="list-style-type: none"> • Through the assertive outreach initiative, the Victorian Government will provide additional resources to support people after leaving hospital, an emergency department or a mental health service when they have attempted suicide. • The government will ensure there is a chain of care that links general hospitals and community aftercare services for patients discharged following a suicide attempt. • The assertive outreach service will identify and support suicide attempt survivors while they are still in hospital in emergency departments, general medical or mental health services, and provide follow-up support to the person after they leave hospital. • The service will provide immediate follow-up to ensure continuous and coordinated care for the person and their family. First contact will be provided within the first 24 hours after leaving the health service, and for up to three months immediately following the suicide attempt
	<p>Objective 2, p.,17</p>	<ul style="list-style-type: none"> • [Families, friends and carers are vulnerable] ... to suicidal or self-harming behaviour themselves. In addition, the support provided by families, friends and carers is essential to preventing suicide. We need to engage with and support them to take care of both the suicidal person and themselves. The government will encourage services to involve families, carers and support people in care planning and decision making, especially around discharge planning and support. They will receive more information, education and support, and will be involved in developing, implementing and evaluating new initiatives.
<p>Nat Standards – MH Services (2013)</p>	<p>Criterion 2.11</p>	<ul style="list-style-type: none"> • <i>Guidance for Implementation – Public Mental Health Services and Private hospitals</i> p.12. There should be a regular risk assessment of consumers... Consumers are at greatest risk in times of transition between settings or transfer of care... Joint risk assessments between the MHS, non-government organisations, local communities and primary health services or Aboriginal and Torres Strait Islander medical services are often appropriate when responsibility for care is being transferred or jointly managed.
<p>NSW SP Plan (2018-23)</p>	<p>Priority 3, p.27</p>	<ul style="list-style-type: none"> • Developing a new Mental Health Patient Safety Program - Suicide prevention is a priority in the new Mental Health Patient Safety Program being established by NSW Health. • This program is a key action under the Mental Health Safety and Quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities. • In the new state-wide program, the Clinical Excellence Commission will support local mental health services and clinicians to apply effective quality improvement tools and methods in a systematic, localised and continuous way. • The new Mental Health Patient Safety Program will build on the local expertise of frontline staff in collaboration with consumers and carers to instil hope and share understanding that suicide can be prevented in people under the care of the health system. This model of embedding a structured patient safety program based on improvement science has been successful in several mental health programs internationally and will focus on: <ul style="list-style-type: none"> ◆ Person-centredness – ensuring that individual and personal values guide all clinical decisions ◆ Patient experience – preventing avoidable harms and treating patients with compassion and respect ◆ Staff experience – assuring staff work in safe environments, are well supported, accountable and encouraged to think innovatively ◆ Effectiveness – enhancing how people recover from episodes of ill health via evidence-based practice, understanding outcome variations and how health systems can be optimised.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

6. TREATMENT cont'd

– improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

	SA SP Plan (2017-21)	Safety planning for people at risk	<ul style="list-style-type: none"> • Why is safety planning important? • Safety planning is considered international best practice in indicated suicide prevention strategies as tools to help mitigate suicide risk. A safety plan document is co-created collaboratively by a consumer and clinician. • It typically consists of written statements, individualised actions, sources of comfort, distraction, and support that people can use to alleviate suicidal urges or other safety crisis. Written in the person's own words/ language, the strategies and supports are co-created with the person. The safety plan protocol is not something that is imposed upon a person. • Safety planning interventions typically utilise the following six key steps: <ul style="list-style-type: none"> ◆ Recognise warning signs of an impending suicidal crisis and associated thoughts and feelings ◆ Employ internal care and personal resource strategies ◆ Utilise social and emotional contacts as a means of support and distraction from suicidal thoughts, ◆ Contact family members or friends who can say and do things that help resolve the crisis ◆ Contact mental health professionals ◆ Reduce the potential use of lethal means. • https://www.lifeinmindaustralia.com.au/news/suicide-prevention-insights-connecting-with-people-in-south-australia
	Vic SP Plan (2016-25)	Objective 3, p.23	<ul style="list-style-type: none"> • In 2010 the Victorian Department of Health published: Working with the suicidal person: clinical practice guidelines for emergency departments and mental health services. • These guidelines were based on an extensive literature review and consultation with both clinicians and people with lived experience. • Some aspects of the guidelines need to be updated since the introduction of the Mental Health Act 2014, and emerging evidence of current risks and effective approaches. • In particular, the guidelines will incorporate more guidance on follow-up, discharge practices and involvement of families, carers and support people. • The government will establish a technical advisers group to undertake a rigorous and comprehensive review of the guidelines to incorporate current research on best practice and consultation with all key stakeholders. Revised guidelines will be issued in 2017
Post attempt case management	NATSISPS (2013)	Outcome 4.3, p.38	<ul style="list-style-type: none"> • There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients <ul style="list-style-type: none"> (i) Pilot and evaluate specific multidisciplinary approaches to service provision for vulnerable individuals and families (ii) Investigate feasibility of specific memoranda of understanding to enable joint approaches to case management (iii) Clarify agency responsibilities for interagency coordination of care for high risk Aboriginal and Torres Strait Islander clients and families
	Townsville SP Plan (2017-20)	Strategy 1.5, p.15	<ul style="list-style-type: none"> • Post Attempt Case Management
	WA, SP 2020 (2015)	p.35	<ul style="list-style-type: none"> • Increased services for people who have and attempted suicide will be established. This will include support to general practitioners and their patients who present with suicidal or self-harm ideation and patients discharged from hospital Emergency Departments that have attempted suicide, engaged in self harm or present with ideation around self-harm or suicide. An intensive case management system will provide comprehensive assessment, face to face and telephone counselling, through care and a co-case management model with the patient's general practitioner, as well as linking the client with health and social services in response to identified needs.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

7. CRISIS INTERVENTION

- ensure that communities have the capacity to respond to crises with appropriate interventions.

NATSISPS (2013)	Outcomes 1.1, 1.5 p.28	<ul style="list-style-type: none"> • Communities have the capacity to initiate, plan, lead and sustain strategies to promote community awareness and to develop and implement community SP plans. <ul style="list-style-type: none"> (i) Identify communities and regions (by expression of interest) to workshop models for community action (ii) Develop information and resource guides for coordinating community action to prevent suicide (iii) Review and disseminate information on best practice models for community suicide prevention (iv) Develop specific strategies regarding access to methods and means of suicide in the community • Communities are assisted to plan and implement a comprehensive response to suicide and self-harm that includes both short-term and long-term early intervention and prevention activity.
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Community empowerment, development, ownership* • Community- specific responses* • Involvement of Elders*
GDD (2017)	Theme 4, p.5	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples
Living Well (2014–24) / Suicide Prevention Fund (NSW)	p.36	<ul style="list-style-type: none"> • In 2012 the NSW Ministerial Advisory Committee on Suicide Prevention consulted communities in NSW about how local suicide prevention responses could be better supported. This resulted in recommendations targeting priority groups, including initiatives such as the development of strategies to prevent suicides in small towns, enhanced community engagement in suicide prevention, application of evidence-based practice, improved local data collection and workplace interventions. • [Following the above] ... The NSW Government has introduced the NSW Suicide Prevention Fund to provide opportunities for non-government organisations and community-based services to deliver local suicide prevention services and activities. NSW Health is funding eight community managed organisations to deliver community-based suicide prevention activities across NSW under the four-year Suicide Prevention Fund. From 2016–17 to 2019–20, these projects are aimed at developing a local response to local need...
Qld SP Action Plan (2017-21)	Priority Area One, p.14	<ul style="list-style-type: none"> • Promote community leadership by supporting local level solutions to enhance community connectedness and engagement. • Raise community awareness about suicide to ensure that individuals, families and communities have the capacity to have safe conversations about suicide and recognise and help a person at risk of suicide.
WA SP 2020 (2015)	Action area 2, p.3	<ul style="list-style-type: none"> • Local support and community prevention across the lifespan This action area will be achieved through: <ul style="list-style-type: none"> ◆ Promoting and supporting evidence based and culturally informed mental health literacy programs ◆ Strengthening community-based suicide prevention activities, local capacity building and leadership. ◆ Collaborating with local stakeholders to strengthen suicide prevention protocols, establish ways to reduce access to means of suicide and map pathways to care to appropriate services and support. ◆ Partnering with primary care providers to address mental health needs and risk factors. ◆ Ensuring communities have the capacity to respond to crises and can access emergency services, crisis support and helplines. ◆ Improving postvention responses and care for those affected by suicide and suicide attempts.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

7. CRISIS INTERVENTION cont'd

- ensure that communities have the capacity to respond to crises with appropriate interventions.

NSW SP Plan (2018-23)	Priority 2, p.25	<ul style="list-style-type: none"> Increasing suicide prevention skills in the community Suicide prevention gatekeeper training is being delivered for communities, local services and organisations throughout NSW.
Tas SP Plan (2016-20)	Actions 2.1/ 2.2 p.23	<ul style="list-style-type: none"> Support communities to develop and implement coordinated action to prevent suicidal behaviour and support those affected by suicide: <ul style="list-style-type: none"> Support the continuation of the Tasmanian Suicide Prevention Community Network and ensure cross-sector and cross-community representation. 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. Support communities to understand and safely talk about suicide and the impact of suicide
Townsville SP Plan (2017-20)	Action 7.1, p.31	<ul style="list-style-type: none"> Community roles for individuals and organisations: Making information available about the roles people can play which is defined in Strategy 8. This includes roles such as: - Intervention Participants (Gatekeepers) (refer to Strategy 5) - Ambassadors (refer to Strategy 8) - Peer Support Workers (Refer Strategy 5) - Corporate Philanthropy (Refer Strategy 10) Streamlined Promotion of Intervention/Peer Support Roles through media/events
	Action 7.3, p.31	<ul style="list-style-type: none"> Annual feature Suicide Prevention Events - welcoming visitors from FNQ, CQ, NWQ - Support Facilitation of topical Workshop/ Public Speakers - Linking in overflow/post community participations in CAP events between each year. Support Facilitation of more involvement of Schools (as Teams/Sponsors) incl. Boarding & District Wide Schools
	Action 7.4, p.31	<ul style="list-style-type: none"> Expansion and integration of Neighbour Day Concept- Staged introduction of mini neighbourhood events to connect people into their own suburbs. These localities will be prioritised on: - Brand new urban estates - Areas where there are few services - Transient suburbs - Satellite communities, eg: Magnetic Island and Palm Island - At-risk postcodes
	Action 7.5, p.32	<ul style="list-style-type: none"> Distribution of resources and information to reach whole of community <ul style="list-style-type: none"> Production of TSPN Service Finders in various versions, eg: - Aboriginal & Torres Strait Islander - Culturally & Linguistically Diverse Accessible version for people with disabilities Purchase of resources made available through various centres and events, eg: - Posters that combine information about helplines and online support services Support guides Targeted inclusion and increasing access via input into various local service, phone directories and regularly accessed e-directories.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

7. CRISIS INTERVENTION cont'd

- ensure that communities have the capacity to respond to crises with appropriate interventions.

Suicide Prevention Networks (SPNs) -Local Govt	SA SP Plan (2017-22)	p.16	<ul style="list-style-type: none"> • We will expand the number of SPNs so that there is a network linked to each local government region in South Australia. • The SPNs will raise awareness and break-down stigma, 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 and Torres Strait Islander peoples and their families in establishing SPNs to empower action to support prevention. • What is a Suicide Prevention Network (SPN)? <ul style="list-style-type: none"> ◆ A SPN is formed through the collaborative efforts of the OCP, Local Government and people in the community who want to prevent suicides in their community. ◆ The OCP is currently working with a number of Networks. These Networks are linked to Local Government identifying with their boundaries, communities and their Public Health Plan. This is because the Local Government is the hub of every community providing connections that link all elements of the community together. ◆ The Networks work to develop a local coordinated and sustainable approach to suicide prevention and postvention in the area. ◆ Linking with Local Government also gives us a way of connecting the SPNs in a coordinated way. ◆ It is acknowledged that the Community Development Model used by Wesley Lifeforce to establish SPNs has been utilised as best practice in setting up the South Australian SPNs. ◆ The point of difference being the close connection SA SPNs have with Local Government. ◆ The networks seek membership that is reflective of the diversity of the community; that is inclusive of business, industry, agriculture, viticulture, service clubs, churches, schools and sporting clubs. ◆ The Local Government has a supportive role in the development of the Networks, providing facilities and expertise to the Network and exposure of the Suicide Prevention Network. ◆ The Office of the Chief Psychiatrist (OCP) provides a community development and support role in the Suicide Prevention Networks. This is in the form of facilitation of meetings and action planning day, telephone support, an annual visit, support at the Networks major events and linkage to grant funding. ◆ The SPNs seek to start lifesaving conversations, break down stigma associated with mental illness and suicide, bring connectedness to the community, provide information on the help that is available and facilitate suicide prevention education sessions. The networks develop Suicide Prevention Action Plans to address suicide in the local community by taking a multipronged approach that suits the uniqueness of the community.
Indigenous community responses - Build on family community and cultural strengths	MH&SEWB Fr (2017-23)	Outcome 2.1, p. 32	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander communities and cultures are strong and support MH&SEWB • Empower communities to identify and address challenges. • Community governance through community controlled services to deliver health programs and services. • Encourage practical outcomes, such as employment of community members, school attendance and educational attainment.
Indigenous community responses - Build on family community and cultural strengths	Cultural RF (2016-26)	Domain 2, p.13/ Domain 5, p.16	<ul style="list-style-type: none"> • Positive health messages and programs that respond to the diversity, strengths and knowledge of Aboriginal and Torres Strait Islander social, cultural, linguistic, gender, religious and spiritual backgrounds • Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

7. CRISIS INTERVENTION cont'd

- ensure that communities have the capacity to respond to crises with appropriate interventions.

NATSISPS (2013)	Outcomes 1.1, 1.5 p.28	<ul style="list-style-type: none"> • Communities have the capacity to initiate, plan, lead and sustain strategies to promote community awareness and to develop and implement community SP plans. <ul style="list-style-type: none"> (i) Identify communities and regions (by expression of interest) to workshop models for community action (ii) Develop information and resource guides for coordinating community action to prevent suicide (iii) Review and disseminate information on best practice models for community suicide prevention (iv) Develop specific strategies regarding access to methods and means of suicide in the community • Communities are assisted to plan and implement a comprehensive response to suicide and self-harm that includes both short-term and long-term early intervention and prevention activity.
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Involvement of Elders* • Cultural framework* • Cultural elements – building identity, SEWB, healing* • Culture being taught in schools • Connecting to culture/country/Elders*
GDD (2017)	Theme 4, p.5	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples
NATSISPS (2013)	Outcome 1.5, p.28	<ul style="list-style-type: none"> • (i) Identify appropriate early intervention programs that have been adapted for Aboriginal and Torres Strait Islander families
	Outcome 2.2.1/ 2.2, p.31	<ul style="list-style-type: none"> • There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies <ul style="list-style-type: none"> (i) Develop criteria for support of cultural programs (ii) Review evidence for effectiveness of culture-based initiatives and evaluate cultural strengths programs • Life promotion and resilience-building strategies are developed; access to wellbeing services among Aboriginal and Torres Strait Islander males is improved, • Develop strategies to promote the strengths of elders, fathers and other men as positive role models able to contribute to the wellbeing of community, families and youth
	Outcome 2.3, p.31	<ul style="list-style-type: none"> • Long-term, sustainable prevention strategies that build resilience and promote social and emotional wellbeing are specifically developed for Aboriginal and Torres Strait Islander families and children <ul style="list-style-type: none"> (i) Develop culturally appropriate strategies for family engagement in wellbeing programs in multiple settings (ii) Make parenting programs adapted for Aboriginal and Torres Strait Islander peoples more available in universal and targeted modes to strengthen parenting skills and to improve behavioural, developmental and mental health outcomes among children (iii) Develop family focused interventions for Aboriginal and Torres Strait Islander parents and children in partnership with childcare centres and schools (iv) Disseminate information on models of effective early intervention and prevention for Aboriginal and Torres Strait Islander families, parents and children

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

7. CRISIS INTERVENTION cont'd

- ensure that communities have the capacity to respond to crises with appropriate interventions.

M&SEWB Fr (2017-23)	Outcome 2.1 2.1.3, p.32	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander communities and cultures are strong and support MH&SEWB. • Strengthen community cohesion, and restore and heal connections to culture and country including through reclamation and revitalization
	Outcome 2.2	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander families are strong and supported • Increase family-centric and culturally-safe services for families and communities. • Support the role of men and Elders in family life and the raising of children in a culturally-informed way. • Support single parent families and extended family and kin support networks • Support family re-unification for members of the Stolen Generations, prisoners, children removed from their families into out-of-home care, and young people in juvenile detention.
	Outcome 2.4.6, p.35	<ul style="list-style-type: none"> ◆ Adapt end-to-end school-based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Strengthening pride in identity and culture.
	Outcome 3.1, p.36	<ul style="list-style-type: none"> ◆ Support programs for members of the Stolen Generations and their families.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

8. POSTVENTION

- improve response to and caring for those affected by suicide/attempt/ other crisis

NATSISPS (2013)	Outcome 1.6, p.29	<ul style="list-style-type: none"> • Mental health services and community organisations are able to provide appropriate postvention responses to support individuals and families affected by suicide. (i) Develop protocols for communication between specialist mental health services and Aboriginal and Torres Strait Islander families regarding intervention needs and support following bereavement (ii) Build capacity of community members and community- based personnel to lead postvention responses to bereavement (iii) Develop innovative strategies for bereavement support including practical assistance with housing, finances, work and children's needs, psychological support and counselling (iv) Develop culturally appropriate best practice therapeutic options for responding to traumatic bereavement and complicated grief among Aboriginal and Torres Strait Islander people (v) Support development of partnerships between communities and NGOs to support emergency response in diverse settings (vi) Emergency response should be consistent with best practice (based on systematic review of research on suicide bereavement first responses and emergencies such as Victorian bushfires and Queensland floods)
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Crisis response teams after a suicide Postvention* • <i>See also Recommendations of the ATSISPEP Critical Response Project Report</i>
Youth Suicide Prevention Plan for Tasmania (2016-2020)	Key Action 5:	<p>Respond in a timely and effective way to the suicide of a young person to minimise the impact on other young people in Tasmania.</p> <ul style="list-style-type: none"> • In partnership with the Office of the Chief Psychiatrist, establish a collaborative cross-agency and community approach that is well-positioned to identify and respond to potential or emerging suicide clusters, including suicide memorials, if and when required. • Work with national agencies to support the implementation of guidelines for managing online content following suicide deaths – including the management of memorial pages for young people and other online activity generated from Tasmania and impacting on Tasmanian communities. • Ensure evidence-based, support services and programs for young people affected by suicide, appropriate for the developmental stage, are available to build resilience and support grief and loss.
Qld SP Action Plan (2015-17)	Priority 1, p.14	<ul style="list-style-type: none"> • Support and help those bereaved and impacted by suicide, including families, communities, service providers and first responders to assist them in managing the impact of suicide and suicide attempts.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

8. POSTVENTION cont'd

- improve response to and caring for those affected by suicide/attempt/ other crisis

	SA SP Plan (2017-21)	Priority 1, Action 3, p.12 / Priority 2, Action 5, p.19	<ul style="list-style-type: none"> • Evidence based postvention practice <ul style="list-style-type: none"> ◆ 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. • 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 Support after a suicide and Living Beyond Suicide to provide support to those impacted by the grief of suicide.
		Priority 2, Action 3, p.19	<ul style="list-style-type: none"> • 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 the Department of Human Services (DHS), to provide a holistic recovery response to natural disasters and to build upon the individual and community resilience.
		Priority 2, Action 6, p.19	<ul style="list-style-type: none"> • We will develop a partnership, supported by a Memorandum of Understanding, between SAPOL, 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 SPNs to assist them in connecting communities and individuals with services and resources when experiencing distress.
Existing postvention services	National Indigenous Critical Response Service (ongoing)		<ul style="list-style-type: none"> • Supports Aboriginal and Torres Strait Islander individuals and families affected by suicide-related trauma or other traumatic incidents with practical social support, and facilitation of connections with a range of local social, health and community services and where appropriate monitor the throughcare of individuals and families over time. • Critical Response Support Advocates are not counsellors and do not provide counselling or other clinical support. Rather, they advocate on behalf of families to ensure they are able to access the supports they need in their time of grief. A strong advocate can assist in: <ul style="list-style-type: none"> ◆ ensuring good engagement occurs between families and service providers, and ◆ encouraging services to work alongside each other to provide holistic through-care. https://thirili.com.au/
	StandBy (ongoing)		<ul style="list-style-type: none"> • We support anyone who has been impacted by suicide at any stage in their life, including: <ul style="list-style-type: none"> ◆ Individuals, families and friends ◆ Witnesses ◆ Schools, workplaces and community groups ◆ Frontline responders and service providers We provide free face-to-face and telephone support at a time and place that is best for you • What we do: <ul style="list-style-type: none"> ◆ The service is accessible 24/7, providing direct and coordinated support from local services and groups in your area ◆ We offer expertise, understanding and resources for your particular situation ◆ Follow up contact is continued for up to 1 year to ensure you are not alone and receive any ongoing support you may need <p>http://standbysupport.com.au/</p>

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

8. POSTVENTION cont'd

- improve response to and caring for those affected by suicide/attempt/ other crisis

Bereavement/ post attempt support groups and resources	Townsville SP Plan (2017-21)	Action 2.1	<ul style="list-style-type: none"> Establish a Bereavement Support Group with Terms of Reference written by the Lived Experience Reference Group through the TSPN (including sitting fees for Lived Experience people) Production of a resource pack for first responders to provide to bereaved families.
	Tas SP plan (2016-20)	Priority 2.6	<ul style="list-style-type: none"> 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) 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. 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.
	WA SP 2020 (2015)	p.37	<ul style="list-style-type: none"> The Mental Health Commission will continue to liaise with the Commonwealth to strengthen bereavement support for people individuals, families and communities. Specific programs for postvention support for children bereaved by suicide will be established by the Mental Health Commission.

9. AWARENESS

- establish public information campaigns to support the understanding that suicides are preventable.

	WA SP 2020 (2015)	Action area 1, p.3	<ul style="list-style-type: none"> Greater public awareness and united action This action area will be achieved through: 1.1 Implementing a comprehensive communications strategy, including multimedia resources and media partnerships. 1.2 Delivering a comprehensive public education campaign and resources tailored to specific age groups and populations. 1.3 Promoting the use of mental health, counselling, alcohol and other drugs services, and reducing stigma and discrimination against people using these services. 1.4 Facilitating events to create community dialogue and inspire action. 1.5 Profiling the stories of bereaved families to create understanding and empathy, and reduce stigma around seeking help. 1.6 Providing opportunities for people with lived experience to share their stories to reduce stigma around accessing services. At page 32: Early priorities 1.1.1 The Mental Health Commission will develop a comprehensive communications strategy, with the One Life website (www.onelifewa.com.au) acting as a hub for suicide prevention information, research and services. Partnerships with Mindframe will promote responsible reporting of suicide in the media. 1.2.1 The Mental Health Commission will continue strategic partnerships to promote universal suicide prevention awareness. 1.3.1 The State Government will build on the and strong community engagement achieved 1.4.1 through the previous State Suicide Prevention Strategy by continuing to provide small grants for local community activities, including public forums and events. 1.5.1 To tackle stigma and misunderstanding, and the experiences of individuals and families 1.6.1 affected by suicide will be profiled on the One Life website, in multimedia resources and through media partnerships.
	Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)	p.21-22	<ul style="list-style-type: none"> Families and carers, community groups and general workforces interacting with the community and all other workforces. Requirement: General knowledge and skills about suicide prevention, early intervention and postvention.

THE ELEVEN ELEMENTS OF SYSTEMS-BASED APPROACHES TO SUICIDE PREVENTION PROMOTED THROUGH THE FIFTH NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN cont'd

10. STIGMA REDUCTION

– promote the use of MH services

ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • Awareness raising programs about suicide risk/use of DVDs with no assumption of literacy*
Qld SP Action Plan (2015-17)	Priority Area 1, p.14	<ul style="list-style-type: none"> • Reduce stigma associated with suicide and other related issues such as mental illness and financial problems, to remove barriers to people seeking the support they need, when they need it.
MH&SEWB Fr (2017-23)	Outcome 2.4, p.23	<ul style="list-style-type: none"> • Adapt end-to-end school-based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Help seeking behaviour and de-stigmatisation of mental health problems.
Qld SP Action Plan (2015-17)	Priority 1, Action 3, p26	<ul style="list-style-type: none"> • Increase community awareness of suicide prevention activities through enhanced coordination and promotion of community events for World Suicide Prevention Day.
NSW SP Plan (2018-23)	Priority 1, p.22	<ul style="list-style-type: none"> • Promoting recognition of mental health issues in older people and addressing stigma
Vic SP Plan (2016-25)	Objective 1, p13	<ul style="list-style-type: none"> • The Victorian Government will influence and challenge discriminatory behaviour by advocating for positive change and prompting discussions across Australia. It will inform and connect people to enable them to achieve their best possible mental health and access support when they need it. It will innovate and initiate effective ways to improve access to support and improve outcomes for people, families and communities.

11. OVERSIGHT AND COORDINATION

–utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours – See Part 1 of this Concordance

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS

TRADITIONAL HEALERS/ SPECIALISED AREAS OF PRACTICE

MH&SEWB Fr (2017-23)	Outcome 1.1, p.29	<ul style="list-style-type: none"> Recognise traditional healers, Elders and other cultural healers as an essential part of the overall SEWB and MH areas workforce.
	Outcome 3.1, p.36	<ul style="list-style-type: none"> Access to traditional and contemporary healing practices <ul style="list-style-type: none"> Develop culturally appropriate treatment pathways within a SEWB framework. Support access to traditional and contemporary healing practices and healers. Support traditional and contemporary healing practices like that of the Ngangkari, cultural healers and Elders alongside other mental health and related services.
	Outcome 4.1, p.39	<ul style="list-style-type: none"> Integrate MH and other related areas services delivered by ACCHS and other health providers, including cultural healers.
	Outcome 5.1	<ul style="list-style-type: none"> Ensure access [of people with severe mental illness] to culturally and clinically appropriate treatments, including with Elders, traditional healers, cultural healers and interpreters. Develop culturally adapted assessment and treatment information options for those with severe mental illness and their families and carers.
Fifth Plan (2017-23)	Action 12.2 p34	<ul style="list-style-type: none"> increasing knowledge of SEWB concepts, improving the cultural competence... of mainstream providers and improve access to cultural healers
GDD (2017)	Theme 1, p.4	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander concepts of SEWB, MH and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice, Across their lifespan, Aboriginal and Torres Strait Islander people with wellbeing or mental health problems must have access to cultural healers and healing methods.
Drug Strategy (2014-19)	Outcome 3.2, p.6	<ul style="list-style-type: none"> Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.
NATSIHP/IP (2013-23)	Strategy 6D, p.40	<ul style="list-style-type: none"> Local Elders and senior community members champion culturally appropriate health and wellbeing choices Local elders and senior community members are recognised and valued as experts who can help improve local health and wellbeing outcomes. Workforce strategy gives consideration to how the health sector can work collaboratively with traditional healers and utilise the Community Development Programme workforce.
Cultural RF (2016-26)	Domain 3, p.14	<ul style="list-style-type: none"> Cultural knowledge, expertise and skills of Aboriginal and Torres Strait Islander health professionals are reflected in health service models and practice Organisation identifies and remunerates cultural professionals (cultural brokers, traditional healers, etc.) to assist in understanding health beliefs and practices of Aboriginal and Torres Strait Islander people
Nat Standards - MH Workforce (2013)	Standard 3 - Meeting diverse needs, p.14	<ul style="list-style-type: none"> The mental health practitioner: (11) Liaises and works collaboratively with culturally and linguistically appropriate care partners such as religious ministers, spiritual leaders, traditional healers, local community-based organisations, Aboriginal and Torres Strait Islander health and MH workers, health consumer advocates, interpreters, bilingual counsellors and other resources where appropriate

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

HEALING CSA

Royal Commission CSA (2018)	Rec 9.2, p.30	<ul style="list-style-type: none"> The Australian Government and state and territory governments should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice.
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AOD USE REDUCTION

ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> Alcohol/drug use reduction*
NATSISPS (2013)	Outcome 3.5, p.33	<ul style="list-style-type: none"> There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, <i>substance misuse</i>, incarceration, domestic violence, etc.
MH&SEWB Fr (2017-23)	Outcome 2.1.6, p.32	<ul style="list-style-type: none"> Support communities that wish to restrict alcohol supply and use among their members.
	Outcome 2.1.8, p.33	<ul style="list-style-type: none"> Encourage alcohol reduction strategies, including mainstream policy analysis of potential pricing levers and taxation options.
	Outcome 2.4.2, p.35	<ul style="list-style-type: none"> Adapt end-to-end school based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Culturally and age appropriate alcohol and drug use prevention and/or reduction.
Drug Strategy (2014-19)	Priority Area 2, p.5	<ul style="list-style-type: none"> Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.
	Outcome 2.1, p.6	<ul style="list-style-type: none"> Culturally appropriate Aboriginal and Torres Strait Islander programs and services are supported that address prevention programs, the impact of alcohol, tobacco and other drugs on individuals and families, and within their communities.

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE

<p>'2030 Mental Health Vision' (Cth)</p>		<ul style="list-style-type: none"> • National Children's Mental Health Strategy in development
<p>LifeSpan (2007)</p>	<p>School Programs</p>	<ul style="list-style-type: none"> • Early life experiences can make young people vulnerable. As they get older, other issues may arise which can have a significant impact on them, for example: bullying or alcohol misuse. One event may act as the 'final straw', such as exam stress or a relationship break-up. This cumulative risk means training must begin from an early age to allow for cumulative resilience. • Schools are already doing an enormous amount to address the social and emotional wellbeing of young people however, they need to be better supported and resourced by the community to meet this challenge.
<p>WA SP 2020 (2015)</p>	<p>p.37</p>	<ul style="list-style-type: none"> • The Mental Health Commission will develop a youth engagement strategy to ensure suicide prevention activities are relevant to young people across Western Australia.
<p>Youth Suicide Prevention Plan for Tasmania (2016-2020)</p>	<p>Key Action 3, p.23</p>	<p>Build the capacity of schools and other educational settings to support young people who may be at risk of suicide or impacted by suicide.</p> <ul style="list-style-type: none"> • Review membership of the Tasmanian Mental Health in Schools Reference Group and support its capacity to have an active role in advising and overseeing actions to support suicide prevention in Tasmanian schools (with linkages to the TSPCN) • Develop (or review) a framework for Tasmania that lists a range of endorsed programs and approaches for primary schools and secondary schools that line up with the research evidence, the nationally endorsed curriculum, and the Commonwealth-funded mental health and schools program. This framework will outline the role of education, school health nurses, health and other service providers and the connections between these services. • Establish a process for the endorsement of suicide prevention or postvention programs and content in schools consistent with education curriculum requirements and evidence (existing and emerging). • Support local implementation of nationally funded school mental health programs across Tasmanian schools including the new Australian Government approach to school-based mental health initiatives currently under development as part of the 'Joined Up Support for Child Mental Health' initiative announced in response to the national Mental Health Commission Review (links with action 3.2). • Engage and support the vocational education and training and tertiary sectors to identify ways to support students through effective policies, programs and support services. This should follow the schools approach and integrate mental health, suicide prevention and suicide postvention. • Explore opportunities to integrate online programs and therapies into student learning support systems in secondary schools, vocational education and training and tertiary sectors.

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE cont'd

NATSISPS (2013)	Outcome 1.5, p.28	(ii) Build partnerships with schools, community councils and other agencies to deliver early intervention and prevention programs for parents, children and at-risk youth
	Outcome 2.1, p.31	<ul style="list-style-type: none"> • There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies (iii) Develop school and community-based life skills programs for adolescents (iv) Promote leadership through youth forums and activities to recognise achievements of young people (v) Develop models of training and skills development for peers as natural helpers
	Outcome 2.3, p.31	(v) Identify school-based strategies to counter bullying, racial discrimination and lateral violence
	Outcome 2.4, p.23	<ul style="list-style-type: none"> • Require evidence-based approaches on MH and wellbeing be adopted in early childhood worker and teacher training and continuing professional development. • Adapt end-to-end school-based MH&SEWB programs for Aboriginal and Torres Strait Islander children that include a focus on: Culturally and age appropriate suicide prevention.
MH&SEWB Fr (2017-23)	Outcome 2.3/ 2.4	<ul style="list-style-type: none"> • See in general Outcomes 2.3/ 2.4 • Support children and young people's strong connection to culture and sense of belonging in communities, families and friendship networks as a way to support their resilience and to help protect against suicide.
	Outcome 4.1, p.27	<ul style="list-style-type: none"> • Integrate clinical and non-clinical services who work with children and young people including child and adolescent mental health services and headspace to better support their needs and reduce suicide.
Korin Korin Balit-Djak (2017-27)	Strategic direction 1.2.2, p.30	<p>Promote cultural identity and community connections for Aboriginal young people</p> <ul style="list-style-type: none"> • Over the next three years, the department will: <ul style="list-style-type: none"> ◆ Work with Aboriginal communities, organisations and the Koorie Youth Council to increase community connections with, and support of, Aboriginal youth, particularly Aboriginal LGBTI youth, Aboriginal youth with disabilities and Aboriginal youth in out-of-home care. ◆ Resource the Aboriginal youth mentoring program across Victoria to further develop skills, relationships and networks that keep Aboriginal young people connected to their culture, families and friends. ◆ Resource opportunities for Aboriginal young people to promote their cultural identity, connection to community and youth networking. ◆ Support the inclusion of Aboriginal young people's experiences in youth policy development. ◆ Sponsor youth leadership scholarship opportunities through the Koorie Youth Council. ◆ Resource and promote the importance of conducting cultural camps, especially for children in out-of-home care. ◆ Resource Elders to mentor young Aboriginal people, particularly Aboriginal LGBTI people, Aboriginal Victorians with a disability and Aboriginal children and young people in out-of-home care. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> • Aboriginal young people lead self-determining lives and have key roles in determining the policies and programs that affect their lives.
Qld SP Action Plan (2015-17)	Priority 3, p.21	<ul style="list-style-type: none"> • Scope current service models, barriers for accessing services and options for improvement for Aboriginal and Torres Strait Islander young people at risk of suicide within the Townsville region. This will particularly focus on the need for after-hours support for Aboriginal and Torres Strait Islander children and young people who are at imminent risk of harm, in consultation with local service providers and community representatives (Queensland Mental Health Commission).

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE cont'd

NATSIHP/IP (2013-23)	Part 4	<ul style="list-style-type: none"> • 4A. Young people have a voice in the development and implementation of programmes and policies that are affecting them. • 4B. Young people are supported to be resilient and make informed and healthy choices about living, including being proud of identity and culture. • 4D. Young people have good education and good employment prospects.
ATSISPEP STW (2016)	p.3 (Table)	<ul style="list-style-type: none"> • School-based peer support and mental health literacy programs • Programs to engage/divert, including sport*
NSW SP Plan (2018-23_	Priority 1, p.22	<ul style="list-style-type: none"> • Reducing bullying and building resilience and support for young people
	Priority 2, p.26	<ul style="list-style-type: none"> • The School-Link program, a joint initiative between NSW Health and the NSW Department of Education, supports schools to identify young people with mental health problems and provide earlier access to appropriate mental health care and improved recovery planning and reintroduction to school following an episode of mental ill health. • A range of programs coordinated by the NSW Department of Education are enhancing the ability of schools to respond to the risk of suicide and the effects of suicides in school communities. In collaboration with headspace, suicide postvention planning workshops are taking place with school executives, emergency management staff and school services teams across the state. These workshops aim to equip schools with a plan to minimise the impact of suicides and suicide attempts, and to mitigate the risk of suicidal behaviour spreading. • The NSW Department of Education Networked Specialist Centres also support schools to respond to the complex needs of students and their families and carers by coordinating access to specialist psychological supports. • NSW Health and the NSW Department of Education have also jointly commissioned Project Air for Schools, an evidenced-based model of training and care pathways to improve responses to young people with a personality disorder, many of whom have difficulty managing distress and may self-harm.
Qld SP Action Plan (2015-17)	Priority 2, Actions 14 and 16, p.28	<ul style="list-style-type: none"> • Provide mental health training for school staff to identify individuals at risk and respond appropriately. • Require Senior Guidance Officers and Guidance Officers, as first responders in State Schools, to attend suicide prevention and intervention training.
Townsville SP Plan (2017-20)	Action 6.1/6.2, p.29	<ul style="list-style-type: none"> • In partnership with a significant community partner (TBA), roll-out of The Resilience Project for all students Prep to Year 12
	Action 6.3, p.29	<ul style="list-style-type: none"> • Recognising what schools are doing already and what will be achieved over the next 3 years, Gold Standard Achievement Awards provided to schools for a combination of: - Prevention - Wellbeing and Resilience Training for whole student body - Intervention – Gatekeeper Training for parents, staff, auxiliary staff - Postvention – school support
SA SP Plan (2017-21_	Action 7, p.13	<ul style="list-style-type: none"> • The Department for Education will review suicide prevention and postvention policies and procedures within the South Australian education system. • The Department for Education will continue its partnership with Shine SA to provide gender diversity training and support to secondary school staff over three years (2017-2020).

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE cont'd

<p>WA SP 2020 (2015)</p>	<p>p.37</p>	<ul style="list-style-type: none"> • The State Government will strengthen the Response to Suicide and Self-Harm in Schools Program ('School response'). This encompasses coordinated and free counselling, education and treatment for young people at risk to help them overcome issues associated with depression, suicide, self-harm and grief from suicide by family or friends. It is delivered by specialist staff through the Department of Education School Psychology Service, Department of Health Child and Adolescent Mental Health Service, and non-government service Youth Focus. • The School response will be expanded, as resources become available, to the Mid-West, Wheatbelt and the Great Southern where there has been significant need. • Increased mental health and suicide prevention education programs in Curriculum and Re-engagement schools will also be delivered. This will ensure vulnerable young people who may have previously missed out on health education are better equipped around improving their mental wellbeing, supporting their peers and accessing appropriate services when needed
<p>Vic SP Framework (2016-2025)</p>	<p>Objective 1, p13</p>	<ul style="list-style-type: none"> • Education State is supporting schools to focus on the health and wellbeing of students in order to improve both health and education outcomes, and to close gaps in outcomes for disadvantaged schools. • Evidence highlighted by the Royal Commission into Family Violence shows that teaching children and young people about respectful relationships and gender equality, and taking a whole school approach to this education, can prevent domestic and family violence in the long term. The reforms include delivering new teaching and learning materials focused on respectful relationships and violence prevention in the school curriculum from prep to year 12, and a range of resources that support respectful and safe school communities. • A recent investment of \$21.8 million will strengthen and expand the delivery of respectful relationships across Victorian schools and early years services. This funding will help schools not only teach respectful relationships education as part of the school curriculum, but extend the focus to school cultures, practices and partnerships, helping to reinforce and model respectful relationships and gender equity in everything schools do. In addition, up to 4000 early childhood educators will receive professional learning focused on how to build and develop respectful relationships aligned with the Victorian Early Learning and Development Framework. • The Victorian Government will continue to support the Safe Schools Coalition Victoria to provide flexible resources and training opportunities in every Victorian government secondary school to support same-sex attracted and gender diverse students. The resources provided through the Safe Schools Coalition Victoria help to reduce homophobic and transphobic behaviour and intersex prejudice in Victorian schools. The resources increase support for, and actively include, same-sex attracted, intersex and gender diverse students, school staff and families.

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE cont'd

<i>Postvention and messaging about suicide in schools</i>	SA SP Plan (2017-21)	Priority 2, Action 5, p.19	<ul style="list-style-type: none"> The Department for Education through their Social Work Incident Support Service (SWISS) will provide state-wide pre/ postvention support to schools in regards to suicidal ideation, suicide death and attempted suicide of a student.
	Townsville SP Plan (2017-20)	Action 6.4	<ul style="list-style-type: none"> Safe messaging made available for schools and students to use in communications about suicide deaths As part of school community recovery, there needs to be a sensitive response within the school catchment to fill the silence in the event of a trauma and/or deaths by suicide. It is the responsibility of the TSPN to equip schools to safely articulate a response to these events, in particular: personal and corporate social media.
	Vic SP Plan (2016-25)	Objective 2, p.,17	<ul style="list-style-type: none"> The Department of Education and Training in partnership with headspace will continue to provide on-the-ground support to schools in instances of attempted suicide or suicide. School Support is an evidence-based world-first program that supports Australian secondary schools affected by suicide. It works closely with education systems, principals, school wellbeing staff and teachers to appropriately prevent and respond to the suicide of a young person.
	WA SP 2020 (2015)	P.37	<ul style="list-style-type: none"> The Mental Health Commission will increase resources to early intervention programs and family counselling to support vulnerable children who are at risk of or experiencing cumulative trauma. The Mental Health Commission will work with the Department of Child Protection and Family Support, Department of Education, Department of Health and other relevant agencies to deliver prevention and early intervention initiatives for vulnerable children at risk of abuse, neglect and cumulative trauma in line with recommendations by the Western Australian Ombudsman.
<i>Families and children at risk</i>	NATSISPS (2013)	Outcome 3.5, p.36	<ul style="list-style-type: none"> There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander people who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc
		Outcome 3.6, p.36	<ul style="list-style-type: none"> There is capacity to identify children with early or emerging risk of conduct, behavioural and developmental problems and options for referral of children and families at moderate and high risk, including families with complex multiple needs, to culturally adapted therapeutic programs. <ol style="list-style-type: none"> (i) Provide training for child health and early education staff to assist them in effectively identifying and responding to behavioural and early mental health problems at childcare, preschool and school (ii) Engage at-risk parents to provide parenting and family support via access to health, early education and childcare services as well as child protection services (iii) Trial and implement culturally adapted therapeutic family interventions for Aboriginal and Torres Strait Islander parents and children (iv) Develop strategies to identify and reduce risk associated with child protection interventions, including child removal, foster care and kinship care and practices of child placement (v) Improve identification of foetal alcohol syndrome disorder and other developmental impairments in children (vi) Develop information and resources to assist health and social and emotional wellbeing practitioners to respond to family suicidal behaviour and family mental illness

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE cont'd

<p>Youth SP Plan for Tasmania (2016-2020)</p>	<p>Key Action 1, p.19</p>	<p>Start early by focusing on the resilience, mental health and wellbeing of children, parents and families:</p> <ul style="list-style-type: none"> • Support Child Safe Organisations (through the Commissioner for Children) to prevent and detect all forms of abuse against children – including physical, sexual and emotional abuse. • Focus on children in out-of-home care and their carers to ensure they have access to programs that build skills and resilience. • Explore opportunities for children in out-of-home care to have priority access to mental health and health services. • Develop clear referral pathways and service maps for children and families where a child has an emerging behavioural, conduct or developmental problem to facilitate early intervention by specialist services. • Support the implementation of the Australian Government's reform initiative, 'Joined up Support for Child Mental Health'. • Implement and evaluate programs to support children of parents with a mental illness and siblings of children with mental health and behavioural problems. • Implement and evaluate resilience programs that support children, families and new parents in adverse circumstances; for example childhood illness, sudden death - including suicide and family breakdown.
	<p>Key Action 2:</p>	<p>Empower young people, families and wider community networks to talk about suicide and respond to young people at risk of suicide.</p> <ul style="list-style-type: none"> • Develop messages to support the prevention of youth suicide as part of the new Tasmanian Mental Health and Suicide Prevention Communications Charter, with the involvement of Tasmanian youth. (See Action 9.2 of the Tasmanian Suicide Prevention Strategy (2016-2020)). • Disseminate evidence-based information on talking to young people about suicide through educational settings, community services, family networks and other community settings. This activity should use existing networks such as the Tasmanian Suicide Prevention Community Network (TSPCN) and YNOT. • Develop (or disseminate) resources for young people to understand how to talk about suicide with each other – with a focus on supporting safe discussion following a suicide death, including guidelines for online discussion and memorials. This needs to engage young people and link with youth networks and postvention services. • Develop and test suicide prevention messages that could form part of an online campaign implemented by young people to support each other when they see concerning posts online. These messages need to engage young people and link with youth networks and support services. • Implement approaches to engage and support young people who are disconnected or at risk of becoming disconnected from family, school or work through partnerships with 'Youth at Risk' and homelessness services, and investigate the development of an online youth mentoring program connecting community leaders and young people.
<p>Korin Korin Balit-Djak (2017-27)</p>	<p>Priority focus 4.2, p.47</p>	<p>Aboriginal children and families are thriving and empowered</p> <ul style="list-style-type: none"> • Strategic direction 4.2.1: Increase access to culturally responsive early years services • Strategic direction 4.2.2: Increase access to Aboriginal community-led family violence prevention and support services • Strategic direction 4.2.3: Improve outcomes for vulnerable Aboriginal children by advancing Aboriginal self-determination in decision-making • Strategic direction 4.2.4: Better outcomes for Aboriginal children in out-of-home care

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

SCHOOL PROGRAMS AND RESPONDING TO SUICIDAL BEHAVIOUR AND COMPLEX MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE cont'd

OOHC/ carers	Qld SP Action Plan (2015-17)	Priority 2, Action 17, p.28, Priority 3, Actions 30 – 31, p.30	<ul style="list-style-type: none"> • Provide training, support and resources to assist staff, as well as foster and kinship carers, to understand and respond to the mental health needs of children and young people. • Improve outcomes for children in contact with the child protection system. This will involve a review of therapeutic services available to young people in care and implementing the Child and Family Reform Program that aims to reduce child abuse by supporting families earlier, to keep children safe and provide for their wellbeing. • Implement the new Strengthening Families Protecting Children Framework for Practice which will provide child protection practitioners with a common set of values, knowledge and practice tools. This will assist workers to engage with children and young people to build therapeutic relationships focused on increasing children and young people's safety, belonging and wellbeing (including emotional and mental health wellbeing).
	SA SP Plan (2017-21)	Priority 2, Action 5, p.19	<ul style="list-style-type: none"> • DCP will continue to work in partnership with non-government agencies to deliver appropriate suicide intervention training for people working with vulnerable children in residential care facilities.
		Action 6, p.13	<ul style="list-style-type: none"> • The Department for Child Protection (DCP) will work with children in out-of-home-care to provide them with the necessary support to ensure their physical, psychological and emotional wellbeing and to develop strategies to reduce self-harm and suicide. • DCP will work in partnership with SA Health and the Department for Education to support children in out-of-home-care who may be at risk of suicide due to past experiences of trauma and abuse. This will include ongoing risk assessments, monitoring of mental health and wellbeing, safety planning and care team meetings.
Q SP Plan (2015-17)	Priority 4, Actions 39, 40, p33.	<ul style="list-style-type: none"> • Review the deaths and serious injuries of children who were known to Child Safety within one year prior to the incident or who were in out-of-home care at the time of the event, including suicides. • Department of Communities, Child Safety and Disability Services, Child Death Review Panels will conduct a review when a child or young person in care has died by suicide. The purpose of the review is to facilitate ongoing learning and foster improvement in the provision of services and accountability within Child Safety Services. Outcomes of the review will help inform whether appropriate case management and service delivery responses were provided to assist the young person 	

OTHER ELEMENTS OF SYSTEMS-BASED APPROACHES FOR CONSIDERATION IN INDIGENOUS COMMUNITY AND OTHER SETTINGS cont'd

MENTAL HEALTH SERVICES FOR YOUNG PEOPLE

<p>Youth SP Plan for Tasmania (2016-2020)</p>	<p>Key Action 4, p.25</p>	<ul style="list-style-type: none"> • Develop the capacity of the service system to support young people experiencing suicidal thoughts and behaviours. • Develop and promote an updated register of GPs and private psychologists with specific skills and interest in youth mental health and suicide prevention. • Ensure young people who have attempted suicide have a personalised comprehensive plan for ongoing management and support that includes the role of health services, family, friends, school or workplaces, and other agencies and community supports. • Develop a specific youth suicide prevention Pathway (as part of the Tasmanian Health Pathways Primary Health Tasmania initiative) for Tasmania that considers the diversity of young people and connects primary care services to specialist child and youth mental health services, other community supports and effective online treatment and support options. • Identify e-health and e-therapy options to be included in service delivery approaches for young people in Tasmania and pilot their integration into the service system – including a focus on e-therapies for depression, anxiety, self-harm and substance use, and technologies that can support protective factors such as sleep, exercise and nutrition. • Investigate the implementation of shared data, data systems and communication protocols across health and other government settings to ensure better documentation, and the ongoing management and support of young people at risk of suicide. • Consider the feasibility of redeveloping the child and adolescent mental health service system (in line with Rethink Plan) to include dedicated service streams for 0-11 years and 12-25 years. • Support services to implement best-practice guidelines and provide advice, in conjunction with key partners, on training for all services working with young people to ensure competence in creating and maintaining a youth-friendly approach.
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HELPLINES

<p>NATSISPS (2013)</p>	<p>Outcome 2.4</p>	<ul style="list-style-type: none"> • Review and remodel Kids Helpline and Lifeline counselling services to provide appropriate services for Aboriginal and Torres Strait Islander people in each state and territory
<p>SA SP Plan (2017-21)</p>	<p>Strategy 1, p.12</p>	<ul style="list-style-type: none"> • We will work with Lifeline and other telephone counselling and support services to undertake training in the Connecting with People approach to suicide mitigation.

APPS/ E- MENTAL HEALTH

<p>Black Dog Institute</p>	<p>i-bobbly</p>	<ul style="list-style-type: none"> • Smart Phone Health App for Australian Indigenous Youth Suicide Prevention: https://www.blackdoginstitute.org.au/research/digital-dog/programs/ibobbly-app
<p>Tas SP Plan (2016-20)</p>	<p>Priority 1.2, p.21</p>	<ul style="list-style-type: none"> • Use technology to respond earlier and in an improved and more coordinated way to people presenting with suicidal thoughts and behaviours. • 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. • 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. • 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.

PART 3:

RESPONDING TO SELECTED SITUATIONS AND GROUPS

SITUATIONS ASSOCIATED WITH SUICIDE RISK

LIFE 'TRANSITION POINTS'

Townsville SP Plan (2017-20)	Strategy 10	<ul style="list-style-type: none"> One of the biggest challenges, and corresponding gaps, identified during the consultation process for this CAP is the lack of support provided to people at times of transition in their life: when the natural course of life changes and identity is reshaped. This could be transitioning from school, leaving the workforce, becoming a parent, going through a divorce, becoming injured and no longer able to play professional sport, losing a farm or business, grief and trauma, chronic illness and/or disability, a broken relationship, moving to a location, sexuality transition, and so on. At one end, there is recognition and support; on the other side there can be isolation, fear and 'the great unknown'. These pivotal moments can put people at high risk of suicide. [See plan for a range of actions]
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EXITING HOSPITALS, EDS

NATSISPS (2013)	Outcome 3.1, p.35	(i) Develop strategies to improve Aboriginal and Torres Strait Islander identification, assessment of suicide risk, psychosocial assessment and culturally informed discharge protocols for hospital emergency departments
Living Well (2014-24)	p.38, Action 3.4.8	<ul style="list-style-type: none"> Assess and improve the identification and response to suicidal people in hospital and community services, and at points of care or service transition, such as discharge from hospital.

CONTACT WITH CRIMINAL JUSTICE SYSTEM/JUSTICE ISSUES

NSW SP Plan (2018-23)		<ul style="list-style-type: none"> Building capacity to reduce suicide among people in contact with the justice system Online training is being delivered to Corrective Services NSW staff in Suicide Awareness and Managing At-Risk Inmates. Corrective Services NSW is working with Victims Services to increase the availability of counselling for inmates who have been victims of crime. If a Victims Services Approved Counsellor identifies that an inmate receiving counselling may be suicidal, they will alert custodial staff to facilitate a safety intervention by Corrective Services NSW Psychology Services.
NATSISPS (2013)	Outcome 3.5, p.36	<ul style="list-style-type: none"> There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc. <ul style="list-style-type: none"> (i) Develop partnership programs to build links between residential/custodial settings and community support (such as transition from prison to community or from alcohol rehabilitation to community reintegration) (ii) Provide specific SP and assessment training for staff in high risk settings who work with Aboriginal and Torres Strait Islander clients (iii) Identify alternatives to community reintegration where return to community is not desirable

SITUATIONS ASSOCIATED WITH SUICIDE RISK cont'd

CONTACT WITH CRIMINAL JUSTICE SYSTEM/JUSTICE ISSUES cont'd

	Qld SP Action Plan (2015-17)	Priority 3, p.21	<ul style="list-style-type: none"> DCS will continue to develop and implement the Reducing Risk of Prisoner Self-Harm 2017 Action Plan.
	VIC SP Plan (2016-25)	Obj 2, p.18	<ul style="list-style-type: none"> The government will continue to implement the Correctional Suicide Prevention Framework: working to prevent prisoner and offender suicides in Victorian correctional settings.
Youth detention	Qld SP Action Plan (2015-17)	Priority 2, Action 15, p.28; Actions 18 19 and 24, p.29	<ul style="list-style-type: none"> Improve the identification and assessment of people at risk of suicide at the point of admission into custody in Queensland's Correctional Centres. Implement a suicide prevention and resilience model across Queensland's Correctional Centres to provide person-centred assessment, support, treatment and care for those at risk. Enhance personal resilience of prisoners and strengthen protective factors through the delivery of the Strong Not Tough Adult Resilience program- this will be rolled out in 2015-16 to assist prisoners build emotional and social skills, and resilience strategies that are both practical and useful for coping with stressful circumstances. The initial target group will include prisoners with a history of suicidal ideation or experiencing adjustment difficulties within the correctional environment. Continue to expand safer cell measures in Queensland's correctional centres.
		Action 22, p.29	<ul style="list-style-type: none"> Implement updated Operational Practice Guidelines for Probation and Parole for managing offenders under community-based orders identified as at increased risk of suicide.
		Action 21, p.29	<ul style="list-style-type: none"> Continue to ensure that young people in youth detention centres are in a safe environment where risk of, and opportunity for, suicide and self-harm is minimised.
	NSW SP Plan (2018-23)		<ul style="list-style-type: none"> Juvenile Justice NSW is working closely with the Justice Health and Forensic Mental Health Network to prevent suicidal behaviour and self-harm among Juvenile Justice clients. Services include early screening for young people at risk of self-harm, trauma counselling for detainees who have been victims of crime, specialist assessment and referral, therapeutic care for clients with mental health issues and monitoring as required.
	Qld Aboriginal and Torres Strait Islander SEWB Action Plan (2016-18)	Action 8, p.18	<ul style="list-style-type: none"> Establish Murri Courts in 13 locations across Queensland. Murri Courts provide an opportunity for members of the Aboriginal and Torres Strait Islander community (including Elders and victims) to participate in a court process which requires defendants to take responsibility for their offending behaviour but which also respects and acknowledges Aboriginal and Torres Strait Islander culture (Department of Justice and Attorney-General).
		Action 10, p.18	<ul style="list-style-type: none"> Continue to support the Youth Justice First Nations Action Board. The cultural diversity and distinct cultural views of Aboriginal and Torres Strait Islander people should not be ignored and for this reason the Youth Justice First Nations Action Board (YJFNAB) was developed. This group is made up of Aboriginal and/or Torres Strait Islander staff members that are considered strong advocates and leaders for Aboriginal and Torres Strait Islander issues in their local areas. The YJFNAB has been established to guide the organisation's priority focus on reducing over representation in the youth justice system and to ensure that youth justice policy, programs and interventions are designed and delivered appropriately for Aboriginal and Torres Strait Islander young people, their families and communities. The YJFNAB will ensure there is a cultural lens embedded in the way Youth Justice does its business to enhance a stronger workforce to address the overrepresentation of Aboriginal and Torres Strait Islander young people in the justice system (Department of Justice and Attorney-General).

SITUATIONS ASSOCIATED WITH SUICIDE RISK cont'd

CONTACT WITH CRIMINAL JUSTICE SYSTEM/JUSTICE ISSUES cont'd		
	Action 11, p.18	<ul style="list-style-type: none"> Embed Aboriginal and Torres Strait Islander perspectives into Restorative Justice practice. Key Queensland communities will be engaged to raise the perspectives of Aboriginal and Torres Strait Islander young people, families and communities about how Youth Justice might increase Aboriginal and Torres Strait Islander participation in diversionary justice processes. This work is in response to the proposed Restorative Justice Reform and aimed at maximising the impact of the new reform to address the over-representation of this cohort within the Youth Justice system. Through the development of specific client-led responses the project proposes to make justice responses more culturally attuned and supportive of raising Aboriginal and Torres Strait Islander communities' ownership of responses to young people's offending behaviour. Such a response is in line with the intended outcomes of the restorative justice project plan and upholds the Youth Justice First Nations Action Board's key priority of embedding First Nations People's perspectives in restorative justice reform (Department of Justice and Attorney-General).
NT RC (2017)	Rec 24.1, p.40	<ul style="list-style-type: none"> An integrated, evidence-based throughcare service be established for children and young people in detention to deliver: adequate planning for release including, as appropriate, safe and stable accommodation, access to physical and MH support, access to substance abuse programs, assistance with education and/or employment.

WORKPLACE-RELATED STRESS

NSW SP Plan (2018-23_	Priority 1, p.22	<ul style="list-style-type: none"> Supporting mentally healthy workplaces. -- SafeWork NSW is leading the implementation of the Mentally Healthy Workplaces in NSW Strategy 2018–2022, which is aimed at improving workplace mental health.
WA SP 2020 (2015)	Action 4, p.39	<ul style="list-style-type: none"> Suicide Prevention 2020 will build on the previous agency coordination program with a strengthened workplace suicide prevention program that shares guidelines, protocols, training programs, planning tools and best practice. This action area will be achieved through: <ul style="list-style-type: none"> Assisting organisations to fulfil their responsibilities and legal obligations for the mental wellbeing and safety of their employees. Developing implementation, monitoring and accreditation systems for workplace mental health and suicide prevention initiatives. Setting minimum requirements for mentally healthy workplaces, including training to identify and support people at risk. Acknowledging and disseminating best practice approaches to creating a mentally healthy workplace. Encouraging large government and corporate organisations to have mental health and suicide prevention as a key outcome measure with adequate resources and monitoring. [See policy for greater detail.]
Tas SP Plan (2016-20)	Actions 2.1/ 2.2 p.23	<ul style="list-style-type: none"> 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. 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.

SITUATIONS ASSOCIATED WITH SUICIDE RISK cont'd		
RURAL ADVERSITY (DROUGHT, ETC.)		
NSW SP Plan (2018-23_	Priority 1, p.22	<ul style="list-style-type: none"> The Rural Adversity Mental Health Program (RAMHP) is a state-wide program delivered by the Centre for Rural and Remote Mental Health based in Orange. RAMHP workers are spread across rural and remote parts of NSW where they help communities respond to rural adversity such as natural disasters and economic change, train people to respond to mental health problems and connect people to health services when necessary.
VIC SP Plan (2016-25)	Objective 2, p17	<ul style="list-style-type: none"> The Victorian Government will ensure that the National Centre for Farmer Health can continue to improve the health and wellbeing of Victorian farmers and their families. The government will work in partnership with the centre to identify further training and program opportunities, such as brief intervention programs to reduce emotional distress and the risk of suicide. The government has provided a \$1.5 million mental health wellbeing package for dairy farmers. This included extra counselling services, mental health first aid training, support for community events and a \$100,000 boost towards the Look Over the Farm Gate program. This forms part of an \$11.4 million support package for dairy farmers affected by the global fall in milk prices and decisions by some processors to cut the prices paid to their suppliers. The support package, which was developed in consultation with the Dairy Industry Taskforce, will ensure dairy farmers and their families experiencing financial and emotional stress get the support they need. The package also includes financial counselling, and a flexible fund of \$4.5 million to support affected farming communities.

HOMELESSNESS		
NSW SP Plan (2018-23)	Priority 1, p.23	<ul style="list-style-type: none"> Led by the NSW Department of Family and Community Services, the NSW Homelessness Strategy 2018–2023 aims to intervene early to prevent homelessness and break disadvantage, increase access to supports that prevent homelessness and re-entry to homelessness and create an integrated, person-centred service system. The Strategy includes new initiatives to support tenancies, provide transitional accommodation, expand domestic violence services and provide outreach to support rough sleepers. NSW Health, in collaboration with the Department of Family and Community Services, provides intensive coordinated clinical, psychosocial and housing support to people who have complex mental illness and would be otherwise at risk of homelessness through the Housing and Accommodation Support Initiative (HASI). NSW Health is funding Compass Housing Services through the Suicide Prevention Fund to deliver mental health first aid training and an awareness campaign to better identify and respond to mental health issues among social housing tenants and staff across the Central Coast, Hunter, Dubbo and Broken Hill regions of NSW.
Korin Korin Balit-Djak (2017-27)	Priority focus 4.1, p.44	<p>See under Aboriginal Victorians have stable, secure and appropriate housing</p> <ul style="list-style-type: none"> Strategic direction 4.1.1: Advance self-determination in Aboriginal housing and homelessness Strategic direction 4.1.2: Improve access to suitable stable and supported housing

SITUATIONS ASSOCIATED WITH SUICIDE RISK cont'd

FINANCIAL STRESS

	NSW SP Plan (2018-23)	Priority 1, p.23	<ul style="list-style-type: none"> The NSW Government's Work and Development Order Scheme reduces financial stress for the most disadvantaged people -- Work and Development Orders are made by Revenue NSW to allow eligible people who have a mental illness, intellectual disability or cognitive impairment, are homeless, are experiencing acute economic hardship, or have a serious addiction to alcohol, drugs or other substances, to satisfy their fine debt through unpaid work with an approved organisation or by undertaking certain courses or treatment.
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GAMBLING

	SA SP Plan (2017-21_	Action 6, p.13	<ul style="list-style-type: none"> The Office of Problem Gambling will promote that, where appropriate, gambling help services will provide a Suicide Assessment Screening and either respond or refer clients to an appropriate clinician.
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MENTAL HEALTH FACILITIES

	MH&SEWB Fr (2017-23)	Outcome 5.1, p.42	<ul style="list-style-type: none"> That the human rights of Aboriginal and Torres Strait Islander people living with severe mental illness are respected Aboriginal and Torres strait Islander people living with severe mental illness are entitled to protections as people with mental illness as provided by the 1991 United Nations' Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care; the 2006 United Nations Convention on the Rights of Persons with Disabilities; and equal protection under the 2012 Mental Health Statement of Rights and Responsibilities of Australia's National Mental Health Strategy. Ensure access to culturally and clinically appropriate treatments, including with Elders, traditional healers, cultural healers and interpreters. Ensure the SEWB of Aboriginal and Torres Strait Islander people with severe mental illness is supported, including within psychiatric hospitals and in supported accommodation facilities. Develop culturally adapted assessment and treatment information options for those with severe mental illness and their families and carers.
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SITUATIONS ASSOCIATED WITH SUICIDE RISK cont'd		
MENTAL HEALTH FACILITIES		
Nat Standards – MH Services (2013)	Standard 1, p.7	<ul style="list-style-type: none"> The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the MHS and are documented, prominently displayed, applied and promoted throughout all phases of care.
	Criterion 10.3.1, p. 54	<ul style="list-style-type: none"> <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.54 The entry process to the MHS meets the needs of its community and facilitates timeliness of entry and ongoing assessment... The MHS should have a documented entry policy and procedure which includes but is not limited to: ensuring the needs of Aboriginal and Torres Strait Islander persons... are addressed in the entry process & the use of interpreters.
	Standard 10.5, p.26	<ul style="list-style-type: none"> The MHS provides access to a range of evidence based treatments and facilitates access to rehabilitation and support programs which address the specific needs of consumers and promotes their recovery.
	Criterion 10.5.2, p.26	<ul style="list-style-type: none"> Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery. <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.61. Treatment options need to address Aboriginal and Torres Strait Islander persons... In rural and remote settings practitioners must ensure processes for frequent monitoring (through primary care or wellbeing services) to identify and respond to Aboriginal and Torres Strait Islander consumer needs. <i>Implementation guidelines for Non-government Community Services</i>, p.79. Service options need to address Aboriginal and Torres Strait Islander persons, Evidence that this criterion is met could include: having specialist positions in the organisation, for example... Aboriginal and Torres Strait Islander liaison staff.
	Criterion 10.5.16	<ul style="list-style-type: none"> <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.66. MH services operating in areas with significant Aboriginal and Torres Strait Islander populations should ensure that supported and transitional accommodation options appropriate to Indigenous consumers are available. This includes flexible options in regional centres close to specialist and tertiary services, which are connected with in-community options.
	Criterion 10.5.9	<ul style="list-style-type: none"> <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.64. Because of the burden of social adversity and comorbidity in some Aboriginal and Torres Strait Islander communities, diverse agencies and organisations are involved in ongoing care. The MHS should ensure coordination and communication across the services and sectors.
	Criterion 2.11	<ul style="list-style-type: none"> <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.12. There should be a regular risk assessment of consumers... Consumers are at greatest risk in times of transition between settings or transfer of care... Joint risk assessments between the MHS, non-government organisations, local communities and primary health services or Aboriginal and Torres Strait Islander medical services are often appropriate when responsibility for care is being transferred or jointly managed.
	Criterion 10.6	<ul style="list-style-type: none"> <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.68. The intent of this criterion is to ensure that mental health services (MHS) have policy and procedures on how to assist consumers when they exit the service and that consumers are provided with sufficient information on how to re-enter the service if / and / or when required... The consumer's exit from, follow-up and re-entry to the service is the joint responsibility of the private mental health service, the private psychiatrist and the general practitioner... In rural and remote settings this responsibility demands involvement of the mental health service, the primary care service or Aboriginal and Torres Strait Islander community controlled organisation, and other relevant providers. This may include general practitioners.

VULNERABLE GROUPS / INTERSECTIONALITY WITH INDIGENOUS

IN GENERAL

Qld SP Action Plan (2015-17)	Priority 3, p.21	<ul style="list-style-type: none"> • Our actions will focus on strategies that aim to: <ul style="list-style-type: none"> ◆ Improve the effectiveness of mainstream services to better understand and respond to the needs and circumstances of vulnerable groups. ◆ In partnership with at-risk groups, customise approaches to meet their unique needs and circumstances ensuring they are included in the planning, implementation and evaluation of such initiatives.
SA SP Plan (2017-21)	Action 6, p.13	<ul style="list-style-type: none"> • 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 peoples to find safe ways of working with people at risk 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 programs. • We will promote initiatives that encourage help-seeking from all high risk and vulnerable groups.
NT SP Framework (2018-23)	Goal 3, p.21	<ul style="list-style-type: none"> • Focused and evidence informed support for the most vulnerable groups of people: Children, young people, men, Aboriginal people, people with mental health issues, people who have recently harmed themselves, those who are bereaved by suicide, ex-service personnel, members of the LGBTIQ community. • Targeted training for health and social care staff in supporting vulnerable people, especially those in primary health care services. • Provision of selected and indicated programs for all groups of people
WA SP 2020 (2015)	Action Area 3, p.8	<ul style="list-style-type: none"> • Coordinated and targeted services for high-risk groups. This action area will be achieved through: <ul style="list-style-type: none"> ◆ Facilitating effective interagency coordination to address social determinants for suicide prevention across the lifespan. ◆ Co-producing new programs with the at-risk groups themselves, including people with lived experience, family members and carers. ◆ Delivering responsive, high quality treatment and support for those with mental illness, aligned with the Mental Health and Alcohol and Other Drug Services Plan 2015-2025. ◆ Improving policies, protocols, discharge planning and continuing care for people who have self-harmed and/ or attempted suicide. ◆ Strengthening early intervention services and family counselling to prevent and address cumulative trauma in children and young people. ◆ Supporting interagency postvention responses for individuals and communities who have lost someone to suicide.

MALES

NATSISPS (2013)	Outcome 2.2, p.31	<ul style="list-style-type: none"> • Life promotion and resilience-building strategies are developed; access to wellbeing services among Aboriginal and Torres Strait Islander males is improved <ol style="list-style-type: none"> (i) Develop strategies, including information and mental health promotion strategies, to promote use of general health and wellbeing services and specialist services by men (ii) Identify and disseminate good practices for men's self-help groups (iii) Develop strategies to promote the strengths of elders, fathers and other men as positive role models able to contribute to the wellbeing of community, families and youth
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VULNERABLE GROUPS / INTERSECTIONALITY WITH INDIGENOUS cont'd

OLDER PEOPLE

NSW SP Plan (2018-23)	Priority 1, p.22	<ul style="list-style-type: none"> Older Persons Mental Health First Aid training is being rolled out across NSW, providing approximately 32 new instructors and delivering training to over 1,000 older people and people working with older people across the state. This initiative will mean problems can be detected early and help provided so that older people with a mental health issue can participate fully in their communities and live fulfilling lives.
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PEOPLE LIVING WITH DISABILITY

Korin Korin Balit-Djak (2017-27)	Strategic direction 5.2.6	<p>Improve outcomes for Aboriginal people with a disability</p> <p><i>Over the next three years the department will:</i></p> <ul style="list-style-type: none"> (a) Work with the National Disability Insurance Agency to implement strategies to support Victorian Aboriginal communities during the transition to the NDIS by supporting self-determined, place-based Aboriginal disability coordination and planning networks and strengthening the capacity of Aboriginal communities to navigate disability services. (b) Build the voice of Aboriginal people with a disability through advocating for culturally safe Aboriginal and broader network groups. (c) Explore options for expanding the Balit Narrum model. (d) Work with the Commonwealth Government to increase supports and resources for Aboriginal organisations to respond to the NDIS. (e) Advocate for the Commonwealth Government to build and promote cultural safety of the Victorian disability sector through the NDIS. (f) Ensure all Aboriginal children with a disability in out-of-home care are appropriately identified and provided with relevant supports. (g) Ensure all departmental policy and programs are adopting 'designing for diversity' principles, creating and sustaining a health and human services system that is inclusive, non-discriminatory and accessible for everyone. (h) Undertake activities targeted at ensuring mainstream services interface with the NDIS and provide broader disability supports in ways that are responsive to the needs of Aboriginal Victorians. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> All Aboriginal people with a disability have access to the culturally safe supports they require to live healthy self-determined lives.
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VULNERABLE GROUPS / INTERSECTIONALITY WITH INDIGENOUS cont'd

LGBTI

National LGBTI Health Alliance	National LGBTI Suicide Prevention Strategy (2017)	<ul style="list-style-type: none"> • The National LGBTI Mental Health and Suicide Prevention Strategy is a plan for strategic action to prevent mental ill-health and suicide, and promote good mental health and wellbeing for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people and communities across Australia. This strategy includes recommendations across the breadth of approaches in Australian mental health work including promotion, prevention, intervention, treatment and maintenance. The purpose of the strategy is to respond to LGBTI people in current need, to provide interventions to those who are at risk, and to interrupt the structural factors that contribute to overrepresentation of LGBTI people in mental health and suicide statistics. See: https://lgbtihealth.org.au/resources/national-lgbti-mental-health-suicide-prevention-strategy/
Vic SP Plan (2016-25)	Objective 2, p.16	<ul style="list-style-type: none"> • The government will partner with lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) people and community groups to tackle discrimination and to improve inclusiveness of health and social services. These partnerships will help build the evidence base on patterns of self-harm and suicidal behaviour in LGBTI. • Services will be encouraged to support LGBTI people to develop full and healthy identities and provide culturally appropriate and accessible services across all ages and in both metropolitan and regional settings. These services include the Victorian AIDS Council, community health services, alcohol and drug treatment services, and both clinical and community mental health services. • For young LGBTI people, the government and the Youth Affairs Council of Victoria continue to fund the Health Equal Youth (HEY) Project and HEY grants. The grants support organisations to undertake mental health promotion and community engagement activities focusing on same-sex attracted and sex and gender diverse young people up to the age of 25, and their families. • The government is also supporting the development of a Pride Centre for Victorian LGBTI community organisations, associations and groups, and delivering an education and training program to combat homophobia across Victoria. • In May 2016 the Victorian Parliament apologised for laws criminalising homosexuality and the harms caused. The apology is a powerful statement, especially for older members of the Victorian LGBTI community

VULNERABLE GROUPS / INTERSECTIONALITY WITH INDIGENOUS cont'd

LGBTI

<p>Korin Korin Balit-Djak (2017-27)</p>	<p>Strategic direction 5.2.5, p.60</p>	<p>Improve outcomes for Aboriginal LGBTI people</p> <p>Over the next three years the department will:</p> <ul style="list-style-type: none"> (a) Develop a statewide Aboriginal LGBTI wellbeing plan across the spectrum of needs including primary healthcare, sexual health, mental health and health promotion. (b) Build on the Rainbow eQuality guide to acknowledge the diversity within Aboriginal communities. (c) Continue to provide support for gatherings of the Aboriginal LGBTI communities, using models of good practice such as the Kungahah Retreat held in 2016. (d) Promote inclusive safe spaces, both physical and online, for Aboriginal LGBTI, brotherboy and sistergirl Victorians to gather, and encourage community engagement, community advocacy and cultural identity for the unique and diverse Aboriginal LGBTI community. (e) Develop better pathways for Aboriginal LGBTI people in regional and rural communities to access tailored health and wellbeing services. (f) Promote LGBTI quality assurance sector accreditation, including the rainbow tick, for mainstream and Aboriginal-specific health and human services. (g) Support Aboriginal organisations and the blood-borne viruses and sexually transmitted infections sector to develop culturally responsive sexual health prevention and tertiary services for Aboriginal LGBTI Victorians. (h) Support the capacity of Aboriginal LGBTI networks and organisations to provide peer support, health promotion, advocacy and community development services. (i) Liaise with the Victorian Pride Centre board to advocate for strong Aboriginal recognition and representation within the new Victorian Pride Centre. <p>In 10 years, success will look like:</p> <ul style="list-style-type: none"> • Aboriginal LGBTI people are supported in the LGBTI community and within Aboriginal communities. • Aboriginal LGBTI people have access to the culturally safe services and supports they require to live healthy, self-determined lives. • Aboriginal LGBTI people have access to their own networks and organisations that deliver peer support, health promotion, advocacy and community development services.
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PART 4:

IMPORTANT CONSIDERATIONS IN SUICIDE PREVENTION WITH INDIGENOUS COMMUNITIES AND SERVICES

GENUINE ENGAGEMENT AND PARTNERSHIP WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

ENGAGEMENT WITH ELDERS

<p>Korin Korin Balit-Djak (2017-27)</p>	<p><i>Strategic direction 1.2.1, p.28</i></p>	<ul style="list-style-type: none"> • Better engagement and supports for Aboriginal Elders <p><i>Over the next three years, the department will:</i></p> <ul style="list-style-type: none"> (i) Increase supports for Aboriginal Elders to live well – with a focus on community participation. (j) Engage with Aboriginal communities to better understand the health, wellbeing and safety needs and aspirations of Aboriginal Elders. (k) Promote access to public sector-funded residential aged care services for Aboriginal Victorians through providing more culturally relevant information. (l) Build the capacity of public sector residential aged care services to deliver culturally safe care. (m) Increase access to Aboriginal-specific information for Aboriginal older people through the Seniors Online portal. (n) Develop culturally responsive supports for Aboriginal Elders affected by elder abuse and family violence. (o) Support and facilitate the relocation of Aboriginal Elders wanting to retire on country. (p) Resource Aboriginal organisations, Gathering Places and Aboriginal groups to deliver local place-based projects that will enable Elders to engage with each other and share knowledge to build resilience, health, wellbeing and safety in community through mentoring and supporting young people, families and each other. (q) Resource Aboriginal organisations, Gathering Places and Aboriginal groups to enable Elders to participate and contribute to local and regional engagement, governance and co-design and to facilitate participation in the planning and delivery of cultural activities. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> • More Aboriginal Elders are actively involved and contributing to their communities, and their overall health, wellbeing and safety is improved.
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GENUINE ENGAGEMENT AND PARTNERSHIP WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES cont'd

BROADER ENGAGEMENT AND PARTNERSHIP/ CO-DESIGN

See CBPATSIISP's indigenous Governance Framework for a detailed consideration of what ensuring indigenous governance in suicide prevention means for policy makers. Also a detailed consideration of co-design.

Fifth Plan (2017-23)	Action 10. P33	<ul style="list-style-type: none"> Engagement in planning... involvement of ACCHS and... communities [and includes] for Aboriginal and Torres Strait Islander peoples at the regional level Aboriginal and Torres Strait Islander presence on PHN/LHD governance structures and Aboriginal and Torres Strait Islander leadership on local mental health/ related services
	Action 11, ATSIMHSPS TOR 4	<ul style="list-style-type: none"> Provide advice on suitable governance for services and the most appropriate distribution of roles and responsibilities, recognising that the right of Aboriginal and Torres Strait Islander communities to self-determination lies at the heart of community control in the provision of health services
MH&SEWB Fr (2017-23_	Outcome 2.1, p.32	<ul style="list-style-type: none"> Engage Elders and senior community members in leadership roles in a culturally-informed way... Support men's and women's groups and gender-specific promotion of leadership... Support community governance through community controlled services to deliver health programs and services.
	Outcome 1.3, p.31	<ul style="list-style-type: none"> Formalise effective partnerships to achieve the best possible MH&SEWB... outcomes for Aboriginal and Torres Strait Islander people in all regions, including by implementing integrated planning and service delivery for Aboriginal and Torres Strait Islander people at the regional level.
Drug Strategy (2014-19)	Outcome 2.2, p.6	<ul style="list-style-type: none"> Participation of Aboriginal and Torres Strait Islander people using AOD services is improved.
	Priority Area 3, p.5	<ul style="list-style-type: none"> Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.
	Outcome 3.1, p.6	<ul style="list-style-type: none"> Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.
	Outcome 3.2, p.6	<ul style="list-style-type: none"> Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.
NATSIHP/IP (2013-2023)	Strategy 5C, p.36	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander adults contribute to the development of strategies and services that promote healthy behaviours, family cohesion, and social and emotional wellbeing, ACCHSs are funded to engage locally to identify priorities and develop responses.
	Strategy 6D, p.40	<ul style="list-style-type: none"> Local elders and senior community members are recognised and valued as experts who can help improve local health and wellbeing outcomes.
Cultural RF (2016-26)	Domain 5, p.16	<ul style="list-style-type: none"> Participatory and collaborative partnerships with communities and a variety of formal and informal mechanisms are to facilitate community involvement in developing and implementing cultural safety and responsiveness related activities Governance structures support systematic and ongoing two-way communication with Aboriginal and Torres Strait Islander communities, particularly in relation to policy development, program planning, service delivery, evaluation of services, and quality improvements Collaboration and partnerships with Aboriginal and Torres Strait Islander communities to actively respond to the challenges faced when engaging with the health service/system
	Domain 4, p.15	<ul style="list-style-type: none"> Governance structures support and facilitate partnerships with Aboriginal and Torres Strait Islander communities and health consumers to design the way care is delivered Polices and processes are established and maintained to include Aboriginal and Torres Strait Islander communities and health consumers in policy development, service planning and care design Organisational commitment to training of health professionals to support Aboriginal and Torres Strait Islander consumers involvement in health care design and delivery

**GENUINE ENGAGEMENT AND PARTNERSHIP WITH
ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES cont'd**

BROADER ENGAGEMENT AND PARTNERSHIP/ CO-DESIGN cont'd

Korin Korin Balit-Djak (2017-27)	Priority focus 1.1, p.17	<ul style="list-style-type: none"> Aboriginal communities self-determine health, wellbeing and safety. The department's goal is to support and strengthen Aboriginal leadership in government so that the aspirations and perspectives of Aboriginal communities are better reflected in governmental strategic planning and decision-making.
	Strategic direction 1.1.1, p.18	<p>Increase Aboriginal involvement in leadership and strategic government decision-making</p> <p>4. Proactively support Aboriginal and Torres Strait Islander engagement and participation in the co-design, development and delivery of Aboriginal and Torres Strait Islander programs and services to maximise outcomes (Department of Aboriginal and Torres Strait Islander Partnerships/all agencies).</p> <p><i>Over the next three years, the department will:</i></p> <ol style="list-style-type: none"> Prioritise and include Aboriginal people's expertise and experience, both internal and external to the department, in government decision-making and policy making. Resource Aboriginal organisations to undertake policy, advocacy and consultative work to inform government service delivery and legislative reform. Increase the use of Aboriginal research methods, evaluations and evidence to develop, implement and promote services and programs that work both in the department and in the community. Share and promote 'best practice' Aboriginal leadership through conferences and expos led by Aboriginal organisations. Support our employees' understanding and application of Aboriginal self-determination in health, wellbeing and safety through ongoing seminars, workshops, learning materials and leadership commitments. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> Aboriginal people and communities are leading strategic government decision-making in Aboriginal health, wellbeing and safety. Aboriginal organisations are adequately resourced to participate effectively in policy and program development, and legislative reform
Qld Aboriginal and Torres Strait Islander SEWB Action Plan (2016-18)	Action 4, p.18	<ul style="list-style-type: none"> Proactively support Aboriginal and Torres Strait Islander engagement and participation in the co-design, development and delivery of Aboriginal and Torres Strait Islander programs and services to maximise outcomes (Department of Aboriginal and Torres Strait Islander Partnerships/all agencies).
PHN Guide		<ul style="list-style-type: none"> See Primary Health Networks and Aboriginal Community Controlled Health Organisations Guiding Principles (March 2016)

**GENUINE ENGAGEMENT AND PARTNERSHIP WITH
ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES cont'd**

PLANNING PARTNERSHIPS WITH ACCHSS

MH&SEWB Fr (2017-23)	Outcome 1.3, p.31	<ul style="list-style-type: none"> • Effective partnerships between PHNs/ ACCHSs • Formalise effective partnerships to achieve the best possible MH&SEWB... outcomes for Aboriginal and Torres Strait Islander people in all regions, including by implementing integrated planning and service delivery for Aboriginal and Torres Strait Islander people at the regional level. • Ensure planning strategies incorporate the joint planning processes of the state and territory-level Aboriginal and Torres Strait Islander health planning for a.
	Outcome 4.3, p.41	<ul style="list-style-type: none"> • Primary Health Networks work in partnership with Aboriginal Community Controlled Health Services on a regional or other geographical basis to: identify and map relevant services and agencies; and develop, promote and regularly review culturally and clinically appropriate pathways between them – in particular, for the treatment of trauma and emotional and behavioural difficulties in children.
Cultural RF (2016-26)	Domain 3, p.14	<ul style="list-style-type: none"> • Partnerships established with ACCHSs to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities
	Domain 5, p.16	<ul style="list-style-type: none"> • Partnerships with Aboriginal and Torres Strait Islander organisations to jointly recognise, celebrate and actively participate in historical events of significance and important annual events that recognise and promote culture (e.g. Close the Gap, National Reconciliation Week, Mabo Day, NAIDOC Week, Coming of the Light, Harmony Day, and National Sorry Day)
	Domain 2, p.13	<ul style="list-style-type: none"> • Working with local Aboriginal and Torres Strait Islander people and organisations, as well as interpreter/ translation services, to support communication with Aboriginal and Torres Strait Islander consumers to provide more effective and quality health care, while improving access and pathways of care between organisations and mainstream services
Drug Strategy (2014-19)	Outcome 3.1 p.6	<ul style="list-style-type: none"> • Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.
	Outcome 3.2, p.6	<ul style="list-style-type: none"> • Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.
	Outcome 3.3, p.6	<ul style="list-style-type: none"> • Partnerships between Aboriginal and Torres Strait Islander community-controlled AOD services and mainstream AOD services are enhanced and strengthened
	Outcome 3.4, p.6	<ul style="list-style-type: none"> • Partnerships between government and AOD service providers (both community-controlled and mainstream services) are based on mutual respect and community strengths.

**GENUINE ENGAGEMENT AND PARTNERSHIP WITH
ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES cont'd**

PLANNING PARTNERSHIPS WITH ACCHSS cont'd

<p>Korin Korin Balit-Djak (2017-27)</p>	<p>Strategic direction 1.1.2, p.19</p>	<ul style="list-style-type: none"> • Prioritise funding to Aboriginal organisations <p><i>Over the next three years, the department will:</i></p> <ol style="list-style-type: none"> (a) Review existing funding and identify areas for application of prioritising funding policy to: <ul style="list-style-type: none"> – develop a transition and implementation plan for a new way of funding – develop tools, resources and capabilities to support the transition and implementation – monitor the impact of the prioritised funding policy and refine where necessary. (b) Enable and resource Aboriginal organisations to undertake workforce planning and development to build the capacity needed to transition services to community control. (c) Develop outcomes-based and streamlined reporting requirements with Aboriginal organisations that are flexible and centred on improving Aboriginal health, wellbeing and safety outcomes, and on identifying opportunities to trial outcomes-based funding. (d) Promote commissioning criteria and assessment processes that prioritise funding to Aboriginal communities and organisations through the Primary Health Networks. (e) Review the reporting and accreditation requirements of Aboriginal organisations and explore recognition of accreditation standards. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> • Aboriginal communities and organisations are appropriately resourced to design, develop and deliver services that address their communities' health, wellbeing and safety needs and aspirations. • Aboriginal-specific funding is provided directly to Aboriginal organisations as standard practice. • Funding is outcomes based and reporting requirements are flexible and centred on improving Aboriginal health, wellbeing and safety outcomes. • Aboriginal agency funding is provided on a long-term (minimum of five years) basis as a matter of course.
	<p>Strategic direction 1.1.3</p>	<p><i>Increase investment in capital infrastructure of Aboriginal community-controlled organisations</i></p> <p><i>Over the next three years, the department will:</i></p> <ol style="list-style-type: none"> (a) Improve access for Aboriginal organisations to infrastructure grant programs. (b) Undertake an infrastructure needs assessment in conjunction with Aboriginal organisations building on the Aboriginal Victoria 2012 needs assessment. (c) Strengthen the focus within the Statewide Design, Service and Infrastructure Plan for Victoria's Health System on the needs of Aboriginal people and the opportunities offered by Aboriginal community-controlled organisations and Gathering Places. (d) Ensure that funding arrangements acknowledge the time required to undertake genuine consultation and build programs that address community needs and strengths. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> • The infrastructure needs of Aboriginal organisations are embedded into statewide health and human services infrastructure planning, and Aboriginal communities' investment needs are prioritised.
<p>NSQHS Standards (2017)</p>	<p>Action 2.13, p.19</p>	<ul style="list-style-type: none"> • The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs
<p>NSQHS Standards User guide (2017)</p>	<p>Re above, key tasks, p.8</p>	<ul style="list-style-type: none"> • Identify Aboriginal and Torres Strait Islander communities within the organisation's catchment, and the relevant cultural protocols to guide building of partnerships • Identify key contacts, elders and opinion leaders in the Aboriginal and Torres Strait Islander communities and health services and make contact with them • Establish and implement mechanisms for forming and maintaining partnerships with Aboriginal and Torres Strait Islander communities and representative organisations.

GENUINE ENGAGEMENT AND PARTNERSHIP WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES cont'd

PLANNING PARTNERSHIPS WITH ACCHSS cont'd

Nat Standards MH Services (2013)	Standard 4	<ul style="list-style-type: none"> The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.
	Criteria 4.2, p.12	<ul style="list-style-type: none"> The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.
	Criteria 4.1	<ul style="list-style-type: none"> <i>Public mental health services and private hospitals</i> p.18. The MHS identifies the diverse groups [inc.] Aboriginal and Torres Strait Islander people that access the service. ... This information should be used to plan and develop culturally competent services and strategies to improve access to the service.... The MHS should provide evidence that it uses methods such as: collaboration with community health and welfare organisations and services to develop local protocols for Aboriginal and Torres Strait Islander people.... [and] develop relationships with local Aboriginal and Torres Strait Islander elders and peak groups.
	Criteria 4.4, p.19	<ul style="list-style-type: none"> The MHS should develop appropriate partnerships with other service providers, organisations and programs with diversity experience as part of its commitment to self-determination for Aboriginal and Torres Strait Islander people

SUPPORTING SEWB, CULTURE AND CULTURAL PRACTICE AS PRIMORDIAL PREVENTION

Korin Korin Balit-Djak (2017-27)	Chapter 2	<ul style="list-style-type: none"> See this Chapter on: Prioritising Aboriginal culture and community
National Empowmt. Project	Voices of the Peoples: Research Report	See: http://media.wix.com/ugd/396df4_85c3278f13ce47149bc394001d69dad6.pdf

ADDRESSING COMMUNITY CHALLENGES AS PRIMORDIAL PREVENTION

National Empowmt. Project	Voices of the Peoples: Research Report	See: http://media.wix.com/ugd/396df4_85c3278f13ce47149bc394001d69dad6.pdf
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**GENUINE ENGAGEMENT AND PARTNERSHIP WITH
ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES cont'd**

INDIGENOUS LED GOVERNANCE AND EVALUATIONS

<p>Korin Korin Balit-Djak (2017-27)</p>	<p>Strategic direction 3.3.1</p>	<p><i>Over the next three years, the department will:</i></p> <ul style="list-style-type: none"> (a) Establish integrated and representative structures to guide the implementation, governance, monitoring and accountability of Korin Korin Balit-Djak through the implementation of the Aboriginal governance and accountability framework. (b) Establish an Aboriginal community-led governance and accountability mechanism that externally evaluates and monitors the department's progress against achieving the vision of Korin Korin Balit-Djak. (c) Commission an Aboriginal organisation to develop an Aboriginal community-led monitoring and evaluation framework through community consultation to determine Aboriginal-defined indicators, targets and measures of success for Korin Korin Balit-Djak. (d) Appoint an independent Aboriginal person as chair of the Department Evaluation Committee. (e) Regularly report on the findings of monitoring and evaluation to Aboriginal organisations and communities. (f) Invest in Aboriginal organisations to develop research and evaluation capacity in health, wellbeing and safety. (g) Share knowledge of effective and culturally appropriate approaches to manage and respect intellectual property, program delivery and evaluation. (h) Investigate and develop a model to establish an Aboriginal health, wellbeing and safety ethics committee. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> • Aboriginal communities lead the implementation, governance, monitoring and evaluation of Aboriginal health, wellbeing and safety. • All programs and policies of relevance to Aboriginal Victorians will be developed in reference to Aboriginal definitions of success, and evaluated by Aboriginal organisations and communities. • All Aboriginal-specific research in health, wellbeing and safety will be approved by an Aboriginal research ethics committee. • Strategic direction 3.3.2: Increase
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WORKFORCE		
OVERARCHING WORKFORCE STRATEGY FOR MENTAL HEALTH AND SUICIDE PREVENTION		
Fifth Plan (2017-23)	Action 31, p.47	<ul style="list-style-type: none"> Workforce Development Program -To meet future workforce supply requirements and drive recruitment and retention of skilled staff
	Action 11, ATSIMHSPS TOR 6	<ul style="list-style-type: none"> Provide advice on workforce development initiatives that can grow and support an Aboriginal and Torres Strait Islander MH workforce, incorporate Aboriginal and Torres Strait Islander staff into multidisciplinary teams....
MH&SEWB Fr (2017-23)	Outcome 1.1, p.28	<ul style="list-style-type: none"> Increase Aboriginal and Torres Strait Islander employment across the entire MH&SEWB workforce, including psychologists and psychiatrists, speech pathologists, mental health workers and other professionals and workers.
	Outcome 4.2. p.40	<ul style="list-style-type: none"> Ensure the required mix and level of specialist mental health services and workers, paraprofessionals and professionals required to meet the mental health needs of the Aboriginal and Torres Strait Islander people, including specialist suicide prevention services for people at risk of suicide
GDD (2017)	Theme 4, p.5	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people should be trained, employed, empowered and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system.
NATSIHP/IP (2013-23_	Strategy 1A, p.11	<ul style="list-style-type: none"> Core services framework for comprehensive primary health care and access to specialist medical care has been defined and considered by the Minister as a matter of priority. (This model will be influenced by, and will directly influence, the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework).
	Strategy 1E, p.17	<ul style="list-style-type: none"> Aboriginal and community controlled and mainstream health sector workforces are capable of meeting the needs of Aboriginal and Torres Strait Islander people Support, grow and increase the capability of the workforce... to meet current and future Aboriginal and Torres Strait Islander health needs The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) has been reviewed and a new framework developed and implemented.
SP Workforce Development and Training Plan for Tasmania (2016-2020)	Actions pp 14 - 22	<ol style="list-style-type: none"> Workforces likely to interact with people experiencing a suicidal crisis. Requirement: Tailored training for role and setting which focuses on person-centred risk identification and immediate management of those at risk (p.14-15) Health (and other) workers likely to interact with those at risk of suicide and/or needing ongoing management and care. Requirement: Tailored training for their role focused on identification of those at risk and ongoing support and management. (p.16-17) Non-health workforces that may interact with people at risk of suicide or those impacted by suicide. Requirement: General knowledge and skills about suicide prevention, early intervention and postvention that is tailored for their specific role or setting (p.18-20) Families and carers, community groups and general workforces interacting with the community and all other workforces. Requirement: General knowledge and skills about suicide prevention, early intervention and postvention. (p.21-22)
Drug Strategy (2014-19)	Priority Area 1, p.5	<ul style="list-style-type: none"> Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.
	Outcome 1.3, p.5	<ul style="list-style-type: none"> Workforce initiatives are developed to enhance the capacity and capability of community-controlled AOD services.
Cultural RF (2016-26)	Domain 3, p.14	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people working in all areas of the health sector, both clinical and non- clinical, and adequate resources allocated over the long-term to support targeted employment strategies and initiatives Aboriginal and Torres Strait Islander health professionals actively supported and retained in the health system through capacity building, mentoring initiatives and ongoing career progression, in both targeted and mainstream positions

WORKFORCE cont'd		
OVERARCHING WORKFORCE STRATEGY FOR MENTAL HEALTH AND SUICIDE PREVENTION cont'd		
National Aboriginal and Torres Strait Workforce Strategy (2016-23)	Strategy 1, p.8	<ul style="list-style-type: none"> • Improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines (See Suggested mechanisms)
National MH Workforce Strategy (2011)	p.17 (text)	<ul style="list-style-type: none"> • In order to provide culturally appropriate services for people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds, the workforce needs to be technically <i>and</i> culturally competent. In some situations, the MH workforce may be able to be drawn from people of an appropriate cultural background, but in most situations, services to people from Aboriginal and Torres Strait Islander and CALD backgrounds are provided by workers from a different cultural background who need training and support to ensure they are culturally aware and competent. • Aboriginal and Torres Strait Islander MH workers may need support, owing to their dual roles at work and in their own family groups and communities. These workers, particularly in remote communities, face particular pressures and are often on call 24 hours a day, seven days a week. To compound the pressure, they work in many rural and remote areas of Australia, and Indigenous workers may not be eligible for housing and other supports made available to non-Indigenous staff and visiting specialists. • Ongoing cultural competence in-service training, rather than brief awareness sessions, was the favoured strategy for building workforce capacity. The generalist mental health workforce may also benefit from education programs that focus on the settlement challenges of newly arrived migrants and refugees, and how failure to overcome these challenges can develop into acculturation difficulties and subsequent MH deterioration...
	Objective 3.3.1, p.28	<ul style="list-style-type: none"> • Work with the CALD sector and MH services to promote career opportunities within the MH sector to meet the changing demographics of MH populations.
	Objective 3.2.1, p.28	<ul style="list-style-type: none"> • Support the training of Aboriginal and Torres Strait Islander to become MH workers in a range of disciplines by supporting and promoting existing successful programs and piloting new programs.

WORKFORCE cont'd		
OVERARCHING WORKFORCE STRATEGY FOR MENTAL HEALTH AND SUICIDE PREVENTION cont'd		
<p>Korin Korin Balit-Djak (2017-27)</p>	<p>Strategic direction 3.2.1</p>	<p>Grow recruitment and retention of the Aboriginal workforce</p> <p>Over the next three years, the department will:</p> <p><i>Across the department:</i></p> <ul style="list-style-type: none"> (a) Continue efforts to implement the department's Aboriginal employment strategy. (b) Expand and implement employment exchange programs between the department and Aboriginal organisations to build knowledge, understanding and skill level of Aboriginal staff and non-Aboriginal staff across the health and human services sector. (c) Ensure the two per cent target of Aboriginal employees within the department is met by 2021. (d) Implement a professional development program for all Aboriginal staff to support career advancement and increase Aboriginal staff in senior roles. (e) Increase the number of Aboriginal staff in child protection at all levels and in all areas. (f) Continue to support the department's Aboriginal Staff Support Network. <p><i>Across the health and human services sector:</i></p> <ul style="list-style-type: none"> (g) Deliver an Aboriginal health and human services workforce strategy to support and grow the Aboriginal workforce across all levels of the health and human services sector. (h) Increase the number of Aboriginal people in senior roles in the health and human services workforce by extending professional development and careers opportunities for Aboriginal employees. (i) Expand the skills and availability of Aboriginal health and human services workers in both mainstream and Aboriginal organisations. (j) Develop, implement and resource flexible education to career pathways that support the Aboriginal workforce to gain formal qualifications that recognise Aboriginal knowledge and skills. (k) Undertake research to understand opportunities and barriers for Aboriginal workers to support the department's approaches. (l) Continue to develop sectoral partnerships and collaborations between schools, employment providers and other educational institutions to promote career development pathways for Aboriginal people. (m) Support the development and implementation of culturally appropriate leadership and mentoring programs for Aboriginal organisations. (n) Co-design supervision and support mechanisms for Aboriginal employees working in hospitals, mental health and human services to manage isolation, cultural load and vicarious trauma. (o) Establish an Aboriginal employment staff support network across the health and human services sector. (p) Work with Aboriginal organisations, health and human service organisations and peak bodies to improve Aboriginal employment conditions, career opportunities and recognition. <p><i>In 10 years, success will look like:</i></p> <p>The department's Aboriginal employment targets have been met or exceeded.</p> <p>Aboriginal employment plans will be developed and implemented across all areas of the health and human services sector.</p> <p>The Aboriginal workforce is represented in non-clinical and clinical roles at all levels to ensure a culturally safe health and human services sector.</p> <p>Cultural safety for the Aboriginal workforce is understood, embraced and practised across the Victorian health and human services sector.</p>

WORKFORCE cont'd		
UPSKILLING EXISTING ABORIGINAL AND TORRES STRAIT ISLANDER WORKERS		
MH&SEWB Fr (2017-23)	Outcome 1.1, p.28	<ul style="list-style-type: none"> • Improve the status of all Aboriginal and Torres Strait Islander MH&SEWB workers, paraprofessionals and professionals and over time, require workers to have qualifications that ensure professional equity. • Progress initiatives that support ... workforce-wide up-skilling, including appropriate clinical supervision of MH&SEWB workers, paraprofessionals and professionals • Create career pathways by reducing barriers and pathways to education and training including training for emerging professional workforces accredited workers, paraprofessionals and established professionals and professions. • Continue to develop accreditation standards that are systematically measurable; and develop and support pathways to training in existing work environments to increase worker and professional capacities.
NATSIHIP/IP (2013-23)	Strategy 1E, p.17	<ul style="list-style-type: none"> • Training opportunities provided to further develop the skills of staff to meet current and future Aboriginal and Torres Strait Islander health service needs and increase retention levels.
National Aboriginal and Torres Strait Workforce Strategy (2016-23_)	Strategy 2, p.8	<ul style="list-style-type: none"> • Improve the skills and capacity of the Aboriginal and Torres Strait Islander health workforce in clinical and non-clinical roles across all health disciplines (See Suggested mechanisms)
	Strategy 3 p9	<ul style="list-style-type: none"> • Health and related sectors be supported to provide culturally-safe and responsive workplace environments for the Aboriginal and Torres Strait Islander workforce. (See Suggested mechanisms)
National MH Workforce Strategy (2011)	Objective 1.2.1, p.20	<ul style="list-style-type: none"> • Provide better career pathways, supervision, mentoring and locum support programs for Aboriginal MH workers in a range of settings.
National MH Workforce Strategy (2011)	Objective 1.2.2, p.20	<ul style="list-style-type: none"> • Incorporate training in Aboriginal and Torres Strait Islander mental health in MH workforce training programs.
NSQHS Standards (2017)	Action 1.21	<ul style="list-style-type: none"> • The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
MH&SEWB Fr (2017-23)	Outcome 1.1.10, p.29	<ul style="list-style-type: none"> • Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander with MH problems and mental illness
NATSIHIP/IP (2013-23)	Strategy 1E, p.17	<ul style="list-style-type: none"> • Training needs of health sector staff working with Aboriginal and Torres Strait Islander peoples have been identified and addressed, including the development and delivery of new training programmes.
Fifth Plan 92017-23)	Action 12.4, p.34	<ul style="list-style-type: none"> • Training all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those in forensic settings, in trauma-informed care...
Cultural RF (2016-26)	Domain 2, p.13	<ul style="list-style-type: none"> • Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages)
	Domain 3, p.14	<ul style="list-style-type: none"> • Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills

WORKFORCE cont'd		
TRAINING/ SUPPORT ALL MH SERVICE STAFF		
National MH Workforce Strategy (2011)	Objective 1.2.2, p.20	<ul style="list-style-type: none"> Incorporate training in Aboriginal and Torres Strait Islander mental health in MH workforce training programs.
NSQHS Standards (2017)	Action 1.21	<ul style="list-style-type: none"> The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
MH&SEWB Fr (2017-23)	Outcome 1.1.10, p.29	<ul style="list-style-type: none"> Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander with MH problems and mental illness
NATSIHIP/IP (2013-230)	Strategy 1E, p.17	<ul style="list-style-type: none"> Training needs of health sector staff working with Aboriginal and Torres Strait Islander peoples have been identified and addressed, including the development and delivery of new training programmes.
Fifth Plan 92017-23)	Action 12.4, p.34	<ul style="list-style-type: none"> Training all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those in forensic settings, in trauma-informed care...
Cultural RF (2016-26)	Domain 2, p.13	<ul style="list-style-type: none"> Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages)
	Domain 3, p.14	<ul style="list-style-type: none"> Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY		
IN GENERAL		
NSQHS Standards (2017)	Action 1.2, p.6	<ul style="list-style-type: none"> The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
	Action 1.4, p.6	<ul style="list-style-type: none"> The health service organisation implements and monitors strategies to meet the organisation’s safety and quality priorities for Aboriginal and Torres Strait Islander people
National Standards – MH Services (2013)	Criterion 4.2	<ul style="list-style-type: none"> <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.18 The MHS should have documented evidence to show: <ul style="list-style-type: none"> the provision of training to all staff, including management, on the diversity of needs within its catchment and on culturally competent service delivery how the service’s relevant committees and working groups consult with and represent Aboriginal and Torres Strait Islander communities how and when the MHS engages interpreters. Policies, procedures and work practices that recognise, and are responsive to, the needs of the MHS community include... identifying the social and cultural customs and values of Aboriginal and Torres Strait Islander people in the community <i>Implementation Guidelines for Non-government Community Services</i>, p.34 Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include: <ul style="list-style-type: none"> respect for and responsiveness to diversity in service delivery principles and values statements documenting that staff have been trained in cross cultural awareness documenting the use of interpreters with consumers and carers who are not proficient in English or who are deaf board membership and staffing reflecting community diversity specialist positions in the organisation, for example culturally and linguistically diverse and Aboriginal and Torres Strait Islander liaison staff <i>Implementation Guidelines for Private Office-based Mental Health Practices</i>, p.15 The MHS should have documented evidence to show: <ul style="list-style-type: none"> how consultation and representation of Aboriginal and Torres Strait Islander communities are sought within the service’s relevant committees and working groups how and when the MHS engages interpreters. Policies, procedures and work practices that recognise and are responsive to the needs of the MHS community include: the social and cultural customs and values of Aboriginal and Torres Strait Islander people identified within its community
	Standard 6, p.14	<ul style="list-style-type: none"> Consumers have the right to comprehensive and integrated MH care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
	Criterion 6.7, p.14	<ul style="list-style-type: none"> <i>Implementation Guidelines for Private Office-based Mental Health Practices</i> p.23 - Each consumer participates fully in the development of the individual treatment, care and recovery plan... For Aboriginal and Torres Strait Islander people involvement of community and family may be essential in the development of such plans.
	Criterion 10.2.1, p.22	<ul style="list-style-type: none"> The MHS is accessible to the individual and meets the needs of its community in a timely manner.
	Criterion 10.2.1	<ul style="list-style-type: none"> <i>Implementation Guidelines for Non-government Community Services</i>, Service providers should pay particular attention to the diversity of its individuals: [inc.] Aboriginal and Torres Strait Islander people
	NSQHS Standards (2017)	Action 1.33 p.12

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd

IN GENERAL cont'd

NSQHS Standards – Aboriginal and Torres Strait Islander User Guide (2017)	Key Task (KT) 1.2, p.3	<ul style="list-style-type: none"> The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
	KT 1.4, p.3	<ul style="list-style-type: none"> The health service organisation implements and monitors strategies to meet the organisation’s safety and quality priorities for Aboriginal and Torres Strait Islander people
	KT 1.21, p.3	<ul style="list-style-type: none"> The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
	KT 1.33, p.3	<ul style="list-style-type: none"> The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people
Fifth Plan (2017-23)	Action 11, ATSIMHSPS TOR 7	<ul style="list-style-type: none"> Provide advice on models of service delivery that embed cultural capability into all aspects of clinical care and implement the Cultural Respect Framework in MH services
	Strategy 10, p.14	<ul style="list-style-type: none"> Operationalising the Cultural Respect Framework
NATSIHP/ IP (2013-23)	Strategy 1B, p.12	<ul style="list-style-type: none"> Indicators for measuring cultural safety, such as discharge from hospitals without medical advice, and elimination of the differentials in access to best practice clinical care for Aboriginal and Torres Strait Islander patients irrespective of geography and socioeconomic status will be considered in the preparation of the data development plan Guidance on the provision of clinically competent and culturally safe services (including MH) has been provided and implemented.

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd		
IN GENERAL cont'd		
Cultural Respect Framework (2016-26)	Domain 1, p.12	<ul style="list-style-type: none"> Organisational leadership actively models cultural safety and responsiveness by staff at all levels and across the organisation Formal organisational commitment to improving cultural safety and responsiveness is visible in all aspects of core business, including vision and mission statements, organisational principles and values, and continuous improvement activities Executive-level responsibility for implementing and monitoring cultural safety and responsiveness across health organisations and systems against health outcomes Recognition for leaders of cultural safety and responsiveness, highlighting their activity and sharing of best- practice initiatives across the organisation Recognise and celebrate historical events of significance and important annual events (e.g. Close the Gap, Mabo Day, etc.) as a normal part of business Organisational policy to support culturally safe and responsive practice in health services and systems, including particular support for training and professional development towards cultural capabilities Procurement policies bind assessment of providers, and provision of procured services, to cultural safety standards Data collection capacity and mandated performance indicators to ensure cultural safety targets are being achieved and service delivery is improving Resources and materials provided to inform all staff, as well as Aboriginal and Torres Strait Islander people, about the cultural safety and responsiveness efforts Adequate funding investment and resourcing for Aboriginal and Torres Strait Islander cultural safety initiatives and related service improvements across all levels of the organisation
	Domain 2, p.13	<ul style="list-style-type: none"> Organisational commitment recognising diversity of Aboriginal and Torres Strait Islander communities and consumers All health professionals have the opportunity to participate in Aboriginal and Torres Strait Islander cultural events to foster greater understanding of social and cultural issues to inform holistic practice Organisational resources committed to regularly informing the community about cultural safety and responsiveness progress and innovations Culturally safe and responsive environments are developed (e.g. specific literature, artworks, flags, posters and decor) and physical environment designed with consideration for Aboriginal and Torres Strait Islander consumers
	Domain 3, p.14	<ul style="list-style-type: none"> Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills Health professionals can identify the need for, and actively seek, advice, assistance and input from Aboriginal and Torres strait Islander staff who are available to inform culturally responsive service provision Partnerships established with ACCHOs to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities
	Domain 6, p.17	<ul style="list-style-type: none"> Organisations conduct initial and ongoing organisational assessments of cultural safety and responsiveness related activities, and are encouraged to integrate cultural and linguistic responsiveness related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes based evaluations
National Standards MH workforce (2013)	Standard 3	<ul style="list-style-type: none"> The social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners, incorporating those differences into their practice.

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd		
IN GENERAL cont'd		
Cultural Respect Framework (2016-26)	Domain 2, p.13	<ul style="list-style-type: none"> • Mechanisms and processes to respond to, and support, the linguistic diversity of Aboriginal and Torres Strait Islander consumers • Aboriginal and Torres Strait Islander culture and languages are considered in decision-making about health care needs—including the use of interpreter and support services—at all points of contact throughout the consumer journey, particularly when informed consent is required • Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages) • Communication pathways are established to share examples of best practice health literacy and improved communication throughout health services, settings and sectors • Working with local Aboriginal and Torres Strait Islander people and organisations, as well as interpreter/ translation services, to support communication with Aboriginal and Torres Strait Islander consumers to provide more effective and quality health care, while improving access and pathways of care between organisations and mainstream services
MH&SEWB Fr (2017-23)	Outcome 3.3, p.38	<ul style="list-style-type: none"> • Support access to cultural liaison officers and language interpreters (See also 4.2.6/ 4.3.4)
National Standards - MH Workforce (2013)	Standard 3, p.14	<ul style="list-style-type: none"> • The MH practitioner: 10. Communicates effectively with the person and, where relevant, with family members and/or carers through the assistance of Aboriginal and Torres Strait Islander health and/or MH professionals, interpreter services and bilingual counsellors 11. Liaises and works collaboratively with culturally and linguistically appropriate care partners such as religious ministers, spiritual leaders, traditional healers, local community-based organisations, Aboriginal and Torres Strait Islander health and MH workers, health consumer advocates, interpreters, bilingual counsellors and other resources where appropriate
	Standard 4	<ul style="list-style-type: none"> • The MH practitioner: Uses culturally sensitive language and preferred terminology in line with current policy directives

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd		
IN GENERAL cont'd		
National Standards – MH Services (2013)	Criterion 4.2	<ul style="list-style-type: none"> • <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.18 The MHS should have documented evidence to show: how and when the MHS engages interpreters. • <i>Implementation Guidelines for Non-government Community Services</i>, p.34. Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include: documenting the use of interpreters with consumers and carers who are not proficient in English or who are deaf • <i>Implementation Guidelines for Private Office-based Mental Health Practices</i>. p.15 The MHS should have documented evidence to show: how and when the MHS engages interpreters.
	Criterion 4.4	<ul style="list-style-type: none"> • The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community. • <i>Implementation Guidelines– Public Mental Health Services and Private Hospitals</i>, p.19. The MHS needs to demonstrate that it has policies and procedures that allow access to professional services—such as interpreters, Aboriginal and Torres Strait Islander health workers, (etc)... The MHS needs to show how and when it will engage interpreters or bilingual workers to facilitate culturally appropriate assessment, diagnosis and treatment. • <i>Implementation Guidelines for Private Office-based Mental Health Practices</i>. p. 16. The use of interpreters or bilingual workers needs to be coordinated in consultation with the consumer and carer to ensure it is culturally sensitive. • <i>Implementation guidelines for Non-government Community Services</i> p.35. Staff should know how to access specialist services such as interpreters (including Auslan interpreters), and ... Aboriginal and Torres Strait Islander health workers.
	Criterion 4.4	<ul style="list-style-type: none"> • <i>Implementation guidelines for Non-government Community Services</i> , p.35. Staff should know how to access specialist services such as interpreters (including Auslan interpreters), and ... Aboriginal and Torres Strait Islander health workers.
	Criterion 4.2, p34	<ul style="list-style-type: none"> • Responses should address attitudinal, physical, and procedural barriers. Evidence that this criterion is met could include: documenting the use of interpreters with consumers and carers who are not proficient in English or who are deaf
Fifth Plan (2017-23)	Action 12.2, p.34	<ul style="list-style-type: none"> • Increasing knowledge of SEWB concepts, improving the cultural competence... of mainstream providers
MH&SEWB Fr (2017-23)	Outcome 1.1, p.29	<ul style="list-style-type: none"> • Require cultural competence of general practitioners and other medical practitioners in order to work effectively with Aboriginal and Torres Strait Islander people with MH problems and mental illness.
	Outcome 4.2, p.40	<ul style="list-style-type: none"> • Culturally and clinically appropriate specialist mental health care is available according to need • Incorporate cultural competency in the professional standards and responsibilities of mental health professions within a SEWB framework.
NATSIHP/IP (2013-23)	Strategy 1B, p.12	<ul style="list-style-type: none"> • Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality. • Guidance on the provision of clinically competent and culturally safe services (including MH) has been provided and implemented.
Cultural RF (2016-26)	Domain 3, p.14	<ul style="list-style-type: none"> • Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills
	Domain 4 p15	<ul style="list-style-type: none"> • Design and delivery of organisational performance measurement and evaluation of services including organisational self-assessments of cultural competency activities involves Aboriginal and Torres Strait Islander health consumers • Aboriginal and Torres Strait Islander consumers are engaged in performance measurement and evaluation of health services through accessible, culturally responsive and safe processes

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd		
IN GENERAL cont'd		
<p>Korin Korin Balit-Djak (2017-27)</p>	<p>Strategic direction 3.1.1</p>	<p>Increase cultural capacity and cultural responsiveness</p> <ul style="list-style-type: none"> • <i>Over the next three years, the department will:</i> <ol style="list-style-type: none"> (a) Develop a cultural safety framework to ensure we have a common approach to providing a culturally safe workplace. The framework will prioritise training for the department's executive officers and senior management, local engagement officers, program service advisors, Standards and Regulation Unit and child protection staff and management. The cultural safety framework, its implementation and monitoring will be informed by Aboriginal staff and Aboriginal communities. (b) Monitor, evaluate and support mainstream services in partnership with Aboriginal organisations to increase cultural capacity and responsiveness, including working intensively with organisations that need to improve performance. (c) In partnership with the Aboriginal Children's Forum, work with Aboriginal communities and organisations to review existing cultural competence requirements and assessment approaches across the health and human services sector. This will include community service organisations, ensuring that cultural competency requirements are assessed by Aboriginal people and organisations. These requirements will be embedded in the department's policy and funding plan and funding and service agreements. (d) Review the ICAP program and CQI tools to ensure that they conform with Version 2 of the NSQHS Standards and the findings of Koolin Balit's improving the cultural responsiveness of hospitals evaluation. (e) Support health services to implement Version 2 of the NSQHS Standards to meet the needs of Aboriginal clients by providing a culturally responsive service. (f) Have a better understanding of why Aboriginal people have high rates of 'Take own leave' (discharge from admitted care or did not wait for care in emergency or specialist clinic services) in Victorian health services and develop strategies to reduce premature discharge. <p><i>In 10 years, success will look like:</i></p> <ul style="list-style-type: none"> • Aboriginal Victorians have access to culturally responsive health and human services across the continuum from prevention to tertiary care.
<p>National Standards -MH Workforce (2013)</p>	<p>Standard 4, p.14</p>	<ul style="list-style-type: none"> • By working with Aboriginal and Torres Strait Islander peoples, families and communities, MH practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve SEWB. • The MH practitioner: <ul style="list-style-type: none"> ◆ Develops an understanding of Aboriginal and Torres Strait Islander history, and particularly the impact of colonisation on present day grief, loss and trauma and its complexity ◆ Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history ◆ Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal and Torres Strait Islander ◆ Respectfully collects and records information identifying Aboriginal and Torres Strait Islander status in line with current policy directives ◆ Works in collaboration with Aboriginal and Torres Strait Islander cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks ◆ Seeks to understand and work within local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities ◆ Respectfully follows Indigenous protocols in community contexts, such as the process of vouching in which one or some of the community members attest to the person wishing to enter the community

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd		
IN GENERAL cont'd		
Nat Standards - MH services (2013)	Standard 4, p.12	<ul style="list-style-type: none"> • 4.1 - The MHS identifies the diverse groups ... (inc.) Aboriginal and Torres Strait Islander people... that access the service. • 4.2 - The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff. • 4.3 - Planning and service implementation ensures differences and values of its community are recognised and incorporated as required. • 4.4 -The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community. • 4.5 - Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.
	Criterion 4.3	<p>Aboriginal and Torres Strait Islander.20.</p> <ul style="list-style-type: none"> • The MHS needs to demonstrate that staff can access cultural competency training in MH, and provide statistics on the percentage of staff who annually attend this training. • The MHS, where available and appropriate, should integrate the use of... Aboriginal and Torres Strait Islander liaison staff into service delivery. • The MHS should appoint cultural guides appropriate to their communities and who are accessible to all staff members. • Evidence includes <ul style="list-style-type: none"> ◆ evidence of partnerships with the Aboriginal and Torres Strait Islander community ◆ service level agreements with other providers such as Aboriginal and Torres Strait Islander medical services, divisions of general practice or Royal Flying Doctor Service ◆ development of measures for cultural competency of staff ◆ external monitoring of non-discriminatory practice by carers and consumers and Aboriginal and Torres Strait Islander community groups. • <i>Implementation Guidelines for Private Office-based Mental Health Practices</i>. p17. The MHS needs to demonstrate that staff are able to access cultural competency training in MH and provide documentation showing the percentage of staff who annually attend this training. The MHS, when it is appropriate, should integrate the use of available culturally and linguistically diverse Aboriginal and Torres Strait Islander liaison staff into service delivery.
	Standard 4.6, p.12	<ul style="list-style-type: none"> • The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services.

CULTURAL COMPETENCE AND SAFETY AS KEY TO SERVICE ACCESSIBILITY cont'd		
TRAUMA INFORMED CARE		
Fifth Plan (2017-23)	Action 12.4. p.34	Training all staff delivering MH services to Aboriginal and Torres strait Islander peoples, particularly those in forensic settings, in trauma-informed care...
Korin Korin Balit-Djak (2017-27)	Strategic direction 5.1.1, p.54	<p>Promote and embed Aboriginal trauma-informed healing, recovery and resilience initiatives</p> <p>Over the next three years, the department will:</p> <ul style="list-style-type: none"> (g) Implement Balit Murrup: Aboriginal social and emotional wellbeing framework. (h) Support the delivery of more integrated seamless services across Aboriginal and mainstream primary and mental health, drug and alcohol, family violence, child and family, and justice services to improve social and emotional wellbeing responses across the promotion, prevention, early intervention, treatment and recovery continuum. (i) Resource the design and implementation of three demonstration projects aimed at improving mental health outcomes for Aboriginal people, families and communities. One project will focus on reducing the impact of parental mental illness where children are in child protection and another focussing on clients in the justice system. (j) Work with Aboriginal communities to inform the delivery of the place-based and suicide prevention trials being undertaken in 12 Victorian communities. (k) Establish new Aboriginal mental health traineeships based in mainstream services that will include support for the completion of a tertiary qualification in mental health-related disciplines. (l) Resource the establishment of clinical and therapeutic mental health positions within Aboriginal community-controlled organisations across rural, regional and metropolitan areas. (m) Partner with Aboriginal communities to co-design healing, grief and loss, trauma-informed and recovery approaches and tools delivered through Aboriginal and mainstream services. These will focus on trans generational trauma, children and young people in child protection and the justice system. (n) Consolidate and expand an evidence base for initiatives and approaches proven to be effective in strengthening Aboriginal resilience, healing, suicide prevention and recovery from mental illness. <p><i>In 10 years, success will look like:</i></p> <p>Evidence-based, Aboriginal-led resilience building, healing and trauma-informed care and recovery approaches are embedded in primary and specialist social and emotional wellbeing and mental health responses. These will contribute to improved social and emotional wellbeing across Aboriginal communities with a reduction in the incidence and impacts of psychosocial distress, mental illness and suicide.</p> <p>Aboriginal children and young people have access to culturally appropriate services and reduced levels of psychological distress.</p>

GLOSSARY AND ABBREVIATIONS

Abbreviation	Description (links to resource where available)
ACCHSs	Aboriginal Community Controlled Health Services
AOD	Alcohol and Other Drug Services
ATSIMHSPS TOR	Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee. By action (iii) of the Fifth National Mental Health and Suicide Prevention Plan, this will report to MHPC and will work with the Suicide Prevention Subcommittee on the development of a nationally agreed approach to suicide prevention for Aboriginal and Torres Strait Islander peoples, for inclusion in the National Suicide Prevention Implementation Strategy. Action 11 includes eight 'Terms of Reference' (TOR) for the body.
ATSISPEP CRP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Report of the Critical Response Pilot Project (PDF 2017)
ATSISPEP STW	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Solutions That Work – What the Evidence and our People Tell Us (PDF 2017)
Balit Murrup	Balit Murrup: Aboriginal social and emotional wellbeing framework 2017 – 2027 (Vic)
Cultural Respect Framework	Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 (PDF)
Drug Strategy	National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 – 2019, a component of the National Drug Strategy 2017-2026 (PDF)
E-mental Health strategy	E-mental Health Strategy for Australia (PDF 2012)
Fifth Plan	Fifth National Mental Health and Suicide Prevention Plan (PDF 2017) and its Implementation Plan (PDF 2017)
GDD	Gayaa Dhuwi (Proud Spirit) Declaration of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (PDF)
IAS	Indigenous Advancement Strategy
Korin Korin Balit-Djak	Korin Korin Balit-Djak, the 2017- 2027 mental health plan and suicide prevention framework (Vic)
LGBTI	Lesbian, gay, bisexual, transgender, and intersex people
LHD	Local Hospital District, Local Hospital Network
Lifespan	LifeSpan Integrated Suicide Prevention (Black Dog Institute) . There are nine elements in the overall approach
Living Well	Living Well: A Strategic Plan for Mental Health in NSW 2014–2024 (NSW) (PDF)
MH&SEWB Fr	National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
MHPC	Mental Health Principal Committee. This advises the Australian Health Ministers' Advisory Council (AHMAC). In turn, by action (i) of the Fifth National Mental Health and Suicide Prevention Plan, it will be advised by a Suicide Prevention Subcommittee that will develop a National Suicide Prevention Implementation Strategy. Source: Action (i) and (ii) Fifth National Mental Health and Suicide Prevention Plan
MHS	Mental health services
National Empowerment. Project	National Empowerment Project (2015)
Nat Standards – MH Services	National Practice Standards for Mental Health Services (PDF) , with specific implementation guidelines as listed (2013)
Nat Standards – MH Workforce	National Practice Standards for the Mental Health Workforce (PDF 2013)
National Aboriginal and Torres Strait Islander Workforce Strategy	National Aboriginal and Torres Strait Islander Workforce Strategy 2016 - 2023 (PDF)
National MH Workforce Strategy	National Mental Health Workforce Strategy (PDF 2011)

NATSIHP/IP	National Aboriginal and Torres Strait Islander Health Plan 2013- 2023 and its Implementation Plan
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013)
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
New National SP Strategy	National Suicide Prevention Implementation Strategy. By action (ii) of the Fifth National Mental Health and Suicide Prevention Plan, a Suicide Prevention Subcommittee will develop a (new) National Suicide Prevention Implementation Strategy for COAG Health Council endorsement. Page 24 of the Fifth National Mental Health and Suicide Prevention Plan lists 11 elements of the new National SP Strategy. Source: Action (ii) Fifth National Mental Health and Suicide Prevention Plan
NSQHS Standards	National Safety and Quality Health Service Standards (PDF 2017) , and User Guide for Aboriginal and Torres Strait Islander Health (PDF 2017)
NSW SP Plan	Strategic Framework for Suicide Prevention in NSW 2018-2023 (PDF)
NT RC	Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory – Findings and Recommendations (PDF 2017)
NT SP Plan	NT Suicide Prevention Strategic Framework 2018-2023 (PDF) – implemented through a NT Suicide Prevention Strategic Framework Implementation Plan (NTSPSFIP) 2018 – 2023
PHN	Primary Health Network
PHN Guidelines	PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance – individual guidelines named (2016) .
Qld Aboriginal and Torres Strait Islander SEWB Action Plan	Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18
Qld Connecting care to recovery (2016-21)	The Queensland Government’s Suicide Prevention in Health Services Initiative, a part of Connecting care to recovery 2016–2021 (PDF)
Qld SP Plan	Queensland Suicide Prevention Action Plan 2015-17 (PDF)
Recovery Fr	A national framework for recovery-oriented mental health services (PDF 2012)
Royal Commission CSA	Royal Commission into Institutional Responses to Child Sexual Abuse Final Report – Recommendations (PDF 2017)
SA SP Plan	South Australian Suicide Prevention Plan 2017-2021
SEWB	Social and emotional wellbeing
SP	Suicide prevention
SP Workforce Development and Training Plan for Tasmania	Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020) (PDF)
Tas SP Plan	Tasmanian Suicide Prevention Strategy (2016-2020) (PDF)
Townsville SP Plan	The Townsville Community Suicide Prevention Action Plan 2017-2020
Vic SP Plan	Victorian Suicide Prevention Framework 2016-2025
WA SP 2020	WA Suicide Prevention 2020: Together We Can Save Lives (PDF 2015)
Youth SP Plan for Tasmania	Youth Suicide Prevention Plan for Tasmania (2016-2020) (PDF)



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