

# **A guide to local suicide prevention: learning from the Victorian place-based suicide prevention trials**

**OFFICIAL**



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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

'Indigenous' is retained when part of the title of a report, program or quotation.

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# Foreword

Each and every suicide is a tragedy. Suicide has a devastating and enduring impact on individuals and those who care about them.

Since 2016, the Victorian place-based suicide prevention trials have been a flagship initiative of the Victorian Government to prevent and respond to suicide in local communities. The trials have expanded our evidence base in relation to the risk and protective factors related to suicide, raised community awareness and understanding of suicide, and improved our knowledge of how to work together at a local level to design and develop coordinated responses.

Over this time, the suicide prevention landscape has changed significantly at both a state and national level. The final report of the Royal Commission into Victoria's Mental Health System (Royal Commission), published in March 2021, provided a range of recommendations to rebuild and reform Victoria's mental health and wellbeing service system, including how we better prevent and respond to suicide. The Royal Commission recommended the establishment of a new Suicide Prevention and Response Office, led by a State Suicide Prevention and Response Adviser, to facilitate a community and government-wide approach to suicide prevention and response. As one of its first priorities, the Suicide Prevention and Response Office will develop a new suicide prevention and response strategy for Victoria, which takes a systems-based, evidence-informed approach, and is co-produced with people with lived experience of suicide.

As we elevate suicide prevention and response across government and the community, we

have an opportunity to harness the learnings and recognise the achievements of the 12 Victorian place-based suicide prevention trial sites, including the important contributions of people with lived experience of suicidality and bereavement and broader community members. These individuals have provided valuable insights and perspectives that have increased our understanding of self-harm and suicidality as well as our efforts to prevent and respond to suicide.

The foundation for the many achievements of the trials was the co-commissioning partnership between the Victorian Government and the six Primary Health Networks in Victoria. This ensured an integrated systems approach to the delivery of the trials at a local level and timely sharing of new evidence between trial sites, and nationally, through shared governance arrangements between the Department of Health and the Primary Health Networks.

This resource offers practical advice and information about 'doing' suicide prevention using grassroots, place-based approaches. It includes chapters dedicated to planning and partnerships, opportunities and challenges of specific suicide prevention strategies, as well as case studies and a summary of achievements from each individual site. Each chapter includes useful tips and checklists based on the experiences and learnings of those who worked across the 12 sites over the trials' six years of operation.

I recommend this resource to all suicide prevention practitioners and community members working to prevent and respond to suicide.



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# Preface

The Victorian place-based suicide prevention trials have been a welcome initiative by many in metropolitan, regional and rural communities.

Twelve communities in Victoria have had a chance to think more deeply about suicide prevention and what it means for them. They have had a chance to come together from different parts of the community – from barber shops and trade stores to art shows and yarnning circles, from farms and businesses to skate parks and railway stations – to find new ways of working together around this issue. Each of the 12 communities came up with different solutions to their unique needs. But one common factor was the intent to work with, and learn from, people with lived experience of suicide.

When planning for prevention, you can't get better experience than people who have been through it. There is no one with better expertise than someone who has survived a suicide attempt, someone who is in recovery, or someone who has supported another in crisis. Local lived experience provides a grassroots perspective on the experience and on what's needed to support suicide prevention and response efforts. And importantly, this should include postvention – the support provided after the loss of a loved one from suicide.

We should invest more in community-led work. Not just funding existing services but empowering communities to continue and lead the work. They're the experts on what's happening on the ground.

It's easy when you're doing place-based suicide prevention work to focus on your own community, but it's important for communities to learn from each other. This resource will contribute to these learnings and share the diversity and common experiences in these activities with all Victorians.

There have been some great examples of the contribution of people with lived experience across Victoria to the place-based prevention trials. But there is still a long way to go. We are all still learning how to work together in safe, effective and meaningful ways. We need to continue listening, learning from and respecting the role of people with lived experience in suicide prevention.

Finally, sustainability is most important of all. After several years of collective suicide prevention efforts through these trials, hopefully we've built something with wheels that can travel on its own. If it is truly community-led, then the community will own it.

We commend all the participating Victorian communities for their efforts and achievements, and we encourage other communities to take on this work – to own and lead suicide prevention efforts locally.

Collated by Larter Consulting with contributions from people with a lived experience of suicide from place-based suicide prevention trial sites across Victoria, June 2022: Su-Rose McIntyre (Frankston-Mornington Peninsula), Sue Walker (Ballarat), Kayla Shelbourne (Frankston-Mornington Peninsula), Di White (Mildura), Kathryn Rayner (Mildura) and Kathryn Fitzpatrick (Melton-Brimbank).



This place-based model is one that is helping to break down walls; walls that community members found hard to penetrate previously. We are beginning to feel listened to; feel we can voice our concerns and express ideas for improvement. With such a collaborative approach we remain hopeful that positive change is finally within reach.

– *Su-Rose McIntyre, bereaved mother of son Carl*

The reason local people with lived experience are helpful on these projects is because they usually have used most of the services; they can give a firsthand account of why they would not engage again, or how they might [be] likely to engage again. They generally understand the dynamic of their town and who knows who and who is great to link into for mental health help.

– *Sue, Ballarat*

The words **community** and **listening** are the most important for place-based suicide prevention work, and they should be the priorities for future work. Suicide prevention work should be local-led – you need the local people telling you what local people need.

– *Di, Mildura*

Suicide prevention is everyone's responsibility, from community level to government level. When we come together in these spaces, we are all equals regardless of position or power or influence. Whether I'm a lived experience community member or decision-maker, we are all equally valued, and we should all be equally heard.

– *Kayla, Frankston-Mornington Peninsula*

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# Acknowledgements

The Victorian place-based suicide prevention trial sites drew significantly from the wisdom and experience of many local people with lived experience of suicide and suicidality.

As we developed this resource, we attempted to highlight the participation and contribution of people with lived experience in each of the 12 sites. People with lived experience co-authored the foreword and contributed key recommendations to the content on partnering with lived experience and co-design. In some cases, they reviewed the content for the site snapshots for their participating site. We are grateful for every contribution and opportunity to keep learning.

The Victorian place-based sites also drew significantly from the collective wisdom and experience of many people who have worked passionately on suicide prevention in Victoria over a long period. Victoria has a long history of community-led suicide prevention activity, which has contributed to and guided the achievements and learnings of the 12 participating community sites. We acknowledge this wisdom and express gratitude.

The Department of Health would like to acknowledge the work of the Sax Institute, which conducted a developmental evaluation of the Victorian trials between 2017 and 2021. The findings and recommendations of the Sax Institute's final report have been invaluable, not only in developing this resource but also in informing good practice in suicide prevention in Victoria.

The Department of Health would like to acknowledge the invaluable partnership of the six Victorian Primary Health Networks throughout the development and implementation of the Victorian trials. The opportunity to partner with Primary Health Networks has led to innovative approaches to suicide prevention and response, not only in the trial sites but also in health and mental health services more broadly.

## **Acknowledgement of Aboriginal custodianship**

We proudly acknowledge Victoria's First Nations peoples and their ongoing strength in practising the world's oldest living culture. We acknowledge the Traditional Owners of the lands and waters on which we live and work and pay our respect to their Elders past and present.

Victoria's Aboriginal communities continue to strengthen and grow with the ongoing practice of language, lore and cultural knowledge. We recognise the contribution of Aboriginal people and communities to Victorian life and how this continues to enrich our society more broadly. We acknowledge the contributions of generations of Aboriginal leaders who have come before us, who have fought tirelessly for the rights of their people and communities.

We acknowledge Aboriginal self-determination is a human right as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples, and we commit to working towards a future of equality, justice and strength.

Finally, we acknowledge that there are long-lasting, far-reaching and intergenerational consequences of colonisation and dispossession. The reality of colonisation involved the establishment of Victoria with the specific intent of excluding Aboriginal people and their laws, culture, customs and traditions. Over time, the development of Victorian laws, policies, systems and structures explicitly excluded Aboriginal Victorians, resulting in and entrenching systemic and structural racism. We acknowledge that the impact and structures of colonisation still exist today. Despite the past and present impacts of colonisation, Aboriginal people, families and communities remain strong and resilient.

The Mental Health and Wellbeing Division and Larter Consulting thank everyone who contributed to this guide for their contribution and insights, and we acknowledge people with lived and living experience of suicide. This guide draws on lived experience insights and evidence from a range of individuals and groups with Lived Experience in each of the trial sites.



# Introduction

The Victorian place-based suicide prevention trials were a flagship initiative of the *Victorian suicide prevention framework 2016–25*, delivering on Objective 5: [Help Local Communities Prevent Suicide – Trialling a coordinated approach to suicide prevention in local government areas across Victoria](#).

The Victorian Government partnered with all six Victorian Primary Health Networks (PHNs) to support local communities to develop and implement coordinated place-based approaches to suicide prevention. PHNs are well placed to support suicide prevention because of their links to hospitals, general practice, other health services, community organisations and the communities where they are located. The 12 trial locations were Ballarat, Bass Coast / South Gippsland, Benalla, Dandenong / Southern Melbourne Area, Frankston-Mornington Peninsula, the Great South Coast, Latrobe Valley, the Macedon Ranges, Maroondah, Melton-Brimbank, Mildura and Whittlesea.

A place-based approach is one that looks at prevention from a local perspective and works with people from across the community as active participants in developing solutions. It provides a local approach to suicide prevention.

The place-based approach was selected for trialling in Victoria because, when the strategies are implemented in a specific community at the same time, it is the most likely to lead to reductions in suicide attempts and deaths.

While the place-based model had a common agenda and operating model across Victoria, it was designed to work with local skills, expertise and resources to deliver a range of evidence-based suicide prevention activities specifically suited to local community needs. A local partnership approach was crucial, with organisations, services and community members working together to develop plans to reduce the risk of suicides. Working alongside, and learning from, community members with lived experience of suicide and suicidality was a vital part of the model.

Place-based suicide prevention is an innovative approach in Australian context. It encourages developing a shared vision and collective commitment for prevention across the community, the pooling of local knowledge, understanding and resources.

We want to acknowledge the efforts, investments and successes of all the communities and stakeholders who contributed time, resources and local wisdom to these trials. This *Guide to local suicide prevention* is an expression of gratitude for your efforts, commitment and willingness to try new ways of doing things.

There was variety across the 12 Victorian sites in terms of their priorities and the mix of suicide prevention activities they implemented. The purpose of this guide is to:

- highlight the achievements, key lessons and best practice of the place-based trials
- provide information, advice and resources to help different audiences design and deliver local strategies and activities for suicide prevention.

This guide shows the variety of differing approaches, effective strategies, supports and shared challenges. In doing so, it shares new understandings of suicide prevention.

The place-based sites have been a six-year trial, with the intent to implement and learn. This guide combines many of the lessons from implementing this unique, system-wide, coordinated and integrated approach.

The trials have been evaluated, and this guide aligns with some of the major themes about implementing place-based suicide prevention. Some of the quotes used here are respectfully borrowed from the generous contributions and feedback of the evaluation's participants.

This resource is a guide for future projects and programs, making the trial learnings available when planning and implementing strategies to reduce suicide within your own local community.

## How to use this guide

While the implementation of the trials has been a partnership between the Victorian Department of Health and the 12 individual sites, much of the focus here is on the local activities within those communities.

Place-based suicide prevention efforts are locality-specific. There are no one-size-fits-all solutions.

You can find information and general guidance on issues of scale and future expansion in the 'Commissioning' section of this document. You can take certain activities to scale as 'quick wins' for your community because they build universal capacity to identify and respond to someone at risk of suicide (for example, training, resources or postvention tools). But many other activities need to respond to specific risk factors for specific priority populations under specific circumstances. These need to be locally developed and co-designed.

The guide is arranged by sections covering:

- 1 planning and implementing place-based suicide prevention activities
- 2 examples of the evidence-informed and evidence-based activities from the trial sites
- 3 snapshot summaries of the 12 sites.

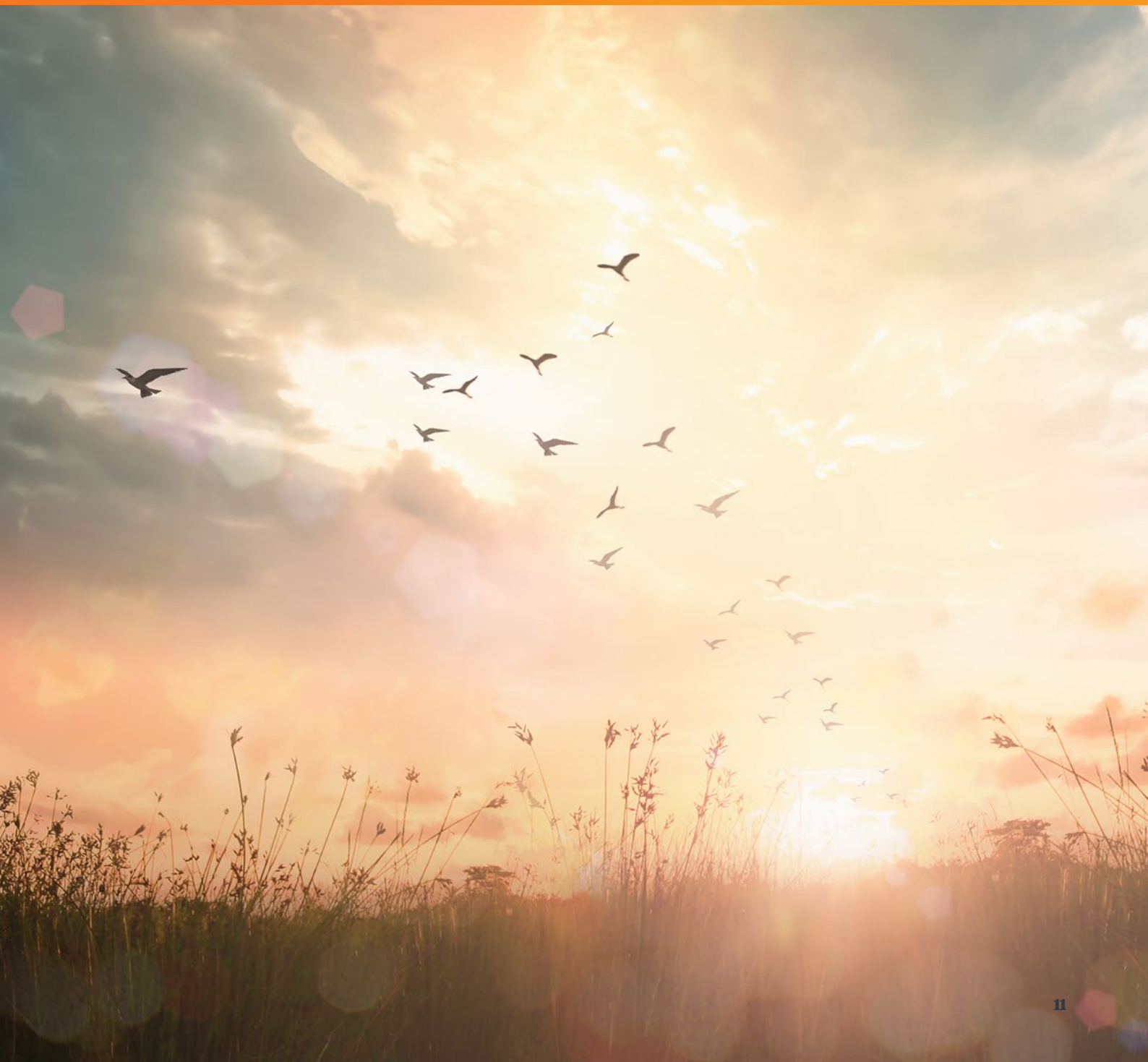
This guide may have many readers – from community members, including people with lived experience of suicide, to community agencies, service providers and funders. We have tried to keep everyone in mind.

The guide is not designed to be read from start to finish; readers can select sections of interest relevant to your situation. For example, you might want to read about:

- [establishing local partnerships](#)
- [local staffing](#)
- [examples of activities to undertake](#).

Key people involved in the trial sites wanted this resource to 'demystify the practicalities' of what can sometimes seem complex, whole-of-community, integrated work. As a result, we use many examples to show you the different ways communities tackled issues across Victoria, including successes and challenges. You will read quotes from those involved, outlining their experience. At every opportunity, we centre the perspectives of people with lived experience of suicide to show our learnings and commitment.

# **Part 1: Planning place-based suicide prevention**



# Where to begin? Using evidence-informed frameworks to shape the approach

## Centring lived experience



Local people with lived experience should be involved from the outset in selecting the suicide prevention model or framework for your community.

The contribution of community members and people with lived experience is an essential driver for the success of place-based suicide prevention.

## Where to begin?

There are a several evidence-based models and principles for communities to think through when choosing an approach to delivering local suicide prevention activities.

The Victorian place-based suicide prevention trials used the following frameworks and principles to shape, plan and guide activity at each of the 12 community sites:

- a place-based approach
- community development
- an integrated systems approach
- collective impact.

A **place-based approach** to prevention recognises that the places where people live and spend their time affect their health and wellbeing. This approach sees the issue of suicide prevention from a local perspective and works with local people and the local community to address it.

Place-based suicide prevention work actively involves local people from different sectors in developing, and then implementing, local solutions.

‘The place-based approach is something that people resonate with. It’s something that people can connect with, and it’s a motivator and a driver for a lot of our activities in terms of trying to make those connections with the place, so that’s been really beneficial, which probably wouldn’t be possible without the governance structure.’

– *Bass Coast / South Gippsland trial site*



This aligns with **community development** thinking in the way it shapes relationships and decision making for local participants by:

- empowering communities to identify their own needs, make decisions and develop solutions at the local level
- supporting partnerships and encouraging different parts of the community to work together
- building skills for action, education and awareness raising.

A place-based community development approach is committed to building community capacity (or skills) to work together around suicide prevention. This begins with developing a shared understanding of the important issues at the local level (for example: What are the risks? Who might be at higher risk?), then problem-solving together to improve the local community's and services' ability to respond.



## TIPS AND LEARNINGS

Community development can be a new way of working for many healthcare providers and funders. Encouraging a community-led approach can mean letting go of traditional boundaries or power imbalances, such as those between clinicians and consumers. Using collaborative design to find a solution can break down some of these barriers, resulting in a shared understanding of the problem.

Learning together through new ways of working requires respect, commitment, strong communication, flexibility and time.

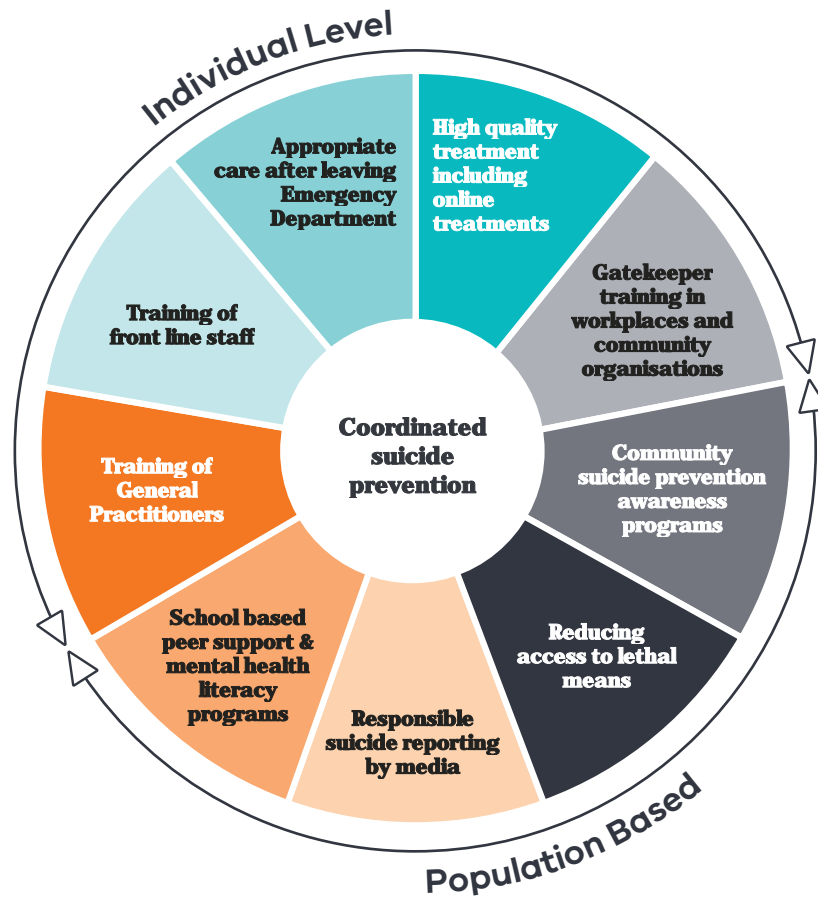
The strongest evidence for suicide prevention efforts internationally comes from activities that take a **systems approach** that works across the whole community. This is where many activities are implemented in an integrated and coordinated way in one place.

One example of an evidence-based systems approach to suicide prevention is LifeSpan.<sup>1</sup> LifeSpan combines nine strategies that have robust evidence for prevention into one community-led approach incorporating health, education, frontline services, business and the community. LifeSpan aims to build a safety net for the community by building the community's skills to identify and support people at risk of suicide through training. It also makes sure that the services and supports available to people are connected and coordinated.



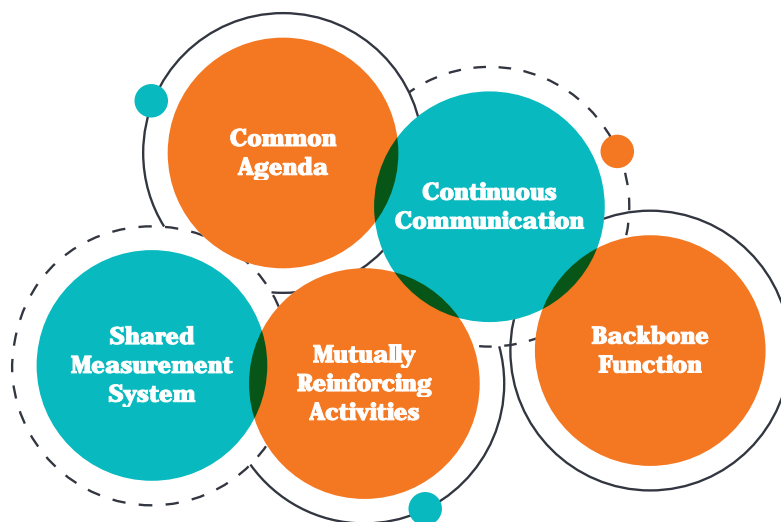
1 Refer to the Black Dog Institute website <<https://www.blackdoginstitute.org.au/research-centres/lifespan-trials/>>.





The Victorian place-based trial sites also used elements of a **collective impact** approach. This brings people from the community together to work towards the same goal.

Their activities reinforce each other, focusing on those that are likely to have the greatest impact on suicide.



The Victorian suicide prevention sites used the following components of collective impact, which contributed significantly to site progress and achievements:



collective ‘backbone’ – a combination of statewide support and governance (made up of Department of Health executives and the suicide prevention team) and local/regional support and governance (made up of local Department of Health / Department of Families, Fairness and Housing area staff, PHN executives and PHN suicide prevention coordinators)



a shared agenda and mutually reinforcing activities with ongoing communication



consistent measurement.

In summary, the defining and enabling features of the Victorian place-based suicide prevention model included:



focusing on local needs and local priorities



learning from lived experience contribution and partnership



working with community as an active partner in developing solutions



supporting evidence-informed activities and maximising value by working with existing structures, networks and investments



working in partnership and using collective impact elements



prioritising building skills in the community and in the care system



using an adaptive approach to learning that responds to changing needs and prioritising evaluation.

When you think about which model to use for your local suicide prevention, keep in mind that any model chosen should be a starting point rather than a blueprint. And it should be flexible and adaptable to your local situation and the varying needs of different people.



## TIPS AND LEARNINGS

Build local skills to deliver place-based suicide prevention approaches for local governance groups, people with lived experience, funders/commissioners and service providers. Consider building skills in:

- working with integrated suicide prevention
- collaborating with people with lived experience of suicide
- safe communications
- working with evidence and data
- co-design.

If a community cannot invest in a full suite of integrated activities due to funding or time limitations, the priority should be on the highest impact activities (aftercare, building the skills of primary care, community/gatekeeper training).

Coordinated approaches to suicide prevention in regional or rural areas can vary widely due to local environment and service availability; they have not yet been well evaluated. Specific recommendations for implementation continue to be developed.

## Good practice example: Collective impact planning

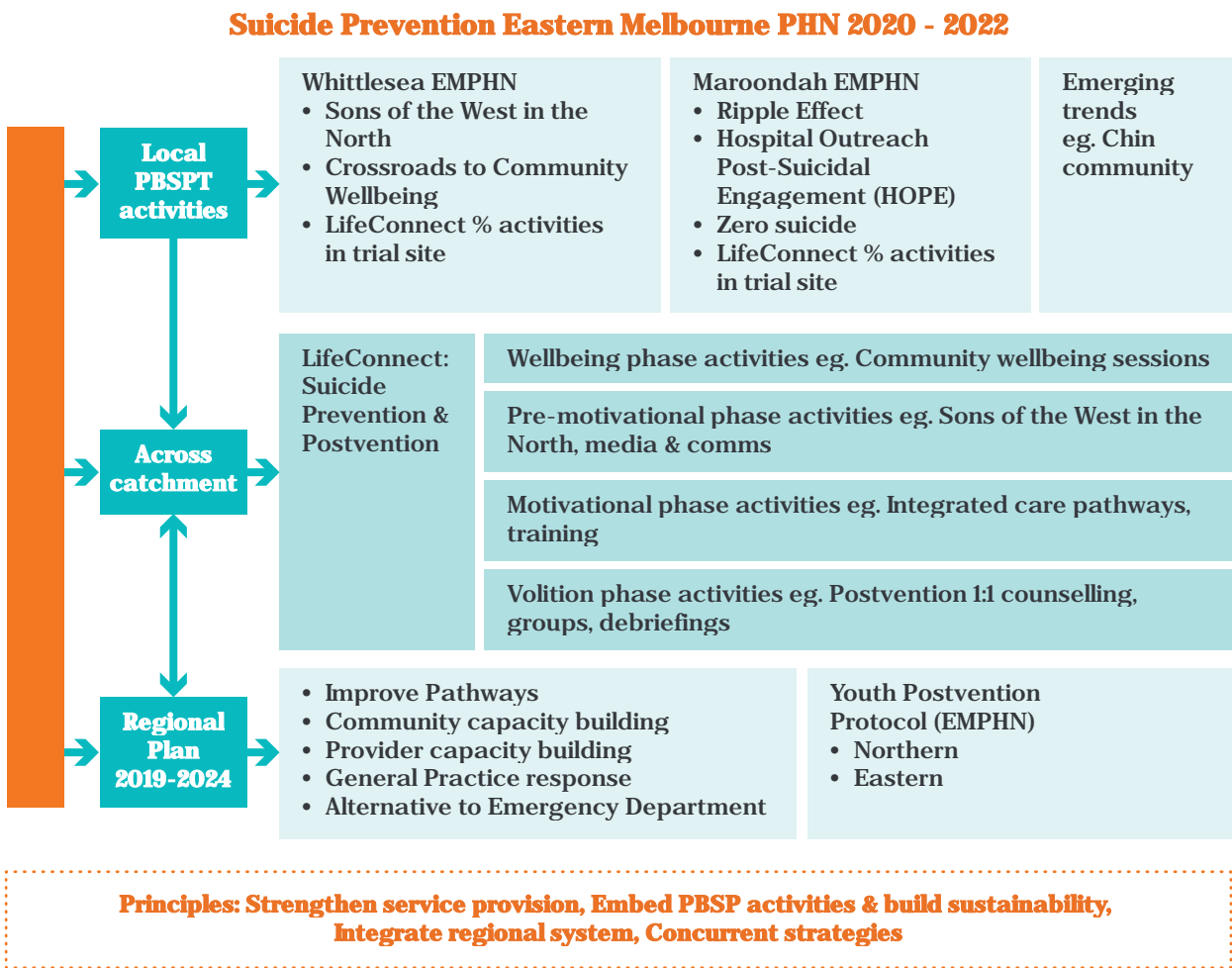
The Bass Coast / South Gippsland and Latrobe Valley trial sites organised workshops to develop a collective impact framework for suicide prevention in Gippsland. Forty-five organisations contributed to shaping the framework and collective actions. One outcome was developing suicide prevention action planning resources. These provide guidance, examples and templates for workplaces and community groups to include suicide prevention into their practice.

## Good practice example: Developing a local place-based suicide prevention strategy

Several sites developed place-based suicide prevention strategies to guide their longer term planning. These included the Eastern Melbourne PHN, Gippsland PHN, the Macedon Ranges and South Eastern Melbourne PHN trials. The following diagrams (Figure 1) provide examples of some strategies and associated activities.
















Figure 1: Example strategies development by local sites



Source: Eastern Melbourne PHN *Suicide prevention plan 2020–2022*

## Activities across Southern Metropolitan and FMP Placed-Based Suicide Prevention Trial Strategy 2020-22

		Southern Metropolitan Melbourne		Frankston & Mornington Peninsula	
		Improving emergency & follow-up care for suicidal crisis	COLLABORATE with the Way Back Support Service / HOPE trial in Casey/Cardinia		COLLABORATE with HOPE trial & Frankston Hospital Crisis Hub Trial
		Using evidence-based treatment for suicidality	<div>ADVANCING the 'stepped care' model of mental health treatment through SEMPHN's broader commissioning activities and engagement with primary care</div> <div>PROMOTING referral pathways that are tailored for at-risk populations</div> <div>COMMISSION primary care and whole of practice training in suicide response</div>		
		Equipping primary care to identify & support people in distress			
		Improving the competency & confidence of frontline workers to deal with suicidal crisis	Engagement of frontline workers including VicPol through advisory groups and to explore collaboration including VicPol		PILOT training/engagement with local police stations in FMP. INVESTIGATE how capacity building could be offered to Centrelink staff in the region
		Promoting help-seeking, mental health & resilience in schools	Support Chisholm TAFE in their work with apprentices who are at risk of suicide through access to training and collateral	<div>FACILITATE linkages between South Eastern Melbourne HALT worker and TAFEs</div>	SUPPORT the advancement of the work of THRIVE - including encouraging more schools to join the THRIVE partnership
		Training & community to recognise & respond to suicidality	<div>ROLL OUT LivingWorks suite of training across the PBSPT</div>		
		Engaging the community & providing opportunities to be part of the change	SUPPORT the establishment of a Suicide Prevention Network	<div>ROLL OUT Roses in the Ocean Training</div> <div>DEVELOP/PRODUCE tailored collateral to distribute at events &amp; through services</div>	SUPPORT Chasing Change FMP Suicide Prevention Network. LAUNCH Chasing Change website
		Encouraging safe & purposeful media reporting	<div>Ongoing PROMOTION of safe language &amp; reporting across service sector/community</div> <div>ENGAGE Mindframe to deliver training for media/communications professions</div>		
		Improving safety & reducing access to means of suicide	COLLABORATE on LifeLine Hotspots, initiate South Eastern Corridor Action Plan		EXPLORE possible partnerships with local government, Victorian government & organisations such as TrackSafe
		Actions to over the impact of a death by suicide (postvention)	<div>SCOPE/COMMISSION postvention Coordination (other capacity building needs) across the PBSPT</div> <div>Continue to COMMISSION Jesuit Social Services to provide bereavement Support - Federal funding</div>		<div>SCOPE opportunities to consult with &amp; link-in those with lived experience</div> <div>DEVELOP Postvention Resource Kit for those Bereaved</div>
		Suicide prevention among groups or individuals with higher risk	INVESTIGATE ways to support older men	<div>SUPPORT South East Metro Aboriginal Suicide Prevention and Healing Network</div> <div>INVESTIGATE supports for young people in out-of-home-care</div>	INVESTIGATE ways to support women at-risk.
		Actions to understand & enhance the protective factors for individuals and community	<div>ROLL OUT LivingWorks suite of training across the PBSPT</div>	<div>EXPLORE mechanisms to better understand the strengths and protective factors for community/various groups</div>	<div>COMMISSION THRIVE in sports and recreation clubs to apply the principles of positive psychology</div>
		Promoting system reform and integration to enhance efficiency and effectiveness	<div>INTEGRATE findings Victorian Royal Commission into Mental Health</div> <div>SUPPORT Regional Mental Health &amp; Suicide Prevention Plan</div> <div>RESET the advisory group for greater authority/influence &amp; sustainability</div>		

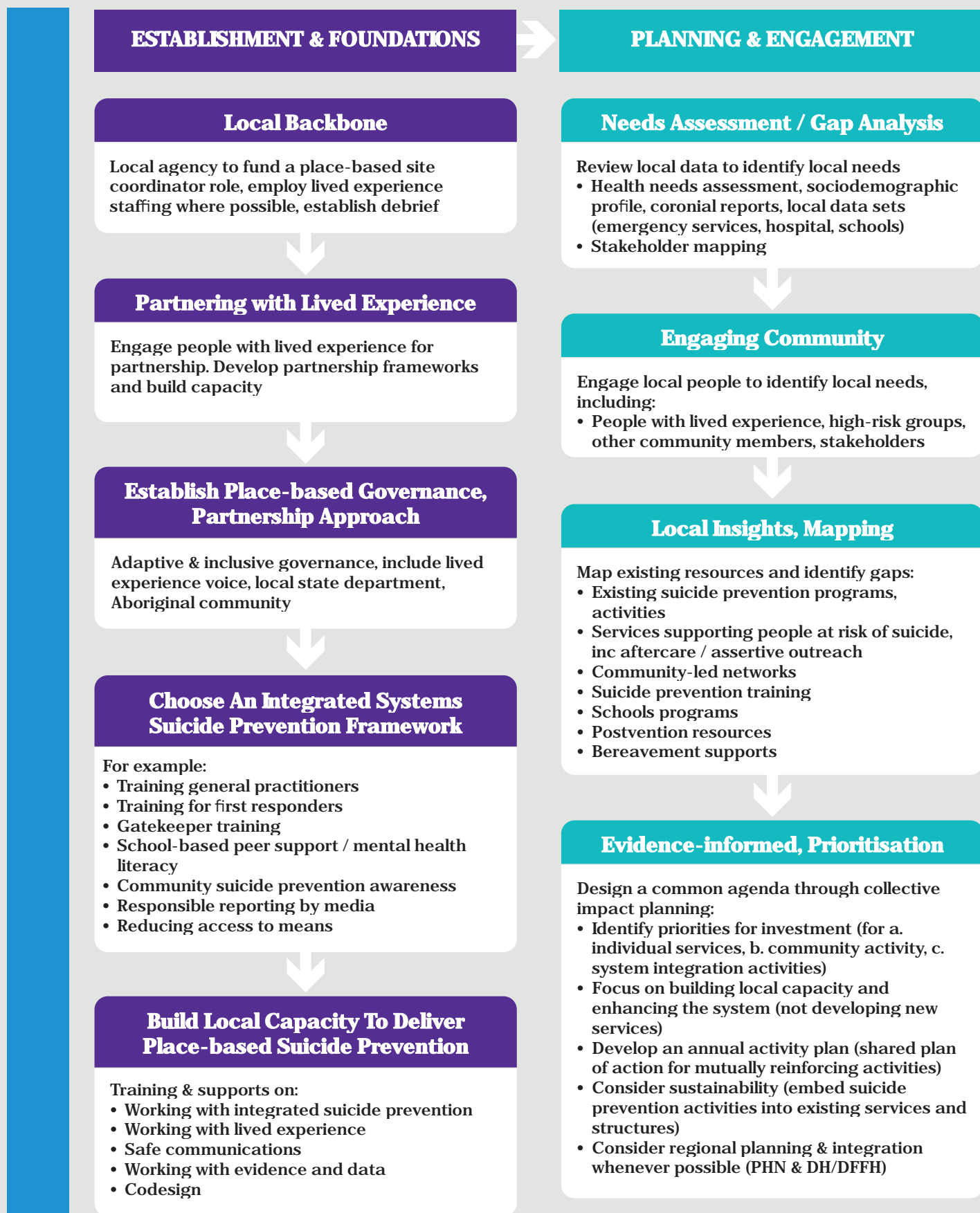
Source: Southern Metropolitan Melbourne and Frankston Mornington-Peninsula place-based suicide prevention trial sites

## **Good practice example: Place-based suicide prevention outcomes frameworks**

The Ballarat and Great South Coast trial sites each designed outcomes frameworks with their local leadership groups and partners to guide their local place-based suicide prevention activity. The frameworks use a collective impact community model for suicide prevention to guide the leadership group to align strategies and priority activities with desired outcomes everyone has agreed to. The framework guides planning activity and any evaluations of suicide planning work, with suggested measures and data sources identified.

‘The collective impact approach is a major factor ... having an outcomes framework that is designed by the local group is a really important aspect of guiding the direction the trial takes and the projects that are prioritised.’

# Roadmap for place-based suicide prevention: how activities and actions lead to change



## IMPLEMENTATION & COORDINATION

### Commissioning

- Invest in a full range of activities where possible
- Develop commissioning framework for collective impact (ie shared measurements, funded integration)
- Codesign activities, or commission readymade activities and tailor locally
- Embed codesign into contracts wherever relevant
- Consider co-commissioning whenever possible



### Coordination & Leadership

- Facilitate local collaboration and coordination of suicide prevention activities in response to local priorities
- Ongoing stakeholder engagement, communications, partnership development
- Ongoing community development (working with priority populations)
- Support for commissioned providers; support provider collaboration & integration



### Adapt & Learn

- Codesign a place-based Outcomes Framework with shared measures, establish evaluation partnerships
  - Support a responsive, continuous improvement approach to planning and implementation
- Remain adaptive:
- Implement, monitor, review, iterate, re-codesign if necessary
  - Involve people with lived experience in review
  - Collect feedback from local community and identified key stakeholder groups

## Working towards ...

**Increased profile and  
prioritisation of suicide  
prevention**

**Improved system to prevent  
suicide in the long-term**

**Increased help seeking**

## Longer-term ...

- Reduced rates of suicide
- Reduced suicide attempts

## Statewide Backbone

- Statewide governance
- Operational guidelines, common agenda, shared measures
- System linkages; alignment with broader statewide activity
- Central support and coordination (e.g. statewide communications, state-level data leadership, lived experience supports, statewide stakeholders, subject matter forums)

# Engaging, collaborating, partnering

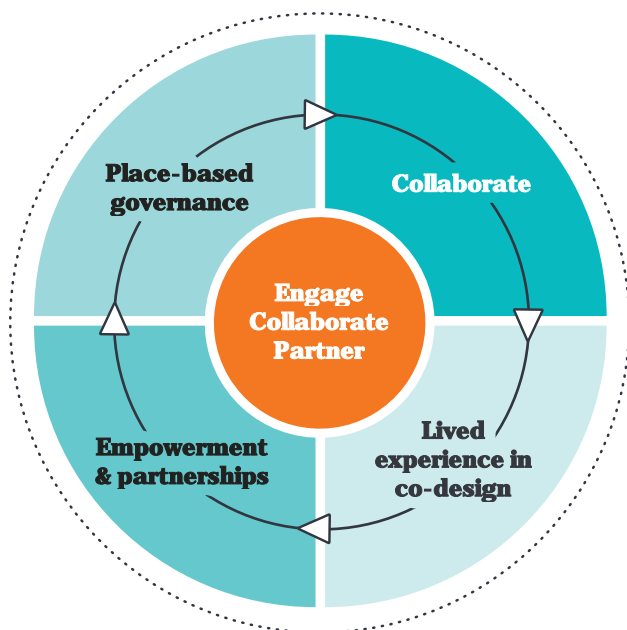
## Centring lived experience



‘Co-design and lived experience involvement are essential for re-shaping our institutions and communities. When services are designed by those who need them, they become more accessible and beneficial. These trials are essential to this, but the things that work need to be implemented permanently. These issues won’t improve without the ongoing cooperation and commitment of everyone.’ – Lived experience participant, Melton-Brimbank

This section discusses the importance of collaborating and co-designing with people with lived experience of suicide and using place-based partnerships and decision making to empower communities to lead prevention efforts. The activities described here (refer to Figure 2) all need to be undertaken at the same time and progressively, to deliver best outcomes for place-based work.

**Figure 2: Foundation of place-based suicide prevention activities**



## Why use a collaborative approach to address this complex social issue?

It takes a whole-of-community approach to address an issue like suicide.

Effective prevention involves working with a broad range of people and groups. For many health services, government agencies and funding bodies, this can mean working beyond their usual stakeholders.

Representatives from sectors and groups who share a common interest in strengthening individuals and the community can work together inclusively and creatively to build shared ownership. This may include:

- schools and youth settings
- local councils
- community interest groups
- the media
- small business
- sports/faith-based organisations
- family services
- health care.

Community ownership and leadership of suicide prevention is a long-term goal.

A wide variety of groups and community settings took part in the Victorian place-based suicide prevention sites including:

- ✓ community-led suicide prevention networks
- ✓ local councils
- ✓ hospitals
- ✓ community health services
- ✓ non-profit organisations
- ✓ community service organisations
- ✓ community outreach services
- ✓ headspace
- ✓ crisis services
- ✓ youth organisations
- ✓ LGBTIQ+ groups
- ✓ ambulance services
- ✓ police
- ✓ men's sheds
- ✓ family services
- ✓ sporting leagues
- ✓ financial counselling organisations
- ✓ academic research centres
- ✓ primary care partnerships
- ✓ women's associations
- ✓ faith-based services
- ✓ learning/employment networks
- ✓ multicultural youth services

Trial site coordinators need to spend time engaging with the community and with local organisations and agencies. This requires attending meetings, networks and events and investing consistent time and resources to foster a connection, identify touchpoints and find common ground.

Involving more community partners provides better access to information and insights about the local suicide risks specific to your community, which enables greater impact. Investing in relationships and partnerships strengthens community leadership, ownership and sustainable suicide prevention in the long term.

Listening to and learning from these groups is an ongoing and cyclical process for place-based suicide prevention. Questions to ask may include:

- What is working well? What could be improved? What could we build on? What are the opportunities? How could we connect the dots?
- What is missing? What are the gaps? Who is missing out? Who is at higher risk?
- What are our priorities? When should we do this?

Community engagement and community development is a skill and it can be useful to engage subject matter expertise. This, in turn, can build internal capacity.



## TIPS AND LEARNINGS

Place-based suicide prevention sites should encourage community ownership, approval and independence early in establishing activity – for example, by empowering community-led suicide prevention networks.

Skills in delivering place-based and community-led approaches may need to be built. For example, commissioners and coordinating bodies need skills in community engagement and development.

Building relationships with community requires trust and time and, sometimes, the capacity to try new ideas.



## Engaging and partnering with people with lived experience

‘There is no-one better placed to inform the [prevention] work than someone who has been suicidal, who is in recovery, who has helped someone in crisis.’

– *Lived experience participant, Frankston-Mornington Peninsula*



Lived experience of suicide includes:

- people with lived experience of suicidal thoughts or behaviour
- family members and carers supporting someone experiencing suicidal thoughts and behaviour
- people with lived experience of bereavement through suicide.

People with lived experience of suicide can make an invaluable contribution to developing and delivering suicide prevention activities. Harness their knowledge and expertise.

Embed their voices in the planning, design and evaluation of your activities and supports to enable person-centred planning for a range of different priority populations.

You may achieve this by:

- establishing a lived experience action group
- supporting a lived-experience-led community suicide prevention network.

Support lived experience participation in:

- a lived experience peer workforce
- suicide prevention activities (for example, through co-facilitation and co-delivery)
- decision-making (governance) groups or advisory groups
- co-design workshops, co-developing local activities
- tender evaluation panels
- evaluation data collection and analysis.

Importantly, aim for recruiting people with lived experience who represent the demographics of the local community.

Build the skills and confidence of people with lived experience to take part fully and safely in co-design through training, mentoring and peer support.

It is equally important to build the capacity of a local coordination organisation (for example, a PHN), the site coordinator and the trial site more broadly (for example, the governance group) to work with and amplify the voices and contribution of people with lived experience.

Place-based suicide prevention sites should identify and support emerging leaders within the community, empowering community members to take on leadership roles. Prioritise and invest in building skills and capacity for community leaders and, for greatest impact, train-the-trainer opportunities.





## TIPS AND LEARNINGS

Involve people with lived experience from the very beginning (while establishing the community approach). Ideally, engage people with lived experience as part of the workforce.

Ensure processes for engaging with people with lived experience are meaningful, respectful and acknowledged. Aim for engagement that is genuine and collaborative rather than tokenistic or 'ticking a box'.

The engagement and collaboration with people with lived experience should be well considered and documented in a framework that is regularly reviewed.

Listening to lived experience perspectives needs to be systematically embedded into place-based processes (for example, meeting agendas, activity planning cycles, data collection, commissioned service contracts). Include people with lived experience as advisors, advocates, co-presenters and/or reviewers in prevention activities wherever possible.

Ensure people are reimbursed for time contributed outside of any organisation role, and provide access to psychological supports.

## Good practice example: Developing a lived experience engagement strategy

The Mildura trial site prioritised a strategic approach to lived experience integration at the start of its suicide prevention planning. The approach was based on the Black Dog Institute's framework and involved a cross-section of community members with lived experience, including plans to support and develop their leadership. This strategy created roles for people with lived experience in site governance and leadership structures. It also identified opportunities to contribute to the design, delivery and evaluation of trial interventions and the review and/or development of strategy or policy. Examples of lived experience contributions included training, community engagement and advocacy.

### **Good practice example: Lived experience peer workforce**

Gippsland PHN commissioned a local provider to help people with lived experience of suicide and mental ill health to take part through a lived experience peer workforce. This included:

- providing specialised training and ongoing support to share stories and insights safely
- facilitating engagement with the PHN suicide prevention team to collect activity ideas, feedback and insights on recommended project activity
- contributing to advisory group meetings
- supporting people's involvement with local suicide prevention activities such as contributing insights to projects (for example, co-designing for a resources project) and external activity (for example, contributing to local health summits and local government planning).

Agencies commissioned to deliver suicide prevention activity in Gippsland were encouraged to work with the lived experience workforce (for example, through co-design). The lived experience peer workforce was highly valued within the two trial sites. In 2020–21 Gippsland PHN supported the provider to increase the reach of this group to influence a broader range of mental health and suicide prevention-focused activities across the region.

### **Good practice example: Building capacity and supporting lived experience advocates**

Roses in the Ocean delivered workshops to build the skills of many lived experience advocates, supporting them to contribute meaningfully to suicide prevention activity across several trial sites. These workshops empowered people to effectively draw on their lived experience and develop the skills to inform and influence change. Roses in the Ocean also supported some community-based suicide prevention action groups and lived experience advisory groups to use their experience in a planned, coordinated and effective way.

These kinds of skill building workshops can be co-designed to meet the needs of different lived experience and priority communities. For example, in the Southern Melbourne Area, the content was co-designed with and for the South Sudanese Australian Women's Group and Tamil community groups.

## Co-design: collaborating with people with lived experience is crucial

Working together with people with lived experience to design suicide prevention activities means they are informed by real local experience.

This is called collaborative design or ‘co-design’. It is the process of bringing together all the participants or contributors to a project or activity into the design process. This ensures the final design is not only community-led but that the outcomes meet everyone’s needs and have the highest chance of success.

Co-design also ensures the solution designed is fit-for-purpose within any project, budget or policy constraints.

Co-design can ensure an evidence-based prevention approach is tailored to meet the needs of the local community and context (for example, rural/regional areas) and to support population diversity and meet specific needs of priority groups. This might include culturally diverse communities, families/carers, victims of family violence, LGBTIQ+ or Aboriginal communities among many others. For example, if an activity is intended for men or farmers or young people, co-design means that it has been developed by those populations to make sure it is **appropriate**, **appealing** and **accessible** to them.



You can use co-design at several distinct stages in place-based suicide prevention planning and implementation. For example, the Macedon Ranges community identified a need for a support model to help people with mental illness, and so worked with people with mental illness to co-design a response. In the Great South Coast, farmers helped co-design a safety plan for farmers.



A solution might already exist, such as training, but the content needs to be made more specific for the needs of the local community. For example, gatekeeper training was co-designed for leaders in a number of culturally diverse communities in the Southern Melbourne Area, and suicide bereavement skills training was co-designed with Aboriginal communities in Gippsland. Training sessions often included co-delivery and co-facilitation with community members and people with lived experience of suicide.

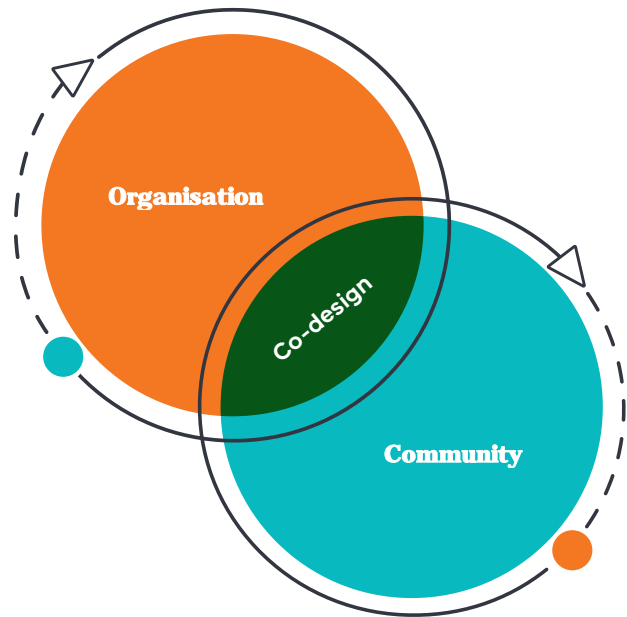


Sometimes a resource may exist, such as a community wallet card, that can be co-designed specifically for certain populations, such as men. In Mildura, development of postvention resources was guided by local people with lived experience to ensure it reflected their genuine experience. Outputs included the *Northern Mallee Suicide postvention protocol*, the *Response to suicide for sporting clubs* resource, the *Practice guide for community leaders* and media document and the police-focused *Support after traumatic loss* brochure.



People with lived experience have a critical role to play in setting up new services. In the case of new aftercare services introduced to Mildura (Hospital Outreach Post-suicidal Engagement or 'HOPE' services), local people with lived experience made important contributions to developing its operational guidelines.

### Working with community members to design suicide prevention activities



### **Good practice example: Using co-design to develop and implement suicide prevention training**

Melton and Brimbank have high Pasifika community representation among their residents. A number of barriers limit this community's access to mainstream services, which affects their ability to access timely mental health and suicide prevention support. In partnership with LivingWorks Australia, a tailored suicide prevention workshop was designed by and for the Pasifika community, supported by an advisory group made up entirely of Pasifika community members. This led to three Pasifika community members being trained as safeTALK facilitators, who are now delivering the modified workshop across the region. In prioritising the expertise of lived experience in co-design, this project was evidence-based and tailored to meet the needs of the community.



### **TIPS AND LEARNINGS**

Effective and appropriate co-design takes time and adequate resourcing for relationship development. This needs to be built into planning and project schedules.

Prioritise using co-design for priority groups that might be harder to reach or engage in suicide prevention. Engaging these groups for co-design requires relationship building and trust.

People with lived experience want to be involved in true co-design rather than only endorsing or approving activities. They want to be able to apply their experience in what works and what could be improved to design prevention approaches.

People with lived experience want to learn co-design skills to make sure they can contribute with impact to the process.

The Victorian Department of Health provides advice and resources on co-design <<https://www.vic.gov.au/co-design>>.

## **Good practice example: Using community-led approaches to build suicide prevention capacity in refugee, asylum-seeking and culturally diverse communities**

Greater Dandenong, Casey and Cardinia local government areas (LGAs) are home to a wide variety of new and emerging communities, with almost half of all young people born overseas, including refugees and people seeking asylum. Several refugee, asylum and migrant populations were identified as at-risk groups during the needs assessment phases of the Southern Melbourne Area trial site.

Better Place Australia and the Southern Migrant and Refugee Centre worked together, alongside people with lived experience, to build community suicide prevention capacity using an evidence-informed, community-led approach. They built on existing work (including recommendations from the South Sudanese Women's Initiative) to design and implement a local, community-based approach to mental health and wellbeing, to increase access to mental health services.

Activities included:

- building the advocacy and leadership skills of people with lived experience (co-designed with the Tamil community)
- developing specialised referral pathways
- enabling access to the LivingWorks training model tailored for these communities
- developing a community video series.

The training has built the capacity of designated and emerging gatekeepers in the Afghan, South Sudanese and Tamil communities to respond to individuals at risk. One outcome of this was establishing Chai Khanna – an ongoing social connection activity for Afghan men, facilitated by community.

## Good practice example: Supporting community-led responses to suicide clusters

The Crossroads to Community Wellbeing working group was set up in response to a perceived cluster of suicides among South Asian women. The group's purpose was to provide local community insights and strategic direction in investigating the emerging issue, to build relationships with culturally diverse communities and to identify and advocate for community-informed and tailored prevention and postvention responses to prevent further suicidality in these communities. The Whittlesea trial site supported the group with subject matter expertise and a secretariat.

The group requested the Coroners Court of Victoria to investigate the deaths, which found an intersecting group of risk factors (cultural background, family violence, social isolation and unmet health needs). This led the community working group to develop a media engagement framework, the Crossroads action plan and a website. The results also led to a change in use of birth country data for the Coroners Prevention Unit. Two more community projects followed, addressing social isolation and improving the mainstream community's cultural skills and knowledge.

'I commend the actions of the Crossroads to Community Wellbeing Group in promptly responding to concerns in the community and for working collaboratively to identify service gaps and subsequent prevention opportunities that would help to reduce isolation and increase access to services for South Asian women in the Whittlesea area. The Crossroads to Community Wellbeing Group is well placed to progress the necessary research and planning required to inform future work, including further inquiries into the broader issues faced by South Asian women in the City of Whittlesea that do not form part of the coronial jurisdiction.'

– *Coroner Jamieson*



## Tips for creating place-based governance and partnership

### Listening to lived experience

‘It can be difficult to be a lone lived experience member of the governance group. You feel disempowered and you are the only one representing yourself, not from an organisation.’

– *Lived experience expert, Ballarat*



Establish a local governance group to support, lead and effectively implement place-based activity in the local community.

The membership should adopt a system-wide approach beyond health and mental health. It should comprise people with lived experience and a balance between professionals, clinicians and community. As a minimum, the group should include:

- consumer/carer and lived experience involvement (several people)
- representatives from different sectors such as health, business, education and research
- government departments
- agencies responsible for broader aspects of suicide prevention that provide services under Commonwealth and state government departments, such as family and community services, police, justice, education and local councils
- representatives from community groups, agencies and higher-risk population groups
- engagement with local Aboriginal and Torres Strait Islander people and Aboriginal Community Controlled Health Services and organisations.

## What support does the governance group provide?

The group is involved in decision making at the local level, supported by the local lead agencies (for example, the PHN and local Department of Health / Families, Fairness and Housing partners).

An inclusive, adaptive and effective governance group is one that:

- provides authority and influence in the community
- actively shares information and local knowledge
- supports local community engagement and identifies priorities for funded initiatives
- contributes to local activity design and revisions
- identifies opportunities for collaboration and makes connections with other local governance groups
- responds flexibly to emerging changes in community needs
- contributes to sustainability of suicide prevention activity for the community.

Sub-groups or specialty working groups may support the group (for example, focusing on data or specific service improvements or priority populations).

‘I would say that the governance structure has worked really powerfully in our experience ... having the input from a range of stakeholders and getting those perspectives, I think has created a much better outcome.’

– *Melton Brimbank trial site*







## TIPS AND LEARNINGS

Governance mechanisms need to balance structured and 'community-friendly' approaches. Structures that are too formal or bureaucratic are a barrier to community members. Effective communication and transparent decision making strengthen community and stakeholder engagement.

Aim to recruit two or more people as lived experience representatives. It can be isolating and disempowering for lone lived experience representatives.

Community representation should reflect the diversity of the community, including priority groups.

The local governance group is critical to sustaining suicide prevention activities. This should be an ongoing agenda item.

Suicide prevention strategies for Aboriginal and Torres Strait Islander communities require genuine Aboriginal and Torres Strait Islander governance, including leadership.



## Good practice example: Governance reviews

A review of the local governance function is sometimes required to ensure the membership or terms of reference continue to be fit for purpose. Several Victorian sites undertook governance reviews, including Bass Coast / South Gippsland, Frankston-Mornington Peninsula, Latrobe Valley, Macedon Ranges and Southern Melbourne Area. Sometimes the review aligned with a sustainability focus or with the need for greater authority and influence, and sometimes with an expansion of activities into neighbouring communities.

### Macedon Ranges governance review and sustainability plan

The Macedon Ranges site invested in developing a sustainability plan to discover how the learnings and progress made through the trial could be sustained in the Macedon Ranges Shire. A series of sustainability workshops agreed to the following aspects of future governance and partnerships:

- a single governance structure (leveraging a community-led group)
- key principles for partners to work together
- roles and responsibilities of partners
- high-level outcomes and indicators
- focus and scope of activities.

The final sustainability plan also recommended enhancing connections between project progress and outcome measures. This means impact and achievements can be meaningfully communicated back to community and stakeholders, which is key to ongoing buy-in and support.

# Planning the work: working with evidence and responding to needs

## Centring lived experience



People with a lived experience of suicide have key experiences and insights that should be drawn on throughout planning (and implementing) suicide prevention activity. Planning is all about identifying local needs, and people with lived experience have firsthand knowledge of some of those needs.

## Working with evidence and data

We know the most effective suicide prevention work is tailored to local populations and circumstances. As a community, set up your own collection of responses based on your local gaps and available resources.

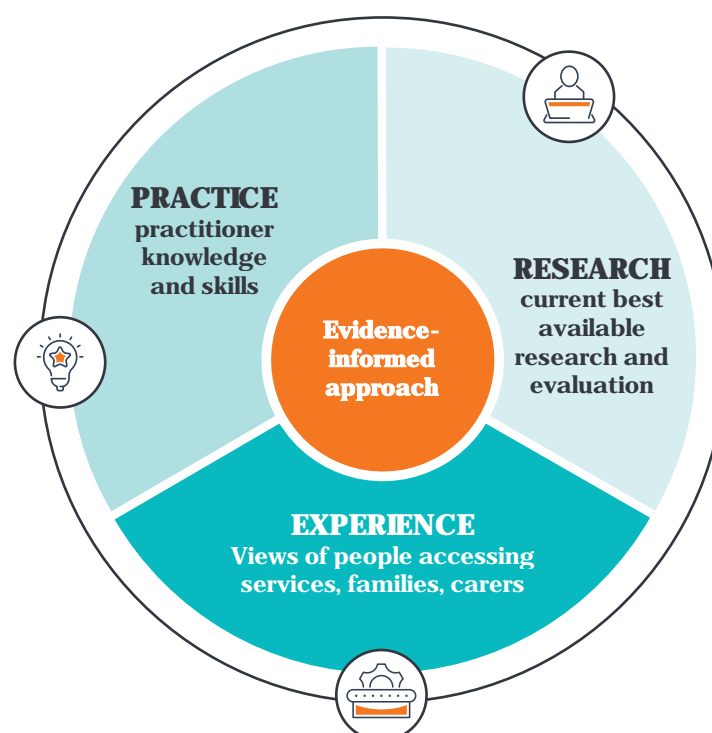
While a systems approach encourages implementing multiple activities simultaneously across the community, the choice of those activities will be based on your local community context. For example, if a community has already received a comprehensive awareness campaign or if schools have engaged in suicide prevention activities, these may not be priority activities.

Use an evidence-informed approach. Bring together existing evidence (or research), local practitioners (or service providers) and community members as three key sources of information to decide local needs and priorities (Figure 3).

A **place-based approach** to prevention recognises that the places where people live and spend their time affect their health and wellbeing. This approach sees the issue of suicide prevention from a local perspective and works with local people and the local community to address it.

Place-based suicide prevention work actively involves local people from different sectors in developing, and then implementing, local solutions.

**Figure 3: Implementing an evidence-informed approach**



Using an evidence-informed approach in this way means the community begins with a set of needs or ideas that can be road-tested and collaboratively designed by people in the community (rather than applied 'top-down').

For some suicide prevention needs and activities, the evidence may not yet be well established. And where it is available, it may not always be relevant to a particular priority population or to a particular geographic context (for example, remote communities).



## TIPS AND LEARNINGS

There might sometimes be a need to balance evidence-informed approaches with evidence-based community priorities. One example is when community members prioritise activities that do not have enough evidence to suggest they have a lot of impact on suicide attempts or deaths.

Consider holding a workshop(s) with the governance group, local partners, community and agencies to build collective knowledge and skills in working with evidence and in evidence-informed ways.

Identify or generate local evidence and data and share it with community and key partners to build a shared understanding of needs.

Plan to implement activities for which there is some evidence. Review and adapt local approaches as the lessons from evaluations become available.

## Common challenge: working with local data and local evidence

Access to timely and appropriate data is crucial to support ongoing suicide prevention planning and evaluation and to make sure local funding and resources are used according to priority needs.

You and your community may experience challenges when trying to work with local data and evidence. It can be difficult to access the local data needed to complete a comprehensive and meaningful local needs analysis. For example, in trying to understand population groups that may be at risk, sometimes the risk factors may not be available in the community demographic data (for example, numbers of people experiencing relationship breakdown or identifying as LGBTIQ+ or engaging in harmful gambling behaviours). Other times, it may be difficult to identify suicide as a cause of death, in drug and alcohol overdoses for example, or single vehicle accidents.

There is also no universal data collection on suicidal ideation in primary care settings, and it can be difficult to access timely local data on suicide attempts and deaths. This can be especially important when trying to find emerging clusters or trends.



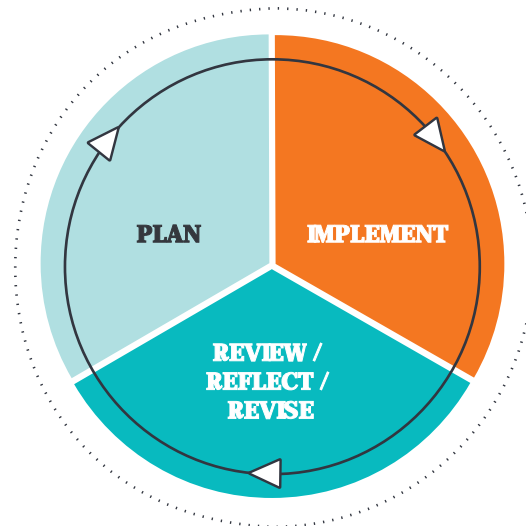
## TIPS AND LEARNINGS

It is important to invest time and resources collecting local insights through consultation and research to fill some of the data gaps for local needs assessments. For example, what are some of the local challenges for GPs in supporting people at risk of suicide? What are the local barriers to men seeking help during times of distress? What and where are the community support needs of people experiencing psychological distress to prevent escalation into crisis? Who is, and is not, accessing crisis lines? What are the support needs of people living with bereavement after suicide?

Local coordinators and governance groups should work proactively with funders, regional health system planners and local services to build local ability and know-how to be able to access local data in a timely way.

## The suicide prevention activity cycle: three key steps

**Figure 4: The three steps of the suicide prevention activity cycle**



### Step 1. Create an action plan identifying gaps, selecting priorities and developing a plan

Creating a local place-based suicide prevention plan requires broad and inclusive involvement from across the community to develop a good understanding of needs based on local data and insights.

#### 1. Collect local evidence.

- (a) Collect local suicide data.
- (b) List existing suicide prevention activities and related services (including data on who is using the services).
- (c) Work with people with lived experience, a governance group, local partners and the community to collect local insights and perspectives.

There are many ways to engage local people into planning activities such as:

- community and stakeholder consultations – community forums, service provider meetings
- mapping all the suicide prevention activities and supports and all the resources and services available
- governance forums
- collective impact workshops and strategic suicide prevention action planning.

**2. Work with local partners** including those with lived experience of suicide and the governance group to review the data on strengths and gaps in the community using the systems framework as a guide. Identify local priority groups (including issues of multiple risk factors) and prioritise activities to develop a plan.

- (a) Prioritise your strategies for initial action and investment. Focus first on those most likely to have the greatest impact such as:
- aftercare (improving the care received by people after a suicide attempt, such as through brief contacts or coordinated, assertive aftercare) and crisis care
  - psychosocial treatment / psychotherapy to reduce suicidal thoughts and behaviours
  - GP training
  - gatekeeper training.

## Quick wins

Many Victorian sites delivered gatekeeper training, media training on safe language, primary care capacity building and postvention supports as priority activities.

- (b) Develop a shared plan of local action for activities that are integrated and reinforce each other, then allocate resources. Use a combination of evidence-based (for example, their impact has been shown in research studies), evidence-informed (guided by research and insights from local community members and agencies) and innovative activities (new and to be tested).

Your annual activity plan should include:

- your current local situation (at-risk populations, current services and supports, opportunities for improvement to better meet local needs and reduce suicide rates)
- priorities for investment
- complementary areas for PHN investment (where relevant).

## Step 2. Implement a local action plan

1. **Find and commission** appropriate activities according to the action plan.
2. **Ensure activities involve contributions and/or leadership** from people with lived experience where possible.

When planning suicide prevention strategies, tailor the activities for population groups with heightened risk of suicide. Build co-design into activities where possible to ensure they meet the needs of the people they are meant to support

To increase collective impact, consider ways to coordinate and integrate community activities. For example, identify ways to encourage information sharing between providers and encourage partnerships where possible. Focus on sustainability by building activities into existing community services and structures rather than starting from the beginning.

### TIP

Research tells us that the more strategies or activities are implemented in a community, the greater the impact on reducing suicide attempts and/or suicide deaths

## Step 3. The 3 Rs: review, reflect and revise

1. **Build monitoring, evaluation and reflection** into the local suicide prevention action plan to ensure funded activities are:

- meeting their intended goals
- responding to a community need
- integrated and coordinated with other local place-based activity.

2. **Work with people with lived experience and the governance group** to review data and insights from implemented activity and identify emerging issues. Make recommendations for revisions when necessary.

## Responding to emerging needs

When thinking about suicide prevention action plans, it is important to be flexible and responsive. You will need to identify and prioritise new needs as they emerge. For example, there might be new insights from a crisis or aftercare service, or the implementation of postvention protocols after a death that may suggest a new risk factor, an emerging trend or a cluster of suicides.

Working in prevention, especially for such a complex issue as suicide, means that emerging data can lead to new opportunities as insights or connections develop.



### TIPS AND LEARNINGS

Support commissioned activities or providers to adapt in response to changing community priorities (for example, through contract flexibility).

Flexibility can include planning activities outside of the LifeSpan or other integrated model.

Review the insights emerging from local aftercare (after suicide attempts) and local postvention (after a death) activities. Bringing local workers together from respective services in a community of practice is one way to achieve this.

## Good practice example: Flexible training delivery options can respond to emerging risks

Suicide bereavement skills training in Gippsland is available through flexible delivery options including online. This allows training to respond when and where it is needed most, such as when a suicide alert or cluster occurs in a community. The training can then be targeted, with participants chosen specifically for the emerging issue in the local community – for example, participants might include psychologists, primary mental health care practitioners, alcohol and other drugs and youth workers and GPs.



## **Good practice example: Working with the Coroners Court**

Victorian sites worked with the Coroners Court to respond to emerging community needs or better understand trends.

### **Contributing local insights to the Coroners Court**

In Mildura, the court was investigating an increase in suicide deaths in a particular year and the trial site analysed local postvention activity related to the deaths. The report provided much-appreciated local and timely insights for the court and directions for the trial site to consider for future activity planning.

### **Using coronial data and local community information to guide 'suicide means restriction' opportunities**

The Southern Melbourne Area wanted to find opportunities to increase safety at known suicide hotspots. The site used information from the Casey/Cardinia coroner's report, supported by local community insights, to develop an understanding of local risk, which included rail suicides. The site worked with Lifeline's 'hotspots' project to promote help-seeking messages at those locations and identified training opportunities for Metro Trains staff.

Using an evidence-informed approach means that after identifying a priority group or a local need, sites undertake local research to better understand the issue from different perspectives to find a solution. For example:

- Macedon Ranges undertook The Human Code community research to understand masculine norms that might be preventing men from talking about distress and seeking help. The local learnings then informed several community projects such as Cut the Silence community campaign, which encourages men's conversations about mental wellbeing with local barbers (supported by messaging from high-profile Macedon Ranges men).
- In the Great South Coast, Taking the First Step community research explored risks, vulnerabilities and protective factors for suicide in men aged between 18 and 25 years. Findings from 81 young men suggest they will seek help from their partner, a friend or family member before they would contact a professional. As a result, future community campaigns will now include partners, and community training will reflect this.
- After the Vietnamese community identified some local risks in Melton-Brimbank, the site supported local community members to lead development work. The result was a Vietnamese community suicide prevention strategy that included a Vietnamese community mental health profile; online training for preventing suicide for Vietnamese people and those who work with them; and a gatekeeper training e-book resource. A key recommendation was to establish a Vietnamese Mental Health Association with strong community support and the involvement of community organisations.

## Using consumer experience, service insights and best practice data to improve care

For sites that prioritised improving emergency and follow-up care for suicidal crisis, it was important to collect the ‘consumer’ viewpoint – that is, the firsthand experience of people who had used emergency care or who had needed or received aftercare. Collecting this kind of information can be difficult when working with a vulnerable population, and sites collected these insights in different ways. For example:

- In Melton-Brimbank, a researcher reviewed the submissions to the Royal Commission into Victoria’s Mental Health System and local data from bereavement supports and postvention supports to identify care pathways and opportunities to improve the local system. Looking at client journeys found care blockages and led to developing a local suicide prevention service improvement plan.
- In Mildura, a research project used system analysis to: identify the system for emergency and follow-up care; evaluate the relationships between parts of the current system (how well they were working together); and check whether the system is delivering current best practice for clinical care and the consumer experience. This included reviewing cultural and gender-related experiences. The analysis recommended introducing an aftercare service and training for emergency department staff, both of which have been implemented.

Sometimes suicide prevention gaps identified by local advisors or leadership groups are explored, finding systems issues or blocks that can be solved by better coordination or small improvements.

- In Benalla, local community feedback suggested there was a gap in preteen intervention and prevention programs. A Preteen Taskforce was set up to investigate, finding that about 18 programs already existed within local schools. Instead, the gap was that school uptake of programs was inconsistent, and learnings were not necessarily being communicated to families.
- In Gippsland, lack of information about mental health and alcohol and other drug (AOD) supports was recognised as a local need. A project to develop resources worked with people with lived experience of suicide and 40 Gippsland-based AOD and 35 mental health services, networks, providers and health professionals. They explored the need, finding that the problem was not the lack of resources but knowledge about how and where to get them. The result was a new online mental health service directory and an updated AOD service directory.

In responding to local needs and priority groups, the 12 trial sites worked with populations in many settings. Examples include:

- business owners, farmers, men (including young men and older men separately), Aboriginal men, tradespeople, LGBTIQ+ communities, culturally diverse groups (including Afghan, Burmese, Nepali, Pasifika, Tamil, Vietnamese, South Sudanese and African communities more broadly), parents in emergency departments, police officers including gay and lesbian liaison officers, perpetrators of family violence
- schools, gaming venues, out-of-home-care settings, universities, railway stations, businesses, sporting clubs, pharmacies.

# Sustainability: keeping the momentum going

## Centring lived experience



Consider and focus on what already exists in the community. Find local lived experience advocates, especially emerging leaders, and create the supports for their participation and leadership.

A key goal of place-based suicide prevention activity is an improved support system in the local community that will prevent suicide in the long term.

Sustainability planning is therefore essential for success.

There are two key considerations for sustainability planning in place-based activity:

- Make sure suicide prevention activities are integrated into existing services and structures to make it easier for them to be continued.
- Identify and support local community-led networks and leaders to continue coordinated place-based work in the longer term.

## Good practice example: Developing principles for place-based sustainability

When considering how the place-based suicide prevention sites might continue after the end of the trial period, the 12 Victorian sites decided to develop a guide for sustainability planning. South Eastern Melbourne PHN reviewed the evidence and worked with all sites to draw on their implementation experience to develop a series of 13 guiding principles to support sustainability planning.

Learning, building with & for community	PBSPT foundations & backbone	Responding to strategy & dynamic opportunities
1 Community and sector leadership	5 Governance of the PBSPT	10 Alignment with strategic objectives of PHNs
2 Co-design and community ownership	6 Plan for sustainability from the beginning	11 Program adaption
3 Capacity building	7 Establishment model	12 Funding stability
4 Community and sector leadership	8 Trial site coordinator skill Development & retention	13 Leveraging reform
	9 Capturing evidence and sharing lessons learnt	

## Focus on the long term from the start and keep it on the agenda

Suicide prevention activities and strategies that are well integrated into the existing healthcare and support system will be more easily maintained into the future. Local coordinators need to collaborate with the governance group and other partners to develop strategies to encourage this.



### TIPS AND LEARNINGS

Think about sustainability from the start and develop a sustainability strategy. Keep it on the agenda at leadership and decision-making meetings.

Each planned activity should include a sustainability review that documents options for ongoing ownership by local partners.

Include sustainability in commissioning processes (for example, as a question for service providers to respond to) and build it into activity project plans to keep it on the agenda for contract management and implementation.

## Identify opportunities for sustainable ownership and leadership of suicide prevention

It is important to develop a long-term view of the governance and leadership of suicide prevention activity for a local community. This is because:

- The necessary community systems thinking is broader than the work of health and medical services (which are coordinated by a PHN).
- There are many complex risk factors that can increase a person's risk of suicide (including behaviours, environmental factors and psychosocial risks), which require whole-of-community thinking and action.

Consider sustainable ownership of suicide prevention by different groups that can support the work.

When thinking about the healthcare or support system, this might mean mental health planning, service provider networks or council planning.

At the community level, this might mean community action groups, such as suicide prevention networks, or mental health advocacy.

Several Victorian sites helped set up local community-led suicide prevention networks including:

- Sunraysia Mallee Community Suicide Prevention Network, which was set up by a group of lived experience advocates trained by the Mildura trial site
- a community-led network set up in Benalla to transition Connect Benalla Suicide Prevention Network's leadership and governance to work alongside the Lived Experience Action Group.

For some sites, strong local community-led networks existed, such as Chasing Change in Frankston-Mornington Peninsula or the Macedon Ranges Suicide Prevention Action Group (MRSPAG), which provided opportunities for sustainability planning after the trials ended.

Consider aligning with the strategic priorities of PHNs or other funding bodies. For example, aligning with the Mental Health, Suicide Prevention and Alcohol & Other Drugs Regional Planning led by PHNs with local hospital networks at the regional level or the new Regional Mental Health and Wellbeing Boards for planning and commissioning.

Looking to build on reform activity, such as current mental health reforms, can also provide alignment and opportunities.

### **Good practice example: Embedding suicide prevention across the PHN catchment**

Gippsland PHN was committed to expanding the reach of suicide prevention activity beyond the trial to other areas of Gippsland. Suicide is a social issue across the wider region, and many health and other organisations in the trial sites deliver services across larger parts of the region. The PHN held a series of collective impact planning sustainability workshops with partners, which explored how to prioritise suicide prevention. This resulted in the Gippsland suicide prevention framework, which identified key priority areas and goals for future work.

Part of the planning work aligned suicide prevention within broader PHN activities (for example, within emergency preparedness and response, and the Primary Mental Health Care program). Another part created a new regional governance structure by merging the two Gippsland trial site leadership groups into a new region-wide Suicide Prevention Working Group under the auspice of the Gippsland Mental Health Alliance. The local *Evaluation plan for place-based suicide prevention trials in Latrobe Valley and Bass Coast / South Gippsland* was updated with a new focus on sustainability. The planning also prioritised working with local councils across the region to formalise suicide prevention as a priority within local municipal health and wellbeing plans and developing suicide prevention collaborative action plans for LGAs.

**‘The prevention and the postvention sort of combined together and it feels like just doing that has sort of embedded it more in the PHN ... It feels now like it’s much more of what the PHN does rather than a trial. It’s owned a bit more by the PHN in that way, so I feel like that’s a big sort of forward step in heading towards sustainability.’**

**‘The trial has linked to the broader initiatives like HOPE. The PHN is an auspice for a lot of The Way Back Support Service, and they have had good connections through the regional mental health and local hospital network planning, and they have developed a document which talks about a suicide prevention network.’**

**‘LGAs could have been funded for at least two years with a place-based coordinator and support from the department’s regional staff to support building this into their municipal public health and wellbeing plans.’**



Ongoing resourcing is required for sustainability. A system-wide, coordinated, integrated approach to suicide prevention requires ongoing financial and people resourcing, especially in the form of backbone leadership and a site coordination role.

**Work with local councils, helping them to take ownership of aspects of the place-based suicide prevention planning (for example, by incorporating suicide prevention into municipal public health and wellbeing plans).**

**Explore funding models that allow the leadership of place-based suicide prevention activities to be transferred to local communities, providing those communities are ready and willing to lead.**

**Remain up to date with the changing reform landscape and be prepared to respond to opportunities in mental health and suicide prevention reforms at the state and Commonwealth levels.**



## Good practice example: Embedding suicide prevention in local council health and wellbeing planning

The trial site coordinators in Frankston-Mornington Peninsula and Southern Melbourne Area identified a strategic opportunity when local councils were preparing their four-year municipal public health and wellbeing plans. The coordinators used their existing relationships with councils to engage the Public Health and Wellbeing Planning teams to explore including suicide prevention strategies. This led to developing the *Implementing suicide prevention in public health and wellbeing planning* brief, containing a series of nine place-based suicide prevention strategies that could support council planning and broader work:

- 1 Responding to suicidality
- 2 Capacity building
- 3 Establishing and supporting community networks to advance their work
- 4 Communicating safely
- 5 Reinforcing safe spaces
- 6 Postvention coordination
- 7 Priority populations: risks and protective factors
- 8 Disaster recovery
- 9 Sustaining activities and impact.



## **Good practice example: Supporting the establishment of a community-led suicide prevention network in Benalla**

Murray PHN supported Wesley LifeForce to set up a community-led suicide prevention network in Benalla. This was to help the Connect Benalla Suicide Prevention Network become sustainable independent of the trial and to make sure the trial site's progress and achievements would continue through ongoing suicide prevention efforts in the LGA. The network aimed to build on the trial site's community development efforts and incorporate members of Connect Benalla, the newly formed Lived Experience Action Group and the Alpine Valley community leadership group. The trial site's leadership and governance were transferred to the new group, alongside planning and project partnerships. To maintain momentum with local progress and achievements, the new network was expected to:

- keep the 'Connect Benalla' brand
- work with diverse service providers
- align activity planning with the outcomes from the trial
- ensure annual planning included community feedback procedures
- ensure partnership agreements with local organisations include in-kind agreements, help and support to encourage the ongoing sustainability of the community network.

The success and outcomes of the transfer will be monitored over the first 12 months.

# Measuring progress

## Centring lived experience



People with lived experience of suicide should be central to all efforts to identify progress, success, achievements and challenges about local suicide prevention activities. Their perspectives are important for:

- determining what success looks like
- assessing local progress towards success
- making recommendations for improvements.

Partner with people with lived experience to co-design a 'success' framework together and encourage collective learning. Provide opportunities for empowerment such as co-developing stories of local success.

## Evaluating suicide prevention initiatives

### How do we know we're making a difference?

It can be difficult to make a direct connection between place-based suicide prevention activities in a community and any impact on local suicide attempts or deaths. This is partly due to the relatively rare rate of suicide in the population and the short-term nature of place-based suicide prevention sites to date (and likely time-lag in seeing effects on rates of suicide and self-harm). The challenge also lies in accessing local, timely and relevant data and in measuring the direct effects of complex systems approaches.

Instead, focus on what is likely to change in the shorter term and some of the new ways of working through a place-based approach. For example:

- increasing lived experience participation and leadership
- building local relationships and influence in the community
- promoting local ownership of suicide prevention
- using co-design to plan activities, especially for populations at higher risk
- building community confidence and skills to respond to suicidal risk.

### Examples of success measures used in Victorian place-based sites



Frequency and participation rates in community events and co-design



Interest of local partners to engage in suicide prevention and support activities (for example, community groups promoting suicide prevention training, agencies supporting the development of a local postvention protocol, multicultural community groups organising advocacy events)



Community support: online engagement, word of mouth promotion, feedback



## TIPS AND LEARNINGS

Build local skills and knowledge in evaluation – in the governance group, in the community (including people with lived experience) and in service providers.

Build evaluative thinking from the start – promote continuous improvement thinking for everyone involved, from the planning stage through to implementation and review.

Encourage shared responsibility for progress and results of suicide prevention activities. Take a shared approach to defining success (with the community and partners).

Plan for ongoing evaluation of funded activities. Share the findings and invest more in promising results.

Take a long-term view when looking for any changes to rates of suicide attempts or deaths.

Any evaluations including Aboriginal and Torres Strait Islander peoples should take into consideration culturally appropriate methods. Look for advice on best practice.<sup>1</sup>

See the discussion of challenges with suicide-related data collections for more information.

## Good practice example: Local evaluation plan for Gippsland trials

Gippsland PHN developed an evaluation plan for the Latrobe Valley and Bass Coast / South Gippsland trial sites for 2016–2022. The plan steps out the logic of the place-based prevention approach (that is, how certain activities lead to certain changes) and maps the activities against its goals. Some of the suggested success measures are:

- including suicide prevention as a priority in municipal health and wellbeing plans
- developing collaborative action plans for the two trial sites
- developing postvention response guidelines
- involving the lived experience workforce in trial site activity.

<sup>1</sup> For more information, read the National Health and Medical Research Council's Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders <<https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples>>.

### **Good practice example: Measures for building capacity in primary care**

As part of the suicide prevention strategy in Benalla, Murray PHN offered education and training to build capacity and capability for GPs. The specific changes expected through building GP skills to work alongside people at risk of suicide include:

- increased general screening for mental health problems
- improved GP awareness of symptoms and management options
- increased mental health discussions
- proactive mental health referrals for wellbeing supports
- awareness, access and use of online resources for mental health monitoring and management.

Ideally, local people with lived experience would be involved in identifying the changes and improvements they think should occur due to the training.

## **Part 2: Implementing place-based suicide prevention**



# Local coordinators and coordination

## Centring lived experience



Working with people with lived experience is a critical part of a place-based coordination role. If this is new for your organisation or role, invest in building your and your team's skills in working with and elevating lived experience contribution and leadership in suicide prevention.

A dedicated local 'coordinator' role is pivotal to successfully implementing place-based suicide prevention.

Place-based activities need to be coordinated at the local level to ensure maximum impact. The role supports the integration thinking required to maximise collective impact and keeps the focus on local outcomes and accountability.

Planning suicide prevention activities requires local resources to:

- support local governance and engage local partners
- complete a needs assessment(s) and ensure activities meet local needs and respond to local circumstances (identify and fill gaps, avoid duplication).

'The key thing is it is everybody's business but it needs someone to knock it into shape and to identify the priorities or to work with the groups to identify priorities and move the strategies forward. It's that driver role.'

– *Southern Melbourne Area trial site*



When that role is embedded in, or connected to, the local PHN, there are added benefits. PHNs have a role, connections and influence that can be leveraged with local service providers and with broader networks to 'bring people to the table' and to connect and integrate parts of the healthcare system.

PHNs are well placed to provide suicide prevention coordination by using their local leadership role to increase the profile and prioritisation of suicide prevention and bring partners together. PHNs can find and commission appropriate services and facilitate their coordination. PHNs can also promote and consolidate integration at the system level through involvement in networks, regional planning and coordinating with state suicide prevention initiatives.

Local suicide prevention coordinators offer an important 'collective backbone' role using collective impact thinking.

‘... the PHNs and site coordinators’ local knowledge, reach and substantial involvement in coordinating and maintaining collaborations across stakeholder groups is key to the success of place-based suicide prevention activity....it was ‘invaluable’ and ‘critical’ to the success of the trial.’

– *Maroondah trial site*



A coordinator provides leadership and coordination during implementation of place-based activities by:



providing local content expertise and a ‘local identity’ for suicide prevention



building local skills in evidence-based suicide prevention approaches



ongoing partner engagement, development and communications (including government at all levels)



ongoing community development, working with priority community groups



contributing to statewide ‘backbone’ activities (such as a community of practice) and continuous learnings and improvements (through statewide forums and conferences)



keeping the focus on local sustainability.

Importantly, the local coordinator maintains the shared agenda and helps integrate all the concurrent activities. That is, they create ways for different agencies and providers to meet and work together to achieve the shared suicide prevention goals for their community.

The coordinator role is important and needs multiple, varied skills. The selection of people for this role is vital. Essential attributes of successful coordinators include:

- responsiveness
- adaptability
- the ability to work with multiple partner groups (in the community and service sector) and manage competing expectations
- the ability to manage multiple concurrent projects.

They need a wide variety of skills – project planning and delivery, strategic analysis, project promotion and communications, and contract management, among others. The inclusion of people with lived experience in the trial workforce is recommended.

These extra skills may need to be developed to deliver effective place-based suicide prevention:

- working with integrated suicide prevention frameworks
- working with people with lived experience
- safe communications
- working with evidence and data
- co-design.





## TIPS AND LEARNINGS

Dedicated resources are required to deliver the local coordination and commissioning associated with place-based suicide prevention (a workforce or dedicated coordinating role as a minimum).

Develop a local workforce plan for a suicide prevention coordinator – plan for skills development, for necessary supports (for example, psychological supports and community of practice), and develop a retention strategy and succession/handover plan.

Support coordinators with a community of practice. The Victorian Community of Practice meetings brought together site coordinators and regional Department of Health representatives from all 12 sites every six weeks and were effective for sharing learnings, achievements and innovations, and for providing support. The community of practice should be expanded to include other suicide prevention initiatives – for example, HOPE and The Way Back Support Service.

With Macedon Ranges... it's one of the few trial sites where a person was actually employed by a local agency, and I just see that as a real strength.'

– *Macedon Ranges trial site*



Common challenges for suicide prevention coordinator roles included the following:

- Staff turnover occurred due to difficulties in role clarity. Coordinator roles were embedded in PHN workplace settings where, initially, primary prevention, place-based and collective impact work was not necessarily perceived as 'business as usual'. In some cases, this could lead to perceptions of isolation.
- Managing the competing demands of integrated systems work and the psychological demands of suicide prevention work can contribute to turnover. Coordinators in regional and rural areas can also be at greater risk of local familiarity with suicide events in the community. Supporting psychological wellbeing and preventing burnout is critical for workers involved in a coordinating role. Several sites provided access to support and professional supervision for coordinators and teams.

Think about where a local suicide prevention coordinator role could be located to best support all coordination and leadership tasks. Most Victorian-funded trial sites employed a coordinator within the local PHN, with one site locating the role at a community health service.

Secondments or dual placement can be good local options. One option is a full-time role working across PHN, health service, local council or other community settings.

In the context of Victorian mental health reform, there may be opportunities for suicide prevention coordinators to work with or alongside the new Regional Mental Health and Wellbeing Boards or the new Social Inclusion Action Groups (being set up in each LGA).

### **Good practice example: Coordinating postvention knowledge to drive decision making and resource allocation in the Northern Mallee (Mildura)**

A local coordinator has an important role in reviewing emerging information and coordinating a response. For example, a review of eight years of implementing the Northern Mallee Suicide Postvention Communication Protocol led to recommendations for strengthened postvention practice after local suicide deaths. This included a renewed focus on bereavement support and the prevention of future suicidal behaviours.

The updated protocol expanded its focus to the whole Sunraysia community, outlining a coordinated and effective response. The protocol improves relationships and collaboration between local agencies to minimise the risks of suicide contagion and other community impacts. The coordinator has an important role – responding to the opportunities identified through emerging trends, to strengthen local community skills and suicide system responses for both postvention and prevention.

### **Critical success factors**

The process and journey of establishing, implementing and maintaining suicide prevention activities at the community level can be slow and complex.

The trial sites identified several ‘success factors’ as critical to helping them to stay on track to deliver a longer term systems-based suicide prevention approach with many local participants and partners. For example:

- Lived experience contribution and leadership should be built early on and supported with appropriate skills development.
- The contribution of people with lived experience of suicide has the most significant impact on the outcomes of local suicide prevention activity.

When local people with lived experience contribute to your suicide prevention activity, you can be confident that prevention efforts are responding to real local needs to improve supports and that they represent local circumstances and opportunities.

People with lived experience can support, lead, boost and expand local suicide prevention work by:

- being a spokesperson or advocate – to promote the prevention activity and to normalise conversations about suicide
- reviewing materials and campaign messaging from a lived experience or consumer perspective
- making connections with people at risk and other community members with lived experience.

Personal insights and expertise from people with lived experience were considered vital to the implementation across many community sites, helping to keep the [trials] very authentic and in a compassionate space.’

– *Governance group member*



### **Good practice example: Sharing the voices of lived experience through resources**

Several trial sites supported local people with lived experience to develop community resources to share stories of hope, recovery and peer support. For example:

- a farming calendar with local stories of help-seeking developed by Gippsland farmers
- the Chasing Change community suicide prevention network website in Frankston-Mornington Peninsula
- Cut the Silence men's conversations in barber shops in Macedon Ranges
- the Stories Are Strong resource campaign in Gippsland
- a stories of recovery publication in Ballarat and the Great South Coast
- the Sock it to Suicide prevention campaign
- the Magic Five rural and regional LGBTIQ+ lived experiences in Bass Coast / South Gippsland
- Around the Table lived experience peer support videos in Gippsland
- the Art Bombing for Better Mental Health art campaign across Brimbank-Melton and Macedon Ranges supporting lived experience artists to share stories of hope and recovery through art, connecting people with lifesaving resources
- stories of recovery from the Aboriginal community in Ballarat and Great South Coast (although this did not progress to completion).

### **Good practice example: Macedon Ranges Suicide Prevention Action Group (MRSPAG)**

MRSPAG is a community-led group with members with lived experience of suicide, representatives from local service providers and volunteers who work together to prevent suicide in the Macedon Ranges. North Western Melbourne PHN, through Macedon Ranges Health, engaged with MRSPAG from the planning and establishment phase of the trial site. MRSPAG members made important and ongoing contributions not only to trial site governance but to working groups and activities for the duration of the trial. Leadership and coordination of trial site activities has been handed over the MRSPAG to consolidate progress and achievements.

### **Building in realistic timelines for comprehensive systems work**

Community-led and place-based suicide prevention is long-term work. Long-term strategies are necessary for system-level change, and time is needed for working on the different elements of an integrated approach. It takes time to build the relationships and partnerships needed to develop a shared agenda for change.



## TIPS AND LEARNINGS

Allow for realistic timelines and flexibility in project planning. Provide plenty of time for building trust and relationships with partners, with people with lived experience and with the community.

Meaningful co-design takes time. Time and resources are needed to work with local population groups at greater risk of suicide to develop suitable local approaches.

### Planning for adaptability and resilience

Prevention priorities can change for several reasons.

A project or activity may not be achieving its initial goals. People with lived experience may suggest changes or a new direction. A suicide cluster or trend may appear locally, or a natural emergency or social event may create some new urgency. New data or understandings may suggest new gaps or perspectives. An activity might need changes to become more sustainable.

Place-based suicide prevention sites need to be flexible enough to respond to changing priorities and new needs (within reason), and planned activities should be adaptable. This may result in changing the detail of activities or redesigning the solution beyond the original plan.



## TIPS AND LEARNINGS

Build flexible methods into planning, operations and decision-making processes. For example, bring together governance or advisory groups outside of their usual schedule to review and respond to emerging issues.

Collect and regularly reflect on local data and insights. Use lived experience perspectives on emerging or changing priorities.

Create consultation and co-design processes to explore emerging issues. This can include fast-tracked commissioning of research or rapid scanning activity.

Use 'action research' approaches to monitor and evaluate project activities that can review, recommend and revise the approach.

Remain aware of any changing language and scope of suicide prevention reforms.

## Collective backbone

The Victorian statewide Department of Health executive and suicide prevention team supported the suicide prevention trial sites with a 'collective backbone' role. The backbone supports included:

- a statewide steering committee to provide shared leadership, with membership from Department of Health and PHN executives
- developing operational guidelines, a common state agenda supported by shared measures
- system connections and alignment with broader statewide activity
- central support and coordination, including statewide communications, state-level data leadership, statewide lived experience supports, engagement of statewide stakeholders and subject matter forums.

The collective backbone function was a key contributor to the trials' success, at both the site and statewide levels.

## Using evidence-informed resources

Resources for effective approaches and programs for suicide prevention in Australia are available. Be guided by evidence-informed resources and strategies. For example, refer to:

- Black Dog Institute <<https://www.blackdoginstitute.org.au/>>
- Suicide Prevention and Response Office Victoria
- Suicide Prevention Australia <<https://www.suicidepreventionaust.org/>>.

New evidence continues to emerge. This may include effective activities and programs for populations at higher risk and in rural/regional contexts. You should familiarise yourself with trusted sources of up-to-date information such as those above.

## Common challenges

The progress towards an improved suicide prevention system, including confidence, skills and attitudes, varied across the 12 trial sites over the course of five years. During this time there were common experiences of barriers to delivery and implementation success.

Some of the challenges relate to place-based work being new, creating the need for new ways of working. One example was working with partners outside the traditional health system or with those who not do not usually work together.

Using collaborative design methods and working with people with lived experience can be new. Working with community members and using community development principles can require shared control over decision making. Sometimes this can require balancing competing interests.

Working in suicide prevention also means sometimes working with little data or needing to respond quickly to emerging issues.

Some of the challenges are linked to the complexity of suicide and the many risk and protective factors involved.

Thinking through ways to improve the community response to suicide risk can bring you into contact with some of the challenges facing the health system more broadly. This might be lack of integration among services, including data, or lack of holistic approaches to understanding and supporting wellbeing.

## **Engaging meaningfully with local people with lived experience of suicide**

### **Listening to people with lived experience about their experience of trial site participation**

'Some sites struggled to engage people with lived experience, and lived experience advocates expressed mixed views about their involvement [with the trial sites], with some feeling very valued, heard and supported while others did not.'

'I think the contribution of people with lived experience was a mixed bag in that the opportunities to engage were there but sometimes they were welcome and sometimes they were not ... depending on how the meeting was structured whether or not they could contribute fully as equal partners ... sometimes I felt they were just there as tokens but other times I thought they were really engaged.'

In the first few years of implementation:

- several sites had difficulty finding people with lived experience to contribute, or supporting them well enough to stay involved over time
- people with lived experience had a mixed experience of involvement in suicide prevention decision making, advisory roles or activity design in terms of the value of contribution they could make.

People with lived experience should feel their voice is heard and respected, that they are supported to contribute to local prevention activity in meaningful ways (for example, to avoid being 'tokenistic') and to be confident that their wellbeing will be supported.

Unfortunately, the experience of power imbalances between 'community' and 'professionals' still exists in certain situations. People with lived experience can feel dismissed or excluded in groups such as governance or leadership groups.

People may need to be supported to overcome barriers to taking part, including building skills for sharing and advocacy through leadership training, or through being reimbursed for their time and expertise. Wellbeing safeguards are needed to minimise the risks of people feeling unsafe or burnt out.

[Read more about the meaningful engagement of people with lived experience of suicide](#)

### **Structure and effectiveness of local governance**

Governance or decision-making structures varied for each community, depending on the size and complexity of the local sector and the organisations available, and the preferences of co-commissioning agencies (for example, PHNs and the Departments of Health and of Families, Fairness and Housing). Membership also varied depending on the use of community development principles (which would focus more community groups), local interest and long-term availability for taking part in the trial.

Coordinators situated within PHNs did not always have the influence needed to bring all the relevant partners needed to inject system-level change into the conversation. This meant that sometimes key government agencies and departments were missing or under-engaged.

For other communities, governance structures included diverse community representatives who could work collaboratively for action and progress towards their local system improvements goals.



The experience of governance for participants was mixed across sites, with differences in experience of efficiency and inclusiveness. Some challenges included:

- complicated or ‘top heavy’ structures, with not enough community members involved
- not the right ‘mix’ of representation at the table (for example, key health system providers missing or lack of representation from local priority groups)
- lack of clarity in the roles and responsibilities of member organisations
- an over-emphasis on the priorities of individual organisational members rather than community outcomes.

## Hearing from local governance group members

‘I think we’d probably be further forward if the role of partners within the trial site was much clearer at the start. What do they take on responsibility for within their organisations?’

‘The governance structures established have stretched a finite suicide prevention resource pool and depleted established structures that were vibrant, active and working hard in the suicide prevention arena prior to us becoming a trial site.’

‘There’s so many competing demands at the moment across our primary care sector ... whether it be COVID ... or other training providers targeting that particular workforce.’

– *Latrobe Valley trial site*



## TIPS AND LEARNINGS

Build local skills in best practice governance techniques. Consider ways to achieve inclusive governance that represents the community it seeks to serve.

Complete governance reviews as needed to make sure the approach continues to be inclusive, adaptive and effective.

Consider ways, in the face of uncertainty and complexity, to maintain a well-functioning and adaptive governance system. Adaptive governance can respond to changing knowledge, priorities and expertise and includes resilience strategies for when there is turnover. This might include regular reviews of process, membership, terms of reference and impact.

## Engaging local partners and priority populations

Engaging the local participants and priority groups needed to progress suicide prevention work can be a challenge. This might include services such as hospitals or residential aged care facilities, or business, education, media and community groups.

In some cases, local participants can be unavailable due to lack of time and other commitments. In other cases, there might have been competing sector priorities, lack of local agency cooperation or conflicting opinions on suicide prevention priorities.

Partnering with the local general practice sector on education and training can also be challenging. GPs and general practice are limited in the ways they can take part in community-



based activity due to the demands of their business models, which have experienced added strain since the pandemic. PHNs will need to continue to think through strategies that are appropriate and effective for working with this sector.

Continuing to find ways to strengthen participation and collaboration with local contributors is a key priority for future suicide prevention work.



## TIPS AND LEARNINGS

Build local skills in community engagement (mapping, skills, time) or consider partnering with community engagement experts.

Ensure priority community populations are thoughtfully represented in local mapping and engagement frameworks. Co-design the planned engagement strategies with the local advisory group.

Plan enough time for local relationship building. Keep the engagement plan as a standing agenda item for the leadership group.

Consider some preliminary research with groups or sectors to work out the appropriate engagement or collaboration approach. For example, the Ballarat and Great South Coast sites undertook needs assessments for their general practice sectors to identify their preferences so they could develop tailored supports.

Working with the local community and engaging people from priority populations takes time, skills and resources. This is especially important for populations that may be harder to reach.

These may include people who may not want to disclose their risks, such as experiences of suicidality or people with substance misuse or people who identify as LGBTIQ+. For example, some sites experienced challenges to meaningful engagement of local Aboriginal communities or community-controlled health organisations into systems-based prevention.

The local governance group and any advisory groups should have representative membership who can facilitate some of these connections and develop appropriate strategies to build relationships.

## Staff turnover: supporting staff wellbeing and retention

Working in suicide prevention can be both highly rewarding and emotionally demanding. Without adequate supports, long-term work can lead to burnout and staff turnover. Several trial sites experienced vacancies in the suicide prevention coordinator role.

Consider the best ways of supporting the emotional wellbeing of everyone working in place-based suicide prevention.



## TIPS AND LEARNINGS

Ensure coordinator positions have defined roles and responsibilities, appropriate supports and access to professional development.

Provide psychological safety training to build skills in workforce resilience and preventing burnout.

Minimise short-term funding of roles, which can lead to high staff turnover and implementation delays.

# Commissioning

## Centring lived experience



Include people with lived experience in the commissioning process wherever possible. For example, you might consider co-designing the tender specifications for suicide prevention activities with lived experience experts. As a minimum, people with lived experience should be included in the tender evaluation panels for purchase of suicide prevention activities.

Commissioning is the process of purchasing services that meet the needs of the local community. It is an ongoing process that involves implementing activities/services based on an assessment of needs, planning, co-design, purchasing, monitoring and reviewing (Figure 5).

**Figure 5: The process of commissioning**



Developing a commissioning framework can be useful for place-based suicide prevention sites. It maps out the processes, relationships and decision making between:

- identifying local prevention needs
- designing the solution (including collaborative design)
- purchasing and implementing the solution
- reviewing the progress.

This can be linked to a local collective impact framework that describes the shared improvements or change the community is working towards. Funded agencies can use this to encourage partnership, cooperation and integration. This will strengthen the collective impact of their work.

### **Good practice example: Gippsland PHN place- based suicide prevention commissioning framework**

Gippsland PHN developed a framework to guide the commissioning activities for the Bass Coast / South Gippsland and Latrobe Valley trial sites. The framework steps out the process for building evidence, developing solutions and leadership approval required for all suicide prevention activities to be purchased. For example, suicide prevention priorities for the Gippsland sites are informed by local data and research, listening to community including people with lived experience, and advice and review by local advisory groups. The activity is then reviewed by Gippsland PHN for approval before the purchasing process begins through tenders or proposal requests.

Once leadership approves an annual activity plan, which identifies the local priorities for investment based on the current situation, the site can progress to purchasing the agreed activities.

### **Advice for community groups or agencies considering applying for suicide prevention activity funding**

If you will be taking part in a tender or commissioning process with the local PHN, familiarise yourselves with their commissioning strategies and processes, which are available on their websites. The process is competitive and occurs in cycles. Applications will require data and evidence, the proposal of a model (that has ideally been co-designed with the population it is for) and will be reviewed through an evaluation process and panel.

The focus for commissioned activity should be on building local skills, confidence and improving the existing system (not developing new services).

Funders and commissioners should also look at regional integration and co-funding whenever possible. This may be through, for example, partnerships between neighbouring PHNs, the PHN and state government or local council.

Consider opportunities for complementary areas for PHN investment whenever possible. For example, link to general practice or workforce development and bring suicide prevention activities into existing services and structures for sustainability.

Use co-design whenever possible. For each priority area, use collaborative processes with community / lived experience / clinicians / agencies to ensure the suggested activity is designed in a way that will meet the real needs in your local community.

Other tips include the following:

- If commissioning 'ready-made' activities such as training, co-design to ensure the content is meeting the needs of your local priority group.
- Embed co-design into contracts wherever relevant. For example, ask providers to show how the activities they are providing have been guided by the needs of the people who will be taking part.
- Encourage local partnerships and ownership of activity through the design phase or embed them in provider contracts.
- Build integration with other local suicide prevention activities into tender specification and contracts to increase regional effectiveness.

## Hearing from Primary Health Networks

'I think we struggled in how to approach this work in the very beginning because it wasn't seen as necessarily congruent with our commissioning profile ... but after the upfront community development backbone work that took a couple of years, when we did commission services, the approach is a lot more nuanced and understands the need, and you can then work with the provider to shape what it is they're delivering on the ground.'

'There are so many policies and directions that have been overlapping, I feel we have already embedded a lot of that work within our larger contracts – whether that is needing to identify and work with hard-to-reach groups, having a quick response suicide prevention service, having collaboratives which are working together, utilising current and up-to-date data to activate quick responses within community as needed.'

Place-based governance groups expressed concern with lengthy commissioning, procurement and probity processes. These could last six to 12 months and were seen as a barrier to responding to local needs and maintaining stakeholder engagement over such a long time. This was particularly important when responding to community concern over numbers of suicides and associated risk factors.



## TIPS AND LEARNINGS

Place-based community development work is sometimes more agile than healthcare funders' or commissioners' timelines. Communities and suicide prevention partners need to be educated about the realities of commissioning timelines. Simultaneously, commissioners might identify more responsive procurement models to increase turnover speed.

Short-to-medium funding periods can be a barrier to implementing a comprehensive suite of integrated activity. They can also be a deterrent to setting up new supports for vulnerable groups, such as aftercare services or other supports, if these will be de-funded after a limited period.

Place-based suicide prevention activity can be quite innovative and locally specific. The market of providers available to deliver certain activities may be small or non-existent, causing procurement delays.

## **Working collaboratively through funding**

The place-based suicide prevention trials were delivered as a partnership between the Victorian Department of Health and the Commonwealth-funded PHNs. This partnership was implemented through shared funding and operational structures.

Shared funding is encouraged for place-based prevention work because it contributes to local ownership and sustainability, building local partnerships and shared goals.

Individual suicide prevention activities can be co-funded by multiple agencies, or the broader place-based community work can be supported through shared investments.

Other potential benefits of co-funding can include:

- extending the potential reach of the work across the community
- reducing silos and encouraging integration among providers – for example, delivering activities together
- links to general practice or the broader mental health service system, or to workforce development supports
- supporting a new way of working that may encourage future place-based or prevention partnerships.

## **Good practice example: Shared funding of Sons of the West in the North**

Sons of the West in the North (SOTWIN) is a 10-week health and wellbeing education and exercise program aimed at men who may have, or may be at risk of developing, mental health issues due to social marginalisation, isolation, stress or physical health conditions. SOTWIN was delivered in Whittlesea by the Western Bulldogs Community Foundation, based on the success of the Sons of the West program. A major achievement in this work's sustainability was an agreement that each stakeholder organisation (DPV Health, Whittlesea Council and Neami National) would each contribute funding of up to \$10,000 per program.

## Scaling activities

Some suicide prevention activities that are part of an integrated systems approach can be scaled up when effective – that is, rolled out to other settings or populations, or across the community.

### Examples of quick wins for scaling activities



Community training such as mental health first aid (MHFA) or Applied Suicide Intervention Skills Training (ASIST)



Clinicians training such as Collaborative Assessment and Management of Suicidality (CAMS)



Lived experience skills building workshops



Primary care skills training



Support after suicide bereavement supports



Safe suicide communications training



Various school-based programs

For example, Murray PHN made CAMS training available to all mental health practitioners across its catchment, with 185 practitioners immediately completing the course.

The success of the Constant Companion resource wallet cards in the Frankston-Mornington Peninsula site led to its replication for multiple suicide prevention activities and other LGAs within the South Eastern Melbourne PHN catchment.

Likewise, the success of postvention resource kits at some sites led to their replication for other LGAs around the trial site catchments.

Other suicide prevention activities, especially the community-led local projects that sometimes respond to very specific local needs, can be more difficult to reproduce for scaling.

## Which activities can be scaled?

When thinking about which activities to scale, consider the investment and resources that might be required for scaling. For example:



local ownership of the activity



lived experience contribution



time



funding



local stakeholder and partner interest



relationships or partnerships



training



ease of implementation

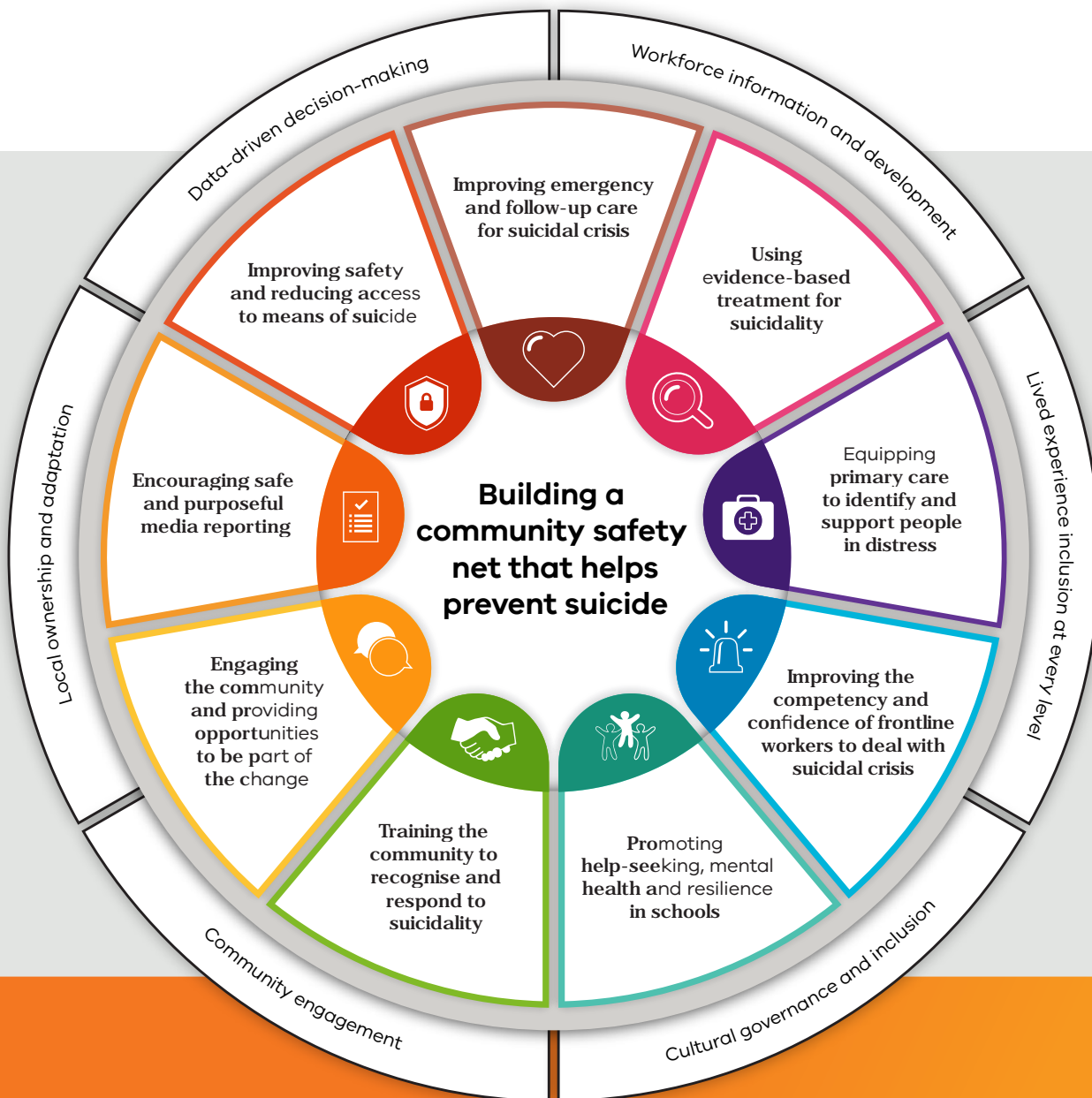


governance

**Examples of scaled trial site activities include the following:**

- ✓ The THRIVE positive psychology framework delivered in schools in the Frankston-Mornington Peninsula area was adapted for sporting clubs.
- ✓ Various training programs to build community skills in identifying and responding to suicide risk have been rolled out across entire catchments, or for specific communities such as culturally diverse, Aboriginal and Torres Strait Islander and LGBTIQ+ people.
- ✓ The lived experience peer workforce set up in Bass Coast / South Gippsland and Latrobe Valley was rolled out across Gippsland.
- ✓ Bereavement counselling skills training was rolled out to other LGAs in Gippsland.
- ✓ Hope Assistance Local Tradies (HALT) awareness-raising events for tradespeople were scaled to pilot HALT-friendly general practice clinics that have been trained to support men's mental health.
- ✓ The Sons of the West health and wellbeing education program for men at risk was scaled to become Sons of the West in the North and Sons of the West in the East.





## Examples of suicide prevention activities

There are many activities and suicide support services across the prevention-aftercare-postvention continuum. Some of these will be for individual supports, some for community-based activity, and some for system integration activities (for example, referral pathways or coordination). The following is a list of activities undertaken by the 12 Victorian place-based suicide prevention trial sites between 2017 and 2022. The activities are arranged by LifeSpan category, postvention or other.

## LifeSpan strategy

Equipping primary care to identify and support people in distress



### Activities undertaken by Victorian place-based suicide prevention trials

#### General Practice training:

Primary care and whole-of-practice training in suicide risk identification and response

GP training on borderline personality disorder and chronic suicide risk

#### Local, culturally-sensitive suicide prevention training for GPs:

Suicide bereavement skills

LGBTIQ+ affirmative practice

#### Resources and capacity building:

Development of a localised suicide prevention health pathway providing clinicians with evidence-based patient assessment, management and referral information

General practice needs assessment for improving capacity to work with people at risk

Suicide prevention intensive quality improvement in general practice (workshops and professional development)

General practice grants program for LGBTIQ+ training and whole-of-practice suicide prevention quality improvement

Resources for health professionals to promote local services and supports including an online service navigation platform and a suicide prevention and AOD resources website

Video for GPs about addressing the needs of young people

Exploring options with general practice software to help identify patients who might be at higher risk of psychological distress

HALT-friendly clinics with a GP or psychologist specialising in men's mental health

## LifeSpan strategy

Improving the competency and confidence of frontline workers to deal with a suicidal crisis



### Activities undertaken by Victorian place-based suicide prevention trials

Gatekeeper training for first responders

Supporting local police to become ASIST training facilitators

Engaging frontline workers including police through advisory groups and exploring collaboration (especially with the Positive Policing Unit and the Multicultural Unit)

Attendance at Victoria Police Critical Response Team meetings

## LifeSpan strategy

Promoting help-seeking, mental health and resilience in schools



### Activities undertaken by Victorian place-based suicide prevention trials

Ongoing mapping of existing suicide prevention activity in local schools and identifying gaps to inform targeted training needs

MHFA: Teen and Youth Course

Teen MHFA train-the-trainer program for secondary schools

Youth Live4Life peer mentoring model

THRIVE positive psychology framework for schools

Department of Families, Fairness and Housing collaboration to support schools in response to distress experienced by South Sudanese youth

Links between the south-eastern Melbourne HALT worker and TAFEs

Dream Big Program – art-based performance workshops to explore and develop resilience and inclusion

## LifeSpan strategy

Training the community to recognise and respond to suicidality



### Activities undertaken by Victorian place-based suicide prevention trials

**Gatekeeper training packages – suites of training programs for emerging gatekeepers, frontline workers and community members.**

**Examples include:**

MHFA (including Teen and Youth)

LivingWorks suite of training: ASIST; LivingWorks START; safeTALK

Question, Persuade, Refer (QPR) training (brief online training; for example, delivered to priority workplaces)

Managing for Team Wellbeing (Black Dog Institute)

R U OK

Well Together (Wellways)

Community response to suicide, CORES (Wellways)

Accidental Counsellor training

LifeConnect suicide prevention training

**Training was often developed and delivered in collaboration with people with a lived experience of suicide.**

Culturally-specific training for community gatekeepers including Afghan, Nepali, Pasifika, South Sudanese and broader African, Tamil and Vietnamese communities

Deadly Thinking and cultural safety training for Aboriginal communities

LGBTIQ+ communities

**Building local community capacity by funding community members to be trained as:**

MHFA instructors

Teen and youth MHFA instructors

safeTALK instructors

ASIST facilitators

**Targeted gatekeeper training was delivered to:**

Teachers, clergy, hairdressers, sporting clubs, the Department of Justice's Sexual Assault and Domestic Violence Unit, local councils, pharmacists, employment agencies, volunteers, men's sheds, Victoria Police (including gay and lesbian liaison officers)

MHFA training to local sporting clubs (delivered Richmond Football Club)

Managing for Team Wellbeing to local service providers and councils

Sport and Life Training (SALT) sports club training

### Training partnerships

Safety net strengthening in gaming venues (safeTALK suicide awareness training, problem gambling counsellors receiving ASIST training)

Suicide prevention capacity building for university students (safeTALK training was embedded into the Bachelor of Nursing curriculum at Victoria University)

Capacity building for university workforce (safeTALK train-the-trainer; ASIST train-the-trainer; QPR online; safeTALK training programs; safeTALK and ASIST participation take-home kits)



### Activities undertaken by Victorian place-based suicide prevention trials

Capacity building and advocacy workshops for people with lived experience to support contributions and establish action groups

Capacity building workshop to train community and health professionals to work with people who have a lived experience of suicide

Establishing a local lived experience peer workforce, supported with capacity building; partnering with lived experience advisors and action groups; developing a lived experience engagement and integration plan

Lived experience advisors set up an autonomous Community Suicide Prevention Network – 0.4 FTE was dedicated to lived experience engagement, partnership and the network

Resource development for lived experience recovery stories and peer support – podcasts, video series, website, booklets, other publications

Lived experience suicide prevention campaign Sock it to Suicide, with local activities and media

Cut the Silence community campaign to encourage men's conversations in barbershops

Peer support and navigation (creating the Community Welcome program and a 'welcome policy' for businesses and community organisations)

Client experience journey map of local suicide prevention services, leading to a localised suicide prevention service improvement plan

Wesley LifeForce set up local Community-Led Suicide Prevention Networks

Strategic collaboration with local councils to embed suicide prevention into four-year municipal public health and wellbeing plans

A community support model for people living with mental illness, co-designed by 30 people with lived experience, to prevent escalation of psychological distress

The Human Code – phase 1 explored male attitudes and behaviours to mental health and help-seeking and phase 2 co-designed community activities for healthier masculine norms

Engaging men across the lifespan: HALT breakfasts for tradespeople; engaging neighbourhood houses and men's sheds; HALT-friendly general practice; QR code stickers linking to resources

Men's health and wellbeing – welfare and education programs for men aged 34 to 55 by Outside the Locker Room

Young men's suicide prevention research (Taking the First Step) explored attitudes and help-seeking behaviours in men

Farmer health and wellbeing – working group and literature review informed co-design of farming-focused safety plan development and training

Men's health lunches

SOTWIN delivered a 10-week health and wellbeing education and exercise program for men who may have, or may be at risk of developing, mental health issues due to social marginalisation, isolation, stress or physical health conditions

Yarning Circle groups to build mental health literacy among Aboriginal young people, especially men

Women's Spirit delivered multi-week psychoeducation, fitness and social connection program for socioeconomically disadvantaged women presenting with risk factors linked to suicide

Women's health and wellbeing projects providing psychoeducation for women either 15–25 years or 26+ years, to reduce the incidence of repeated acts of self-harm

Regional suicide prevention and AOD resources website

Local community wallet resource cards including 'Constant Companion' cards with tips on discussing wellbeing with a GP; co-design of 'male' wallet card by lived experience advisors

## LifeSpan strategy

Engaging the community and providing opportunities to be part of the change



Co-design of regional mental health and suicide prevention resources (*Guide to promoting mental health services in our community*) in partnership with council

Collaboration with Cinespace in Smartphone Stories video project documenting community-led suicide prevention

Development of a parent support kit for parents of people presenting to emergency departments

Suicide prevention capacity-building project for refugees, people seeking asylum and culturally diverse communities (included lived experience engagement, referral pathways, LivingWorks training, community video)

Collaboration with South East Melbourne Aboriginal Suicide Prevention & Healing Network (SEMASPAHN), including support for: social connection for Elders through technology; engaging young people through skateboarding; welfare and education programs in local gathering places

Social media campaign for young people in out-of-home-care on coping with the pandemic; dissemination of resources to encourage help-seeking

Connection with local LGBTIQ+ groups and services

Engaging sporting clubs for suicide prevention through the THRIVE positive psychology framework and the *Mentally active sports* suicide prevention and mental health promotion activities, with workshops, wellbeing surveys, health and wellbeing groups

Providing advice for developing statewide family violence perpetrator-focused practice guidelines based on analyses of local postvention data (for interactions with police/justice system and/or family violence services)

Crossroads to Community Wellbeing working group responded to a perceived cluster of suicides of South Asian women, worked with the Coroners Court of Victoria and developed the Crossroads action plan, including a media engagement framework and website

Vietnamese suicide prevention project developed a Vietnamese community mental health profile and strategy plan

Burmese Community Action Working Group – Chin community mental health support community workshops

Engagement of high-risk community groups through a community forum led to adapting MHFA in African communities, festivals for health living and the Dream Big project for R U OK Day

‘Connected Mobs’ suicide prevention in the Aboriginal and Torres Strait Islander community delivered by the Aboriginal Wellness Foundation – included community-led forums, a co-design workshop, capacity building, a community event and culturally safe service mapping

Roads to Driving project addressed social isolation in the local South Asian community

Attendance at community events, including culturally-specific events

Supporting local community events to reduce the stigma of suicide, such as suicide prevention walks and remembrance events

Annual community event, Ripple Effect, at the local train station to encourage service access and to support awareness

World Suicide Prevention Day advocacy for community suicide response training to become Crisis Heroes



### LifeSpan strategy

Encouraging safe and purposeful media reporting



#### Activities undertaken by Victorian place-based suicide prevention trials

Mindframe and Mindframe Plus training on safe communications about suicide

Ongoing promotion of safe language about suicide; monitoring local media and building capacity as needed, including education to journalists; developing partnerships for purposeful story production

Media and communications to promote help seeking and reduce stigma (including lived experience stories, local social media campaigns and activities, commissioned service provider media and communication)

Producing a 'practice guide' for community leaders and media to prevent the social transmission of suicidal behaviours

Beyond 'Mindframe awareness' – working with journalists to encourage them to self-identify as community leaders in the suicide prevention system

### LifeSpan strategy

Improving safety and reducing access to means of suicide



#### Activities undertaken by Victorian place-based suicide prevention trials

Improving safety in high-risk rail areas – supporting Lifeline's 'hotspots' project, working with TrackSAFE to identify 'hotspots' and promoting help-seeking messages at locations

Using coronial data reports and local community information to guide means restriction opportunities

### LifeSpan strategy

Improving emergency and follow-up care for suicidal crisis



#### Activities undertaken by Victorian place-based suicide prevention trials

Collaborating with tertiary services to improve access and quality of high-acuity emergency care through developing formal protocols and integrated care pathways

Providing advice and co-designing initiatives for a Zero Suicide Strategy at the local hospital service

Aftercare research – system analysis on 'Improving emergency and follow-up care for suicidal people', resulting in advocacy for assertive outreach post-suicidal crisis

Supporting the establishment and integration of new aftercare services The Way Back Support Service and HOPE – this included co-designing the local operational guidelines with lived experience advisors

### LifeSpan strategy

Using evidence-based treatment for suicidality



#### Activities undertaken by Victorian place-based suicide prevention trials

Delivery of CAMS clinician training for PHN-commissioned services and other mental health practitioners and contributing to a CAMS evaluation for Australian contexts

Suicide Risk Assessment and Management in Emergency Department Setting (SRAM-ED) training delivered to regional emergency department staff

Delivery of borderline personality disorder intensive training to psychologists and other mental health professionals

Identifying communication pathways for disseminating evidence-based practice, including to tertiary providers on request

Promoting the stepped care model of mental health treatment

# Examples of non-LifeSpan suicide prevention activity

## Postvention

### Activities undertaken by Victorian place-based suicide prevention trials

Development or strengthening of postvention protocol and/or local postvention coordination – for example:

- Suicide and Sudden Death Response Protocol
- Youth Suicide Communication Protocol

Postvention resources and resource kit for people bereaved by suicide or sudden loss, such *Response to suicide for sporting clubs*, *Practice guide for community leaders and media*, a police-focused *Support after traumatic loss* brochure (co-designed by lived experience advisors)

Strengthening Support After Suicide – bereavement counselling and referral service, including bereavement support group facilitation

Suicide bereavement skills training workshops, including Aboriginal suicide bereavement skills training, which was co-designed and co-facilitated

Exploring bereavement support for children, including peer support

Analysis of local postvention data to investigate elevated suicide deaths shared with the Coroners Court

## Other

### Activities undertaken by Victorian place-based suicide prevention trials

Working with local service providers to enhance data quality and availability

Reviewing place-based governance structures; merging place-based advisory groups; expanding to a region-wide Suicide Prevention Working Group

Developing local outcomes frameworks

Collective impact planning and framework – action planning resources to support workplaces and community groups to embed suicide prevention

Developing a region- or PHN-wide suicide prevention framework with key priority areas and indicators

Developing sustainability principles for place-based suicide prevention trials

Sustainability workshops and plans

Place-based findings and recommendations report summarising all trial site activities



## **Part 3: Trial site snapshots**



# Ballarat

This snapshot provides a summary of the implementation, activities and impact in the Ballarat site from 2017 to 2022.

Component	Details
Demographic description	Regional city in western Victoria
	LGA: City of Ballarat
	Traditional lands of the Wadawurrung and Dja Dja Wurrung people
	Estimated resident population: 113,183; Indigenous population: 1,370
	Land area: 739 km <sup>2</sup>
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• Western Victoria Primary Health Network</li> </ul> <p>PBSPT Trial Leadership Group included:</p> <ul style="list-style-type: none"> <li>• Ballarat Community Health</li> <li>• Ballarat Health Services</li> <li>• Centacare Ballarat</li> <li>• City of Ballarat</li> <li>• headspace Ballarat</li> <li>• St John of God Community Outreach</li> <li>• lived experience representatives</li> </ul>
Engagement of people with lived experience of suicidality or bereavement	<ul style="list-style-type: none"> <li>• 2 lived experience advocates contributed to trial site governance (governance group and leadership group)</li> <li>• 9 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</li> </ul>



**“The contribution of people with lived experience has been fundamental to providing a lens that people can learn from.”**

Component	Details
Local partnerships	<p>In 2021 the Ballarat PBSPT site had 16 active partners including:</p> <ul style="list-style-type: none"> <li>• 2 lived experience advocates</li> <li>• 4 priority group representatives</li> </ul> <p>Statewide partners:</p> <ul style="list-style-type: none"> <li>• Ambulance Victoria</li> <li>• Federation University School of Nursing</li> <li>• Lifeline Australia</li> <li>• Victoria Police</li> <li>• Wellways</li> </ul> <p>7 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Ballarat Community Health</li> <li>• Brophy Family and Youth Services</li> <li>• Larter Consulting</li> <li>• Lifeline Ballarat</li> <li>• Ludowyk Evaluation</li> <li>• Outside the Locker Room</li> <li>• Wellways</li> </ul>
Priority populations	<ul style="list-style-type: none"> <li>• General community</li> <li>• Men across the lifespan</li> <li>• Gatekeepers likely to encounter people in distress (including general practice)</li> </ul>



**“The development of a leadership group has been one of the most significant changes ... the shared understanding of knowing what’s actually happening supports other things.”**



**“The place-based approach has been fundamental, especially the PHN’s role providing administrative support and bringing people together.”**

Component	Details
Examples of suicide prevention activities	<ul style="list-style-type: none"><li>• Peer support and navigation (the Community Welcome Program for workplaces and a ‘welcome policy’ to ensure a ‘no wrong door’ approach to service)</li><li>• An online service navigation platform called the Ballarat Mental Health Support website</li><li>• A suicide prevention resource package for community, developed with people with lived experience</li><li>• Outcomes framework for suicide prevention activity in Ballarat</li><li>• Suicide postvention response trial, coordinating 16 agencies from 10 sectors</li><li>• A needs assessment for general practice – to inform improvements in knowledge and support for working with people at risk and vulnerable to suicide</li><li>• Men’s health and wellbeing project: Outside the Locker Room facilitated welfare and education programs for men aged 34–55</li><li>• Two women’s health and wellbeing projects delivered a virtual psycho-education program to women aged 15–25 years and 26+ years to reduce the incidence of repeated acts of self-harm</li><li>• Gatekeeper training program included accidental counsellor training, safeTALK workshops, ASIST, START and LivingWorks. Participants have included sporting clubs, employment agencies, volunteers, the City of Ballarat and men’s sheds programs</li><li>• Publication of stories of recovery by people with lived experience of suicide</li><li>• Findings and recommendations report to inform future suicide prevention implementation and evaluation activities</li><li>• Lived experience stories publication from the Aboriginal community (did not progress to completion)</li></ul> <p><b>Suicide prevention resource package</b></p> <ul style="list-style-type: none"><li>• The project worked with 52 community groups and 12 people with a lived experience of suicide to develop hard-copy and electronic suicide prevention resources. The resources will help community members and professionals in Ballarat to access the appropriate services and/or support for people at risk of suicide or after a suicide attempt. An online service directory, Ballarat Mental Health Support, was developed</li></ul>



**”Getting everybody to the table has been really an amazing thing and the communication across agencies ... look, I just didn’t even know there were so many providers in Ballarat.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Men's health and wellbeing project</b></p> <ul style="list-style-type: none"> <li>• Outside the Locker Room delivered welfare and education programs for more than 145 men aged 34–55 years in Ballarat. Focusing on collective and individual mental health needs, they were supported with a 'welfare' telephone app. Those at risk were given brief counselling and referred to other services for more support</li> <li>• 'Taking the first step', a young men's suicide prevention research project, explored attitudes, mental health literacy, awareness of support services, and how to get help for men, to inform future community awareness campaigns</li> </ul> <p><b>Lived experience publication on stories of recovery</b></p> <ul style="list-style-type: none"> <li>• People with lived experience were engaged and supported to safely collect, publish and share their stories of recovery. The resource is a compilation of stories, key messages and helpful tips from local people and beyond, which give hope and help others by identifying what worked for them</li> <li>• Stories differ but focus on resilience and hope. Mindframe reviewed the resource to ensure safe and appropriate messaging</li> </ul> <p><b>Peers support and navigation</b></p> <ul style="list-style-type: none"> <li>• People with lived experience were crucial to planning 2 project components: providing local peer support and navigating help options (the Community Welcome Program for workplaces and a 'welcome policy' to ensure 'no wrong door' approach to service)</li> <li>• The Community Welcome Program helps workforces in community organisations and businesses in Ballarat recognise their role in identifying people who might be looking for help and supporting them to get help. The 'Welcome Policy' project emphasised the 'no wrong door' concept – supporting people to find and get the right service and help no matter where they begin</li> </ul>



**“The collective impact approach is a major factor ... having an outcomes framework that is designed by the local group is a really important aspect of guiding the direction the trial takes and the projects that are prioritised.”**

# Bass Coast / South Gippsland

This snapshot provides a summary of the implementation, activities and impact in the Bass Coast / South Gippsland site from 2017 to 2022.

Component	Details
Demographic description	Regional area in south-eastern Victoria
	LGA: Bass Coast Shire, South Gippsland Shire
	Traditional lands of the Bunurong people
	Estimated resident population: 63,259; Indigenous population: 324
	Land area: 4,162 km <sup>2</sup>
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Gippsland Primary Health Network (GPHN)</li> <li>• Victorian Department of Health</li> </ul> <p>Bass Coast / South Gippsland PBSPT Leadership and Advisory Group</p> <ul style="list-style-type: none"> <li>• Included trained lived experience advocates</li> <li>• Incorporated the South Gippsland local government area (LGA) to become a governance group for the Bass Coast / South Gippsland trial site in 2020</li> <li>• Merged with the Latrobe Valley PBSPT Leadership Group in 2020</li> <li>• Reconvened as the Suicide Prevention Working Group of the Gippsland Mental Health Alliance 2021, with members including GPHN, Department of Families, Fairness and Housing, Department of Education and Training, Lifeline Gippsland, Wellways Australia, Jesuit Social Services, Latrobe Regional Hospital, Ambulance Victoria, YSAS, LGBTIQ+ community, Bass Coast Shire, Bass Coast Health, South Gippsland Shire, headspace Wonthaggi, Victoria Police, headspace Morwell, Latrobe Community Health Service and Latrobe City Council</li> </ul>



**“The contribution of people with lived experience ... honestly, their role is invaluable.”**



**“Suicide isn’t the taboo word anymore ... we are aware of the conversations happening in people looking for support a lot more.”**

Component	Details
Engagement of people with lived experience of suicidality or bereavement	<p>6 lived experience advocates contributed to the trial site in a sustained way</p> <p>GPHN commissioned Wellways to support and facilitate the participation of local people who have lived experience of suicide and mental ill health through a lived experience workforce. This included:</p> <ul style="list-style-type: none"> <li>• providing specialised training and ongoing support to share stories and insights safely</li> <li>• facilitating engagement with the GPHN suicide prevention team to collect activity ideas, and feedback and insights on recommended project activity</li> <li>• Contributing to advisory group meetings</li> <li>• engaging the workforce with other local complementary activities such as other PBSPT activity (resources project) and external activity (such as Latrobe Health Assembly summits, local government planning)</li> </ul> <p>Services commissioned to deliver suicide prevention activity were encouraged to work with the lived experience workforce to support its development (for example, through co-design)</p> <p>The lived experience peer workforce was highly valued within the Bass Coast site, and in 2020–21 GPHN supported the provider to increase the reach of this group to influence a broader range of mental health and suicide prevention–focused activities</p> <p>30 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>
Local partnerships	<p>In 2021 the Bass Coast PBSPT site had 27 active partners including:</p> <ul style="list-style-type: none"> <li>• 6 lived experience advocates</li> <li>• 1 Indigenous community representative</li> <li>• 11 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• Gippsland Mental Health Alliance</li> <li>• Latrobe Regional Hospital</li> <li>• Lifeline Gippsland</li> <li>• Sally O’Neill Communications</li> <li>• South Coast Inclusion Network</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Department of Education and Training</li> <li>• Jesuit Social Services</li> <li>• Victoria Police</li> <li>• Wellways</li> </ul>



Component	Details
Local partnerships (cont.)	<p>9 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• Everymind</li> <li>• Hope Assistance Local Tradies (HALT)</li> <li>• Jesuit Social Services</li> <li>• Lifeline Gippsland</li> <li>• LivingWorks</li> <li>• Outcome Health</li> <li>• Roses in the Ocean</li> <li>• Wellways</li> </ul>
Priority populations	<ul style="list-style-type: none"> <li>• General community</li> <li>• Gatekeepers likely to encounter people in distress</li> <li>• People with lived experience</li> <li>• Males</li> <li>• Youth</li> <li>• Workplaces</li> <li>• LGBTIQ+</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• Developed a localised suicide prevention Health Pathway providing clinicians with up-to-date evidence-based patient assessment and management, referral and service information</li> <li>• Established and built the capacity of the lived experience peer workforce</li> <li>• Lived experience peer support video series, 'Around the Table'. Themes include mental ill health, substance use, physical illness, carers, LGBTIQ+ and disadvantage</li> <li>• South Coast Inclusion Network developed videos on rural and regional LGBTIQ+ lived experiences – 'The Magic Five'</li> <li>• Gatekeeper Training Package including gatekeeper training courses and 4 train-the-trainer courses, including QPR, MHFA, R U OK and ASIST</li> <li>• Suicide prevention and AOD resources project: development of Gippsland Mental Health – Support Services Directory and update of AOD services landing webpage</li> <li>• Bereavement counselling and referral service, including support group facilitation</li> <li>• Suicide bereavement skills education – for example, for Lifeline counsellors and GPs</li> <li>• Working with the Aboriginal Postvention Working Group lead to co-design and co-facilitate an Aboriginal Suicide Bereavement Skills training package</li> <li>• Stories Are Strong suicide prevention media content including lived experience stories</li> <li>• Deadly Thinking: social, emotional wellbeing and suicide prevention train-the-trainer program specifically designed for local Bunurong Country – in a partnership with VACCA and local Aboriginal community leaders</li> <li>• General practice training toolbox – suicide prevention quality improvement and LGBTIQ+ inclusive practice</li> </ul>

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"> <li>• Teen MHFA train-the-trainer program for secondary schools</li> <li>• Bass Coast / South Gippsland Youth Postvention protocol developed in partnership with headspace Wonthaggi</li> <li>• Collaborative Assessment and Management of Suicidality training for mental health practitioners</li> <li>• Sustainability workshop to develop the Gippsland suicide prevention framework with key priority areas and indicators / suicide collective impact planning</li> <li>• Suicide prevention in Gippsland podcasts: 6-episode podcast series on suicide prevention education, lived experience, support services, suicide bereavement support and safe communication</li> <li>• Suicide prevention action planning resources – includes guidance, examples, templates for workplaces and community groups to embed suicide prevention into their practice</li> </ul> <p><b>Suicide bereavement counselling education, including co-designed and co-facilitated Aboriginal suicide bereavement skills training</b></p> <ul style="list-style-type: none"> <li>• The trial site governance group identified that suicide bereavement is not widely understood by mental health clinicians and GPs in Gippsland. GPHN commissioned a Suicide Bereavement Skills Training package, which delivered a series of targeted sessions for service providers including: psychologists; primary mental health workers; AOD, youth and GPs and practice managers; Lifeline counsellors; headspace Wonthaggi; and the Bass Coast Health Child, Youth and Families team</li> <li>• A transition to online delivery enabled a more targeted and flexible training program that responds to local needs where and when it is needed most, such as when a suicide alert or cluster occurs in a community</li> <li>• Members of the Aboriginal Postvention Working Group attended the webinar, which led to GPHN commissioning the training provider to co-design and co-facilitate an Aboriginal Suicide Bereavement Skills training package to the Aboriginal workforce</li> </ul>



**“The working together across agencies and capacity building within the agencies is clearly evident. So, if I had anything that was kind of a wow moment it’s kind of that people are working together.”**



**“The capacity of the community has increased significantly through the commissioning of Gatekeeper training over the last 2 years.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>‘Stories Are Strong’: Local stories of lived experience of suicide, hope and recovery</b></p> <ul style="list-style-type: none"><li>• The trial site developed a suicide prevention campaign for Gippsland featuring inspirational stories of hope and recovery, expert advice and resources. Local stories and content are more relatable for people who live in rural and regional towns. This campaign was designed to provide community-facing stories of hope and strength to inspire others who may be struggling and encourage help seeking</li><li>• The ‘Stories Are Strong’ campaign (#SAS) was developed based on interviews with local people with lived experience and subject matter experts to demonstrate recovery and help community members and professionals to become more compassionate, confident and resourced to understand suicide and start conversations The content was produced by an experienced journalist, photographer and graphic designer. It features 18 articles consisting of 14 interviews and 4 resource sheets. The resource sheets provide suicide prevention information directly related to key themes raised in the lived experience stories. The campaign toolkit includes social media and print media collateral</li><li>• Refer to the GPHN website &lt;<a href="https://gphn.org.au/about-us/stories-are-strong/">https://gphn.org.au/about-us/stories-are-strong/</a>&gt; for more information</li></ul> <p><b>Sustainability: Prioritising suicide prevention across the Gippsland / GPHN catchment</b></p> <ul style="list-style-type: none"><li>• In response to an increase in suicide deaths in 2019, the Bass Coast trial site expanded in 2020 to include the South Gippsland LGA. The 2 South Coast areas share population and geographic characteristics and can collaboratively address common needs and respond to some suicide cluster activity in that area</li><li>• Beyond the trial site period, GPHN committed to expanding the sustainable reach of activity to other areas of Gippsland. Suicide is a social issue across the wider catchment, and Gippsland is a unique region with most health organisations providing services across multiple LGAs and often across the whole region</li><li>• The Gippsland suicide prevention framework was developed through sustainability workshops, now ensuring the prioritisation of suicide prevention. The framework includes key priority areas and indicators for future work</li><li>• Part of this analysis aligned suicide prevention within broader PHN activity – for example, within emergency preparedness and response and the Primary Mental Health Care program. Another part created a new regional governance structure by merging the 2 Gippsland trial site governance groups in the region-wide Suicide Prevention Working Group of the Gippsland Mental Health Alliance to embed suicide prevention as a priority across Gippsland. The local evaluation plan for place-based suicide prevention trials in the Latrobe Valley and Bass Coast / South Gippsland was updated for 2021–22 with a key focus on sustainability. Suicide prevention as a health and wellbeing priority was formalised and suicide prevention collaborative action plans for LGAs developed</li><li>• Sustainability recommendations have led GPHN to recommission 2 key trial site providers, with a lived experience workforce, to implement prevention activity across the entire PHN region</li></ul>

# Benalla

This snapshot provides a summary of the implementation, activities and impact in the Benalla site from 2017 to 2022.

Component	Details
Demographic description	Regional city in north-east Victoria
	LGA: Benalla Rural City
	Traditional lands of the Pangerang, Taungurong and Yorta Yorta people
	Estimated resident population: 14,528; 284 Indigenous residents
	Land area: 2,353 km <sup>2</sup>
Governance	Lead partners: <ul style="list-style-type: none"> <li>• Murray Primary Health Network</li> <li>• Victorian Department of Health</li> </ul> Benalla PBSPT Leadership Group: <ul style="list-style-type: none"> <li>• Connect Benalla Network</li> <li>• supported a range of action taskforce groups (for example, Preteen Taskforce)</li> <li>• worked with the Alpine Valleys community leadership group</li> <li>• Lived Experience Action Group</li> </ul> Murray PHN began to transfer leadership and governance to a community-led suicide prevention network supported by Wesley LifeForce in 2021
Engagement of people with lived experience of suicidality or bereavement	<p>At least 4 people contributed to trial site activities in a sustained way</p> <p>The Lived Experience Action Group and members of the Wesley LifeForce community-led suicide prevention network attended a 2-day lived experience leadership and capacity building workshop (from Roses in the Ocean). The workshop was designed to empower people to effectively draw on their lived experience and develop key skills to inform, influence change and enhance existing suicide prevention activities. The workshop included learning 'Safe Story Telling' skills</p> <p>ARCVic provided training for 'support group facilitation training' for the Benalla trial site</p> <p>18 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>



**"Definitely the place-based approach. We are a very, very proud little community, very vocal community and they've wanted to be involved with all aspects."**



**“So Benalla was predominantly a community development piece of work, the majority of the activities that took place within Benalla were capacity building activities with the community.”**

Component	Details
Examples of local partnerships	<p>In 2021 the Benalla PBSPT site had 25 active partners including:</p> <ul style="list-style-type: none"> <li>• 4 lived experience advocates</li> <li>• 6 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• Alpine Valley Community Leadership Program</li> <li>• Benalla Rural City Council</li> <li>• Central Hume PCP</li> <li>• people with lived experience of suicide</li> <li>• StandBy – Murray</li> <li>• Wesley LifeForce</li> </ul> <p>6 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Alpine Valley Community Leadership Program</li> <li>• HALT</li> <li>• Live4Life</li> <li>• Mindframe</li> <li>• QPR Institute</li> <li>• Standby Support After Suicide</li> </ul>
Priority populations	<ul style="list-style-type: none"> <li>• General community</li> <li>• Gatekeepers likely to encounter people in distress</li> <li>• People with lived experience</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• Leadership capacity development through support group facilitation training (ARCVic) to establish a peer support group(s) and any future suicide bereavement support group</li> <li>• Leadership capacity development through the Our Voice in Action lived experience leadership workshop (Roses in the Ocean) and leadership training (community leadership, community development and personal leadership) from Alpine Valleys Community Leadership Program</li> <li>• The Lived Experience Action Group with participants from Benalla, Wangaratta and Shepparton established and supported by Roses in the Ocean</li> <li>• Community forums held to discuss needs and identify priorities</li> <li>• The ‘Connect Benalla’ initiative &lt;<a href="http://www.benalla.vic.gov.au/Your-Community/Health-Wellbeing/Community-Wellbeing/Connect-Benalla">www.benalla.vic.gov.au/Your-Community/Health-Wellbeing/Community-Wellbeing/Connect-Benalla</a>&gt;</li> <li>• Benalla Postvention Protocol</li> <li>• Primary care capacity building in Benalla through Murray PHN’s general practice education</li> <li>• General practitioner suicide prevention strategy: patient identification analysis project</li> </ul>

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"> <li>• Mindframe Plus training</li> <li>• Benalla 'Preteen Taskforce' governance working group</li> <li>• QPR training licences for community gatekeeper training</li> <li>• Live4Life partnership group, held monthly</li> <li>• Suicide bereavement support group – a community-led group supported by Benalla Health and Standby / Roses in the Ocean</li> <li>• The Standby workplace toolkit was launched for Benalla business and organisations, enabling local organisations, groups and businesses to create their own postvention plan</li> <li>• Explored collaboration with the Wangaratta Grit and Resilience Project</li> <li>• Developed a parent support kit</li> <li>• Developed a sustainability plan</li> <li>• Established a community-led suicide prevention network in the Benalla LGA to sustain the work of the trial site</li> <li>• Explored the opportunity to implement a further place-based trial site in neighbouring Shepparton LGA</li> </ul> <p><b>Lived Experience Action Group capacity building</b></p> <ul style="list-style-type: none"> <li>• ARCVic delivered support group facilitation training for the newly formed Lived Experience Action Group and the Wesley LifeForce-supported community-led suicide prevention network. The training included: safeTALK, group structure, processes, roles, responsibilities, safety and self-care, and communication skills</li> <li>• Offered excess training places to neighbouring LGAs for local capacity building and a consistent approach across north-eastern Victoria</li> <li>• Training delivered by Roses in the Ocean in a 2-day workshop for people with lived experience to build capacity and leadership</li> <li>• The lived experience group collaborated with a local politician, exploring the need and design for a new Adult and Older Persons Mental Health Service</li> </ul>



**"When the trials first started, there were 2 distinct groups – professional people and community people, and by the end of our meetings and our community sessions I think an appreciation, understanding that both can contribute to suicide prevention in our community is very important."**



**“The community forums were a really massive part of this whole place-based trial. These forums gave people the opportunity to come in and listen ... I think those forums were one of the greatest things that ever happened to Benalla.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Benalla postvention protocol</b></p> <ul style="list-style-type: none"><li>• The trial site helped formalise a community postvention protocol for Benalla LGA with Benalla Health as the lead agency. Formalisation ensured the protocol is embedded into governance structure and circulated to after-hours coordinators. Issues still to be decided include post-trial sustainability (funding) and inclusion of suicide attempts</li><li>• The Standby workplace toolkit was promoted as a local postvention activity. This enables local organisations to create their own postvention plan and attend Critical Response Team meetings with Victoria Police to embed the community protocol. This included networking and communication with neighbouring LGAs</li></ul> <p><b>Preteen Taskforce</b></p> <ul style="list-style-type: none"><li>• Local community feedback suggested there was a gap in preteen intervention and prevention programs in Benalla. The Preteen Taskforce was established as part of the trial site governance. The taskforce found that around 18 programs existed within local schools but that school uptake of programs was inconsistent and that information from the programs was not necessarily communicated to families by students. As a result, the Preteen Taskforce was disbanded, but the taskforce findings were included in the handover to the community-led suicide prevention network taking over from the trial site</li></ul>



**“I think the positive is those collaborations around postvention with the other towns, and communities the PHN are linked in to ... if the trials weren’t there, then we wouldn’t be able to share that work and that knowledge.”**



# Frankston-Mornington Peninsula

This snapshot provides a summary of the implementation, activities and impact in the Frankston-Mornington Peninsula site from 2017 to 2022.

Component	Details	
Demographic description	<b>Outer southern suburbs of Melbourne</b>	<b>South-eastern metropolitan Melbourne</b>
	LGA: City of Frankston	LGA: Mornington Peninsula Shire
	Traditional lands of the Boon Wurrung and Bunurong people	Traditional lands of the Bunurong people
	Estimated resident population: 134,143; Indigenous population: 1,338	Estimated resident population: 154,999; Indigenous population: 1,304
	Land area: 20.8 km <sup>2</sup>	Land area: 723 km <sup>2</sup>
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• South East Melbourne Primary Health Network (SEMPHN)</li> </ul> <p>Frankston and Mornington Peninsula (FMP) PBSPT Advisory Group:</p> <ul style="list-style-type: none"> <li>• Comprising representatives from SEMPHN, lived experience, Department of Health, Department of Families, Fairness and Housing, local government, clinical mental health (including the HOPE trial, adult and youth services), community mental health, bereavement support services, Victoria Police and the education sector</li> <li>• A representative from the local Suicide Prevention Network, Chasing Change</li> <li>• Additional experts/representatives are invited to attend on as-needs basis</li> <li>• Youth Wellbeing Stakeholder Advisory Group</li> </ul> <p>A governance review in 2020 reset the advisory group for greater authority, influence and sustainability</p>	



**“The place-based approach is very, very important. I think having a tailor-made approach to the local area, so each area has a different profile and examining the suicide data in that area, and then tailor-making the programs to suit, so having better access to local suicide data I think is very good.”**



**“The relationship between police, communities, the service sector and health has strengthened significantly over the period of time of the trial – communication, sharing of information, those sorts of things.”**

Component	Details
Engagement of people with lived experience of suicidality or bereavement	<p>People with lived experience were provided training, capacity building, mentoring and support through Roses in the Ocean. This empowered them to fully and safely take part in a range of governance activities including co-designing and planning suicide prevention programs in local networks and advisory committees. At least 2 people contributed to trial site governance activities in a sustained way</p> <p>Chasing Change is a local, lived experience and community-owned suicide prevention network for FMP. Chasing Change contributes a representative to the FMP Advisory Group and members of the SEMPHN Suicide Prevention Team attended monthly Chasing Change meetings, providing technical and strategic advice where needed and contributing to working groups for activities led by the network</p> <p>24 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>
Local partnerships	<p>In 2021 the FMP PBSPT site had 30 active partners including:</p> <ul style="list-style-type: none"> <li>• 6 lived experience advocates</li> <li>• 1 Indigenous community representative</li> <li>• 12 priority group representatives</li> </ul> <p>Place-based partners included:</p> <ul style="list-style-type: none"> <li>• FMP Suicide Prevention Network</li> <li>• headspace Frankston</li> <li>• Mornington Shire Council</li> <li>• Peninsula Health</li> <li>• people with lived experience of suicide</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Department of Education and Training</li> <li>• Jesuit Social Services</li> <li>• Mentis Assist</li> <li>• Victoria Police</li> </ul> <p>8 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• Cyber Clinic</li> <li>• HALT</li> <li>• JAMM</li> <li>• LivingWorks</li> <li>• Roses in the Ocean</li> <li>• Spectrum Personality Disorder Service</li> <li>• THRIVE Collective</li> </ul>



**“The most significant change is the highlighting and awareness and activity around the vulnerability of men, obviously with a particular focus on the trade industry.”**

Component	Details
Priority populations	<ul style="list-style-type: none"> <li>• General community</li> <li>• Gatekeepers likely to encounter people in distress</li> <li>• Males (across the life course)</li> <li>• Tradespeople</li> <li>• People with lived experience</li> <li>• Workplaces</li> <li>• Aboriginal and Torres Strait Islander communities</li> <li>• People identifying as LGBTIQ+</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• Early planning activities included the collective impact workshop for activity planning and FMP governance forum</li> <li>• Development of Chasing Change website for local lived experience and community-owned suicide prevention network to facilitate ongoing collaboration and connection with other organisations, groups and services in the region</li> <li>• Postvention coordination and postvention resource kit to support people in the region bereaved by suicide and sudden death</li> <li>• THRIVE positive psychology framework for schools, and adapted for the sports/recreation setting (football clubs)</li> <li>• Women’s Spirit Project delivered multi-week psychoeducation, fitness and social connection program for socioeconomically disadvantaged women presenting with risk factors linked to suicide</li> <li>• The local council engagement strategy involved the site collaborating with local councils to embed suicide prevention into the 4-year municipal public health and wellbeing plans</li> <li>• Community podcast series for South Sudanese and Tamil communities</li> <li>• Engage and train men living and working in FMP through HALT Save Your Bacon breakfasts, HALT trainers delivering safeTALK, links to the local TAFE and embedding THRIVE positive psychology in sports clubs</li> <li>• Establishment of ‘HALT-friendly practices’ – engaging general practices to build capacity through training on specific needs of tradespeople</li> <li>• Chasing Change wallet cards (‘Constant Companion cards’) provide support and resource information with tips on discussing wellbeing with a GP; male-focused versions of the Constant Companion resource cards were produced by HALT, including Hello GP</li> <li>• Developing a video series teaching youth-friendly skills for GPs</li> <li>• LivingWorks community campaign for World Suicide Prevention Day to identify Crisis Heroes</li> <li>• Supporting young people in out-of-home care through the pandemic with mental wellbeing via a social media campaign (COVID Collective)</li> <li>• Collaboration with HOPE aftercare trial and Frankston Hospital Crisis Hub Trial. For example, exploring how 18–25-year-old males can engage with HOPE, opportunities for direct GP referral pathways, integrating suicide prevention content into HOPE resources, referral integration with the Way Back Support Service at Casey/Cardinia hospitals</li> </ul>



**“I think it’s really connected us to lived experience and community members in a way that perhaps wasn’t available to us all in the past, so that’s been the most marked change for me.”**

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"><li>• Suicide prevention training for pharmacies including co-design of a support service wallet card</li><li>• Exploring training/engagement with local police stations on working with people at risk of suicide. This resulted in a postvention resource kit supplement for frontline responders</li><li>• LivingWorks training suite (including LGBTIQ+ ASIST) to the 60 gay lesbian liaison police officers (GLLO) in south-eastern Melbourne</li><li>• Exploring capacity building for Centrelink staff in the region (did not progress)</li><li>• Supporting the FMP Youth Suicide Postvention multi-agency Local Response Group by providing technical advice, sharing insights/developments. Chaired by headspace Frankston</li><li>• Activities to engage and train men living and working in FMP in suicide response</li><li>• Promoting referral pathways tailored for at-risk populations – for example, tradespeople</li><li>• Promoting the stepped care model of mental health treatment through SEMPHN’s broader commissioning activities and engagement with primary care</li></ul> <p><b>Coordinating postvention in south-east Melbourne</b></p> <ul style="list-style-type: none"><li>• SEMPHN, the departments of Health and of Families, Fairness and Housing, and the broader south-eastern community long-recognised the need for a coordinated postvention effort across the 5 LGAs in the PBSPTs. These are Greater Dandenong, Casey, Cardinia (Southern Melbourne Area Trial) and Frankston and the Mornington Peninsula (FMP Trial)</li><li>• SEMPHN commissioned Jesuit Social Services to deliver appropriate and timely postvention coordination across both trial sites</li><li>• The purpose is to support communities to plan for, respond to and recover from the impact of suicide through a dynamic, coordinated and collaborative response that meets the unique needs of kin and community in Melbourne’s south-east</li><li>• The activity included developing a postvention resource kit for people bereaved by suicide or sudden loss, which guides the delivery of targeted, close support to kin and community following a death by suicide and ultimately reduces deaths from the ‘cluster’ or ‘ripple’ effect</li></ul> <p><b>Working strategically with local councils: embedding suicide prevention in health and wellbeing planning</b></p> <ul style="list-style-type: none"><li>• The trial site coordinators across the 2 south-east Melbourne trial sites (FMP and Southern Melbourne Area) identified an opportunity to leverage suicide prevention when local councils were preparing their 4-year municipal public health and wellbeing plans. The coordinators reviewed existing plans and used their council relationships to engage the Public Health and Wellbeing Planning teams to explore including suicide prevention strategies</li><li>• Based on this, the coordinators developed an ‘Implementing suicide prevention in public health and wellbeing planning’ brief containing a series of 9 strategies that could support council planning and broader work</li></ul>

Component	Details
Examples of suicide prevention activities (cont.)	<p>The strategies focused on:</p> <ol style="list-style-type: none"> <li>1. responding to suicidality</li> <li>2. capacity building</li> <li>3. establishing and supporting community networks to advance their work</li> <li>4. communicating safely</li> <li>5. reinforcing safe spaces</li> <li>6. postvention coordination</li> <li>7. priority populations: risks and protective factors</li> <li>8. disaster recovery</li> <li>9. sustaining activities and impact</li> </ol> <ul style="list-style-type: none"> <li>• The councils engaged positively with the brief, showing willingness to include the strategies in their planning, which will contribute to building local community capacity</li> </ul> <p><b>Community podcast series for South Sudanese and Tamil communities</b></p> <ul style="list-style-type: none"> <li>• During the pandemic, Roses in the Ocean produced a series of community videos and podcasts to deliver lived experience capacity building in place of face-to-face workshops. The resources focused on themes of wellbeing and resilience. They were designed to support vulnerable communities, particularly those in South Sudanese and Tamil communities experiencing heightened risk during the pandemic and associated lockdowns</li> <li>• Three interviews were completed with community members and faith leaders</li> <li>• Refer to YouTube &lt;<a href="https://www.youtube.com/watch?v=u8l5uu7jVeU">https://www.youtube.com/watch?v=u8l5uu7jVeU</a>&gt; for an example</li> </ul> <p><b>THRIVE program for school and sports</b></p> <ul style="list-style-type: none"> <li>• THRIVE is a holistic, evidence-based model delivered in schools using the principles of positive psychology to help young people develop positive mental health and wellbeing</li> <li>• The FMP trial adapted the framework to include sports settings. St Kilda Football Club partnered with the THRIVE Collective, enabling 10 sport and recreation centres in FMP to use this model to create health-promoting environments, disseminate wellbeing resources and implement training in suicide prevention and mental wellbeing</li> </ul>



**“I think one of the most significant changes that I’ve noticed is the working relationships between different organisations. I think that the suicide prevention trials and the work of SEMPHN has helped to build much stronger working relationships, and I’m really excited to see that there’s been such an investment in prevention.”**

# Great South Coast

This snapshot provides a summary of the implementation, activities and impact in the Great South Coast site from 2017 to 2022.

Component	Details	
Demographic description	The Great South Coast trial site includes the Corangamite, Glenelg, Moyne, Southern Grampians and Warrnambool LGAs in the south-west region of Victoria	
	LGA: Warrnambool City Council	LGA: Corangamite Shire
	Traditional lands of the Guditj Mara people	Traditional lands of the Eastern Maar, Djargurdwurung and Wadawurrung people
	Estimated resident population: 34,628; Indigenous population: 553	Estimated resident population: 16,1179; Indigenous population: 152
	Land area: 121 km <sup>2</sup>	Land area: 4,408 km <sup>2</sup>
	LGA: Moyne Shire	LGA: Southern Grampians Shire Council
	Traditional lands of the Eastern Maar peoples and Guditjmara people	Traditional lands of the Guditjmara, Tjap Wurrung and Bunganditj people
	Estimated resident population: 16,887; Indigenous population: 175	Estimated resident population: 16,135; Indigenous population: 245
	Land area: 5,481 km <sup>2</sup>	Land area: 6,654 km <sup>2</sup>
	LGA: Glenelg Shire	
	Traditional lands of the Guditjmara people	
	Estimated resident population: 19,665 Indigenous population: 475	
	Land area: 6,219 km <sup>2</sup>	



**“I think there’s just a sense of ownership ... when we’re working locally with local people listening to local voices, it just makes sense.”**



**“The trial has created more of a whole Great South Coast approach, so it’s not been Warrnambool-centric ... the trial has projects that are reaching across the whole 5 LGAs.”**

Component	Details
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Western Victoria Primary Health Network (WVPHN)</li> <li>• Victorian Department of Health</li> </ul> <p>Great South Coast PBSPT Leadership Group</p>
Engagement of people with lived experience of suicidality or bereavement	<p>3 lived experience advocates contributed to trial site activities</p> <p>The site experienced challenges in engaging people with lived experience for the governance group and/or to contribute to trial site activities in a sustained way</p> <p>9 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>
Local partnerships	<p>In 2021 the Great South Coast PBSPT site had 25 active partners including:</p> <ul style="list-style-type: none"> <li>• 3 lived experience advocates</li> <li>• 11 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• Brophy Family and Youth Service</li> <li>• Corangamite Shire Council</li> <li>• Glenelg Shire</li> <li>• headspace Warrnambool</li> <li>• people with lived experience of suicide</li> <li>• South West Healthcare</li> <li>• South West Primary Care Partnership</li> <li>• Warrnambool Hospital</li> <li>• Western District Health Service</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• AFL Victoria</li> <li>• Ambulance Victoria</li> <li>• Let's Talk</li> <li>• Lifeline Australia</li> <li>• Live4Life</li> <li>• National Centre for Farmer Health</li> <li>• Rural Financial Counselling Service</li> <li>• Victoria Police</li> <li>• Wellways</li> </ul>





**“It’s still early stages in terms of our trial, a lot of our projects have only just really kicked off, ... so with the projects that we’re delivering, I’m hoping that by the end of the year we can definitely say that there’s been a change in the community’s capacity around mental health awareness and confidence in acting.”**

Component	Details
Local partnerships (cont.)	<p>6 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"><li>• Brophy Family and Youth Services</li><li>• Everymind</li><li>• Larter Consulting</li><li>• Live4Life</li><li>• Ludowyk Evaluation</li><li>• Wellways</li></ul>
Priority populations	<ul style="list-style-type: none"><li>• General community</li><li>• Gatekeepers likely to encounter people in distress</li><li>• People with lived experience</li><li>• Workplaces</li><li>• Farmers</li><li>• Males</li></ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"><li>• Suicide prevention resource package to enable Great South Coast community members and professionals to navigate the most appropriate services and/or support for people at risk of suicide or following a suicide attempt</li><li>• Collectively designed an outcomes framework to guide place-based suicide prevention activity</li><li>• A general practice ‘needs assessment’ for improving general practice knowledge skills and support for those working with people at risk and vulnerable to suicide</li><li>• Outside the Locker Room facilitated welfare and education programs for men aged 34–55 years as a men’s health and wellbeing project</li><li>• Taking the First Step explored attitudes and help-seeking behaviours in men aged 18–25 years as a young men’s suicide prevention research project</li><li>• A working group and literature review informed the co-design of a farming-focused safety plan, supported by training in farmer health and wellbeing</li><li>• Yarning circle group program to build mental health literacy among Aboriginal young people, especially men</li><li>• Cultural safety training program co-designed with 4 local Aboriginal Community Controlled Health Organisations, ensuring respective culture and practices are embedded in the content</li><li>• Review and co-design of a community postvention protocol for implementation across the region</li><li>• Regional capacity to deliver youth and teen MHFA expanded across the 5 LGAs; 12 community members became teen instructors and 11 community members became youth instructors</li></ul>



**“I think the fact that Ambulance Victoria has a seat at the table and all the mental health organisations but also, people like the AFL. Heaps of collaboration, heaps of everybody sharing, schools are included, you name it, everyone wants to be involved ... so it’s bringing all those different organisations together, probably for the first time.”**

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"><li>• Expansion of the Glenelg program, Youth Live4Life Peer Mentoring Model, across the other 4 LGAs</li><li>• Explored a community engagement and communications campaign that considered a website platform, LivingWorks START training and a digital stories platform</li><li>• A findings and recommendations report informed future suicide prevention implementation and evaluation activities</li></ul> <p><b>Outcomes framework for place-based suicide prevention activity</b></p> <ul style="list-style-type: none"><li>• An outcomes framework was developed in collaboration with the PBSPT Leadership Group and partners to guide suicide prevention implementation and evaluation activities. The framework uses a collective impact community network model for suicide prevention. This guides the leadership group to evaluate and align strategies and priority activities to the desired outcomes. It includes identifying indicators, data sources and data collections and will be applied as part of the overall trial site findings and recommendations report</li></ul> <p><b>Farmer health and wellbeing: developing a farmer-friendly safety plan</b></p> <ul style="list-style-type: none"><li>• A community-based working group comprising farmers, health/mental health professionals and Great South Coast service providers identified the need to develop a farmer-friendly safety plan, supported by training</li><li>• A literature review was completed to guide development of a farming-focused safety plan, including considerations of appropriate language and relevant prompts/examples</li><li>• An engagement plan was co-designed with 22 participants to support appropriate and effective recruitment of farmers and service providers into a pilot face-to-face training program</li></ul> <p><b>Men’s yarning circle for Aboriginal youth</b></p> <ul style="list-style-type: none"><li>• The trial site supported the expansion of the Ngootyoong (safe place) Yarning Circle Group Program for wider regional delivery to Aboriginal young people, and particularly men, to help build mental health literacy. The project and yarning circles are delivered as a collaboration between DWECH-Portland, headspace Portland, the Drug and Alcohol Responding Early (DARE) Program and Portland Secondary College. Face-to-face group work programs are the main focus. The strong emphasis on connection to culture, community and Country, and the level of engagement and rapport-building work required, prevented its adaptation to an online format during pandemic restrictions</li></ul>



**“Just bringing the leadership group together has been really valuable in kind of developing a network and a connection and a coordination in itself.”**

# Latrobe Valley

This snapshot provides a summary of the implementation, activities and impact in the Latrobe Valley site from 2017 to 2022.

Component	Details
Demographic description	Urban regional area in Gippsland, eastern Victoria
	LGA: Latrobe City
	Traditional lands of the Brayakaulung people of the Gunai Nation
	Estimated resident population: 75,211; Indigenous population: 1,504
	Land area: 22,330 km <sup>2</sup>
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• Gippsland Primary Health Network (GPHN)</li> </ul> <p>Latrobe Valley PBSPT Leadership / Advisory Group</p> <ul style="list-style-type: none"> <li>• Included trained lived experience advocates</li> <li>• Merged with Bass Coast PBSPT Leadership Group in 2020</li> <li>• Reconvened as the Suicide Prevention Working Group of the Gippsland Mental Health Alliance 2021, with members including: GPHN, Department of Families, Fairness and Housing, Department of Education and Training, Lifeline Gippsland, Wellways Australia, Jesuit Social Services, Latrobe Regional Hospital, Ambulance Victoria, YSAS, LGBTIQ+ community, Bass Coast Shire, Bass Coast Health, South Gippsland Shire, headspace Wonthaggi, Victoria Police, headspace Morwell, Latrobe Community Health Service and Latrobe City Council</li> </ul>



**“Gippsland Mental Health Alliance brings together higher-level management across the mental health service system and so bringing the suicide prevention work into that governance group, supports better connectivity with other work that is occurring in the space.”**

Component	Details
<b>Engagement of people with lived experience of suicidality or bereavement</b>	<p>5 lived experience advocates contributed to the trial site in a sustained way</p> <p>GPHN commissioned Wellways to support and facilitate the participation of local people who have lived experience of suicide and mental ill health through a lived experience workforce. This included:</p> <ul style="list-style-type: none"> <li>• providing specialised training and ongoing support to share stories and insights in a safe way</li> <li>• facilitating engagement with the GPHN suicide prevention team to collect activity ideas, and feedback and insights on recommended project activity</li> <li>• inviting members to attend advisory group meetings</li> <li>• facilitating engagement of the workforce with other local complementary activities such as other PBSPT activity (resources project) and external activity (such as health forums, local government planning)</li> </ul> <p>Services commissioned to deliver place-based suicide prevention activity were encouraged to work with the lived experience workforce to support its development (for example, through co-design)</p> <p>The lived experience peer workforce was highly valued within the Latrobe Valley site. In 2020–21 GPHN supported the provider to increase the reach of this group to influence a broader range of mental health and suicide prevention-focused activities</p> <p>31 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>
<b>Local partnerships</b>	<p>In 2021 the Latrobe Valley PBSPT site had 32 active partners including:</p> <ul style="list-style-type: none"> <li>• 5 lived experience advocates</li> <li>• 2 Indigenous community representatives</li> <li>• 15 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• Gippsland Mental Health Alliance</li> <li>• Latrobe Health Assembly</li> <li>• Latrobe Regional Hospital</li> <li>• Sally O'Neill Communications</li> <li>• South Coast Inclusion Network</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Department of Education and Training</li> <li>• Jesuit Social Services</li> <li>• Victoria Police</li> <li>• Wellways</li> </ul>

Component	Details
Local partnerships (cont.)	<p>8 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• Everymind</li> <li>• Jesuit Social Services</li> <li>• Lifeline Gippsland</li> <li>• LivingWorks</li> <li>• Outcome Health</li> <li>• Wellways</li> <li>• Wesley LifeForce</li> </ul>
Priority populations	<ul style="list-style-type: none"> <li>• General community</li> <li>• Gatekeepers likely to encounter people in distress</li> <li>• People with lived experience</li> <li>• Workplaces</li> <li>• LGBTIQ+ community</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• Development of localised suicide prevention Health Pathway, providing clinicians with up-to-date evidence-based patient assessment and management, referral and service information</li> <li>• Established a lived experience peer workforce, supported with capacity building</li> <li>• Lived experience peer support video series, 'Around the Table'. Themes include mental ill health, substance use, physical illness, carers, LGBTIQ+ and disadvantage</li> <li>• Suicide prevention and AOD resources project: Gippsland Mental Health – Support Services Directory</li> <li>• Bereavement counselling and referral service, including support group facilitation</li> <li>• Suicide bereavement skills education – for example, for Lifeline counsellors and GPs</li> <li>• 'Stories Are Strong' suicide prevention media content including lived experience stories</li> <li>• Community Gatekeeper Training Package, including gatekeeper training courses and 4 train-the-trainer courses, including QPR, MHFA, R U OK, ASIST</li> <li>• General practice training toolbox – for example, suicide prevention quality improvement and LGBTIQ+ inclusive practice</li> <li>• Working with the Aboriginal Postvention Working Group lead to co-design and co-facilitate an Aboriginal Suicide Bereavement Skills training package</li> </ul>



**“We’ve now got whole schools supporting it and educating and talking to each other when they’re affected by this type of stuff ... we’ve got teenagers that are actually leading the conversation, which is a phenomenal step forward.”**

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"> <li>• Teen MHFA train-the-trainer program for secondary schools</li> <li>• Deadly Thinking: social, emotional wellbeing and suicide prevention train-the-trainer program specifically designed for local Bunurong Country (in a partnership with VACCA and local Aboriginal community leaders)</li> <li>• Suicide prevention in Gippsland podcasts – 6-podcast series on suicide prevention education, lived experience, support services, suicide bereavement support and safe communication</li> <li>• Supporting Lifeline for means restriction signage in high-risk rail areas</li> <li>• Collaborative Assessment and Management of Suicidality framework training for mental health practitioners</li> <li>• Suicide prevention action planning resources including guidance, examples, templates for workplaces and community groups to include suicide prevention into their practice</li> <li>• Collective Impact Planning: Sustainability workshop to develop the Gippsland suicide prevention framework with key priority areas and indicators</li> </ul> <p><b>Lived experience peer workforce</b></p> <ul style="list-style-type: none"> <li>• GPHN commissioned Wellways to support local people who have lived experience of suicide and mental ill health to take part through a lived experience workforce. This included: <ul style="list-style-type: none"> <li>– providing specialised training and ongoing support to share stories and insights in a safe way</li> <li>– facilitating engagement with the GPHN suicide prevention team to collect activity ideas, and feedback and insights on recommended project activity</li> <li>– inviting members to attend advisory group meetings</li> <li>– supporting workforce to collaborate with other local complementary activities – other funded prevention activity (resources project) and external activities such as health forums and local government planning</li> </ul> </li> <li>• Services commissioned to deliver local suicide prevention activity were encouraged to work with the lived experience workforce to support its development – for example, through co-design</li> <li>• The lived experience peer workforce was highly valued within the Latrobe Valley site. In 2020–21 GPHN supported the provider to increase the reach of this group to influence a broader range of mental health and suicide prevention–focused activities</li> </ul> <p><b>Suicide prevention in Gippsland podcasts</b></p> <p>A series of 6 podcasts have been developed highlighting suicide prevention in Gippsland. The 15–20-minute podcasts discuss themes of suicide prevention education, lived experience, support services, suicide bereavement support and safe communication. They will be available from the GPHN website</p>

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Around the Table: lived experience peer support videos</b></p> <ul style="list-style-type: none"> <li>The Gippsland lived experience peer workforce developed a 2-part video series, 'Around the Table', to share stories and provide support. The conversations cover themes including mental ill health, substance use, physical illness, carers, LGBTIQ+ and disadvantage, and provide stories of hope. Download video 1 &lt;<a href="https://vimeo.com/656452353/e22684302a">https://vimeo.com/656452353/e22684302a</a>&gt; and video 2 &lt;<a href="https://vimeo.com/678418670">https://vimeo.com/678418670</a>&gt;</li> </ul> <p><b>Deadly Thinking: social, emotional wellbeing and suicide prevention program designed for Aboriginal and Torres Strait Islander communities</b></p> <p>Wellways undertook a long planning and relationship-building phase with VACCA and local Aboriginal community leaders to deliver the Deadly Thinking train-the-trainer program. Deadly Thinking is a social, emotional wellbeing and suicide prevention program specific to Aboriginal communities. The course was assessed as suitable for local Gunai Kurnai and Bunurong Countries. Nine local community members have been trained to deliver Deadly Thinking, and one course has been delivered to young Aboriginal people with exceptional feedback. More courses are planned</p>



**“Now that we all work together and collaborate together, I know what’s available from everyone now so I can point people in the right direction a little bit more ... when we were working in those silos we kind of didn’t really know what was available.”**



**“Not only have community been involved in the gatekeeper training, but we’re actually seeing emerging community leaders who are then saying ‘I want to build my knowledge around suicide prevention so I can take a lead in my community’.”**



# Macedon Ranges

This snapshot provides a summary of the implementation, activities and impact in the Macedon Ranges site from 2017 to 2022.

Component	Details
Demographic description	Regional area in Central Victoria
	LGA: Macedon Ranges Shire Council
	Traditional lands of the Dja Dja Wurrung, Taungurung and Wurundjeri people
	Estimated resident population: 46,100; Indigenous population: 298
	Land area: 1,748 km <sup>2</sup>
Governance	Lead partners:
	<ul style="list-style-type: none"> <li>• North Western Melbourne Primary Health Network (NWMPHN)</li> <li>• Victorian Department of Health</li> </ul>
	Macedon Ranges Health (MRH) was commissioned by NWMPHN as the local partner to deliver the Macedon Ranges place-based suicide prevention site, with the site coordinator located onsite
	NWMPHN/MRH were supported by a local community-led group, Macedon Ranges Suicide Prevention Action Group (MRSPAG), during the planning and establishment phase of the trial site
	<p>Macedon Ranges PBSPT governance comprised a tripartite executive group including:</p> <ul style="list-style-type: none"> <li>• Trial Site Reference Group</li> <li>• Stewardship Group (included lived experience, family/carers, young people)</li> <li>• several working groups</li> </ul> <p>In 2021, with a focus on sustainability, the governance structure was reviewed and streamlined into a unified platform to coordinate all suicide prevention activity. MRSPAG was selected to auspice a governance structure to lead the coordination and delivery of current and future suicide prevention activities in the shire</p>



**“It’s opened up that conversation so that people understood that the voice of lived experience was incredibly useful ... and the lived experience recognised that anything outside of their experience could also be valid.”**

Component	Details
Engagement of people with lived experience of suicidality or bereavement	<p>MRSPAG is a community-led group of members with lived experience, representatives from local service providers and volunteers who work together to prevent suicide in the Macedon Ranges. Activities include a peer support role for people bereaved by suicide. MRSPAG members contributed to trial site governance, working groups and activities for the duration of the site</p> <p>At least 4 lived experience advocates supported the trial site in a sustained way</p> <p>Roses in the Ocean provided training through a half-day workshop for community and health professionals to learn to work with people who have a lived experience of suicide</p> <p>13 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>
Local partnerships	<p>In 2021 the Macedon Ranges PBSPT site had 25 active partners including:</p> <ul style="list-style-type: none"> <li>• 4 lived experience advocates</li> <li>• 8 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• people with lived experience of suicide</li> <li>• Central Victoria Primary Care Partnership</li> <li>• Gisborne Men's Shed</li> <li>• Live4Life</li> <li>• Macedon Ranges Shire Council</li> <li>• MRH</li> <li>• MRSPAG</li> <li>• Sunbury and Cobaw Community Health</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Ambulance Victoria</li> <li>• Be You (headspace)</li> <li>• Jesuit Social Services</li> <li>• Victoria Police</li> </ul> <p>10 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• CAMS-care</li> <li>• Danielle McClurg</li> <li>• Impact Co</li> <li>• Larter Consulting</li> <li>• LivingWorks</li> <li>• MHFA</li> <li>• MRSPAG</li> <li>• Orygen</li> <li>• Roses in the Ocean</li> </ul>

Component	Details
Priority populations	<ul style="list-style-type: none"> <li>• Gatekeepers likely to encounter people in distress</li> <li>• General community (including men, sports clubs)</li> <li>• People with lived experience</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• People with lived experience co-designed the Macedon Ranges Community and Peer Support (MRCAPS) model for people living with mental illness, to prevent or intervene in psychological distress</li> <li>• The Human Code research project explored healthier masculine norms in Macedon Ranges to support men's help-seeking. This has led to community projects including The Tomorrow's Man program and the Mentoring Boys Community Training Program</li> <li>• The Cut the Silence community campaign encourages men's conversations about mental wellbeing, working with local barbers and high-profile Macedon Ranges men</li> <li>• Strengthening the existing postvention protocol (Suicide and Sudden Death Response Protocol)</li> <li>• Training community and health professionals to collaborate with people who have a lived experience of suicide</li> <li>• Community training program includes ASIST – for the local men's shed and nurses from the emergency department at Kyneton District Hospital, Black Dog Institute's Managing for Team Wellbeing training – for managers at Macedon Ranges Council, and MHFA. Online training options such as LivingWorks START (for community members) and Collaborative Assessment and Management of Suicidality (for mental health clinicians and social workers) were promoted</li> <li>• Supporting instructor training for MHFA (including teen and youth) and safeTALK</li> <li>• Supporting local community events to reduce the stigma of suicide – prevention walk and remembrance events</li> <li>• Macedon Ranges Mentally Active Sports project is working with 2 sporting clubs to identify and pilot activities supporting suicide prevention and promoting club members' mental health. The entire club is engaged. Noting learnings for future rollout to all clubs in the Macedon Ranges Shire is a key aim. Clubs have access to NWMPHN's 'What to do if a club member dies by suspected suicide' resource</li> <li>• Preventing suicide in general practice: 3 practices in Macedon Ranges took part in a 6-month quality improvement program to identify how they could further improve the skills and confidence of GPs and the whole practice team to assess and manage patients at risk of suicide. Practice activities included teaching reception staff to recognise and respond to patients at increased risk of suicidality; increasing access to psychiatric services for residents; and participating in Advanced Training in Suicide Prevention</li> <li>• Developing an agreed sustainability plan for the Macedon Ranges trial site, including revised governance for suicide prevention in the Macedon Ranges</li> </ul>

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>A community support model for people living with mental illness in the Macedon Ranges</b></p> <ul style="list-style-type: none"> <li>• Responding to concerns about the ‘missing middle’ in local mental health services, the Macedon Ranges trial site and MRSPAG co-designed MRCAPS in partnership with 30 people with lived experience of suicide and local stakeholders</li> <li>• The innovative model complements existing regional clinical mental health services. It includes peer support during crisis, community connection and referral to clinical services using a recovery focus, offering hope, empathy and a safe space</li> <li>• Peer support is a key component of the model, receiving support from someone with a compassionate understanding of mental illness. Trained peer navigators can role-model recovery, motivate people to self-manage their own health needs, and provide connection to other peers in the community</li> <li>• The model is supported by a detailed business case, evaluation framework and projected savings across the health service system. The trial site is seeking funding for a 2-year pilot of the program</li> </ul> <p><b>Promoting healthier masculinities in the Macedon Ranges: Human Code</b></p> <ul style="list-style-type: none"> <li>• Responding to the over-representation of men in local suicide deaths, the trial site wanted to better understand the Macedon Ranges community’s attitudes to masculine stereotypes that might have an impact on men’s mental health and related behaviours such as help-seeking</li> <li>• The purpose was to reduce the impact of masculine gender norms on drivers of suicide and to support men in the Macedon Ranges to ask for help when needed, and to engage with treatment and coping strategies</li> <li>• Orygen was commissioned to deliver the community research, supported by a project working group. The community research was completed in phase 1. Phase 2 saw the community reviewing the findings to identify the pressures facing local boys and men so they could develop recommendations for addressing these challenges through community co-design</li> <li>• Phase 2 attracted funding from VicHealth, with projects led by Sunbury and Cobaw Community Health. They worked in partnership with local services and the community to design and pilot activities to improve the health of men, boys and those around them. An evidence-informed approach to marketing and communication (including the VicHealth framing masculinities guide) shaped the narrative and tone of messaging</li> <li>• Grassroots community engagement was key to success – through farmers markets, sports clubs, new resident events and church groups. One of the outcomes was local organisations recognising the role they play in crafting and challenging social norms. This approach emphasised the importance of the community’s role in achieving real change rather than relying on health services alone</li> </ul>

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"> <li>• Final project recommendations include: <ul style="list-style-type: none"> <li>– including a diversity of men in designing and rolling out programs and resources</li> <li>– introducing community-based programs to better connect men</li> <li>– engaging with schools and workplaces to educate boys and men</li> <li>– increasing men's understanding of mental health through community-based programs</li> <li>– developing the 'Help out a Friend' toolkit or campaign</li> <li>– developing an online local directory of male-friendly mental health practitioners to help increase awareness and access of services available for men</li> <li>– engaging with health service providers to promote male-friendly practice</li> </ul> </li> <li>• The project research findings have informed stakeholders' strategic plans and priorities – for example, the council's municipal health and wellbeing plan</li> </ul> <p><b>Promoting healthier masculinities in the Macedon Ranges: Cut the Silence</b></p> <ul style="list-style-type: none"> <li>• Cut The Silence is a community campaign in Macedon Ranges to encourage men to talk about their wellbeing</li> <li>• A series of videos was made with high-profile locals (for example, actors, comedians, AFL players, musicians) discussing looking after your (or your mate's) mental health as a man</li> <li>• The campaign promotes conversation in barber shop settings, and 5 local barbers have partnered with the campaign to act as gateways to professional support services for men at risk of experiencing a mental health crisis. This includes undertaking training on identifying and talking to customers and providing resources and information</li> </ul>



**“We’ve been able to leverage off some of MRSPAG’s work as well, so it wasn’t like we were starting from scratch – there was already a lot of work happening and a lot of community awareness raising and training ... they already had the peer support work.”**



**“The collaboration between the trial and MRSPAG around the training and developing capacity within the community was able to gain more support and there was funding available to be able to do more training.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Governance review and sustainability plan</b></p> <ul style="list-style-type: none"> <li>• The trial site developed a sustainability plan to identify how the learnings and gains made through the suicide prevention trial can continue in the Macedon Ranges Shire community. The plan could provide strategies to ensure sites are well positioned through local governance to maintain momentum with key activities and continue to build on learnings and insights through the trials into future suicide prevention work. One of the objectives for Macedon Ranges was identifying a governance structure that could meaningfully bring together existing suicide prevention activities and respond to emerging priorities in a coordinated way</li> <li>• Three sustainability workshops resulted in the following agreed aspects of sustainability: <ul style="list-style-type: none"> <li>– a single governance structure (leveraging from MRSPAG)</li> <li>– key principles for partners to work together</li> <li>– roles and responsibilities of partners</li> <li>– high-level outcomes and indicators</li> <li>– focus and scope of activities</li> </ul> </li> <li>• The final sustainability plan also identified the need for ongoing place-based suicide prevention activity to make stronger connection between project progress and outcome measures so impact and achievements can be meaningfully communicated back to the community and stakeholders (which is key to ongoing buy-in and support)</li> </ul>



**“With Macedon Ranges ... it’s one of the few trial sites where a person was actually employed by a local agency, and I just see that as a real strength.”**



**“With the community involvement in trial site projects and the conversations we’ve been having through our governance meetings, I think the level of awareness is better.”**

# Maroondah

This snapshot provides a summary of the implementation, activities and impact in the Maroondah site from 2017 to 2022.

Component	Details
Demographic description	Eastern suburbs of Melbourne
	LGA: Maroondah City Council
	Traditional lands of the Wurundjeri people
	Estimated resident population: 117,498; Indigenous population: 566
	Land area: 61 km <sup>2</sup>
Governance	Lead partners: <ul style="list-style-type: none"> <li>• Eastern Melbourne Primary Health Network (EMPHN)</li> <li>• Victorian Department of Health</li> </ul> Maroondah PBSPT Department of Health and PHN Leadership Group
Engagement of people with lived experience of suicidality or bereavement	People with lived experience were provided training, capacity building, mentoring and support through Roses in the Ocean. This empowered them to fully and safely take part in a range of activities including co-designing and planning suicide prevention programs and participation in local networks and advisory committees. This led to forming a lived experience advocate group  At least 1 person contributed to trial site activities in a sustained way  21 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters



**“There’s this much stronger system and connection between all of the different recreational services and supports provided by local council as well and so that’s both – in being able to provide the right resources at the right time for them ... the connections between police, council, health services, state and federal health-funded programs have strengthened.”**



**“The support we have from the PHN and their knowledge of the catchment and their connection to other services within the PHN has been invaluable.”**





**“The contribution of people with lived experience has been really huge towards achieving local outcomes – their voice and subject matter expertise in various forums ... it’s been crucial to the development of the region-wide approach that we now have.”**

Component	Details
Local partnerships	<p>In 2021 the Maroondah PBSPT site had 18 active partners including:</p> <ul style="list-style-type: none"> <li>• 1 lived experience advocate</li> <li>• 10 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• people with lived experience of suicide</li> <li>• Neami National</li> </ul> <p>6 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• LivingWorks</li> <li>• Neami National (delivered region-wide suicide prevention and postvention activities)</li> <li>• Roses in the Ocean</li> <li>• Stop Male Suicide</li> <li>• Wesley LifeForce</li> </ul>
Priority populations	<ul style="list-style-type: none"> <li>• General community</li> <li>• Gatekeepers likely to encounter people in distress</li> <li>• Workplaces</li> <li>• Local government</li> <li>• Young people</li> <li>• People with lived experience</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• Initial planning activity included community consultation, resource mapping and strategic activity planning</li> <li>• Neami National was commissioned to deliver LifeConnect – a region-wide suite of suicide prevention and postvention services and activities</li> <li>• LifeConnect Suicide Prevention Training</li> <li>• Men’s health lunches</li> <li>• Ripple Effect at Ringwood Station</li> <li>• Eastern Melbourne Youth Suicide Communication Protocol</li> <li>• Burmese Community Action Working Group</li> <li>• Supporting the Lifeline ‘hotspots’ project, which offers diversion for those in crisis in locations that provide increased access to means (such as railway tracks)</li> <li>• Advisory function for the Zero Suicide strategy at Eastern Health, addressing suicide prevention through research, evidence and data-driven decision making</li> </ul>



**“I think it has been a big step for us as a PHN ... now, we have got a real collaborative approach ... you can see a lot more collaborative care happening with tertiary health ... the referral pathways and relationships are absolutely improving.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p>LifeConnect suite of suicide prevention and postvention services</p> <ul style="list-style-type: none"><li>• LifeConnect delivers a suite of suicide prevention and postvention services and activities across Maroondah</li><li>• Prevention activities include wellbeing workshops such as:<ul style="list-style-type: none"><li>– wellbeing phase: Activities focusing on primary prevention are delivered to the whole of population. This includes building resilience, self-efficacy, meaning and purpose in life and social connectedness, mindfulness and skills focus</li><li>– pre-motivational phase: Activities that focus on secondary prevention and are suitable for cohorts that may be considered ‘at risk’. These activities address the background or pre-disposing factors and predisposing negative events through eliminating their presence or reducing their impact. Includes mindfulness and skills focus</li><li>– motivational phase: Activities that focus on early intervention for people who may be indicating higher risk. These activities address the development of suicidal thinking through to behavioural intention</li></ul></li><li>• Support after suicide services include individual counselling and support, group support and community support response. These are delivered in workplaces, schools and clubs, and to family and friendship groups</li><li>• LifeConnect has been delivered to specific community groups, such as the Burmese community, in a community-led, Burmese group-led approach. The approach was self-determined by the community, accessing the support and capacity building that was relevant for them</li></ul> <p><b>Men’s health lunches</b></p> <ul style="list-style-type: none"><li>• Three social lunch events were organised with key speakers and light entertainment as an informal way of building businessmen’s awareness of suicide prevention and mental health strategies. Almost 300 men attended, with very positive feedback about their experience</li><li>• Feedback indicated that some participating businesses had subsequently reached out for mental health support and/or actively sought out improved support for their staff</li></ul> <p><b>‘Ripple Effect’ at Ringwood Station</b></p> <ul style="list-style-type: none"><li>• This annual event encourages people to ‘Connect, Communicate and Care’ to help create a positive ripple effect in the community by encouraging wellbeing, awareness of supports and suicide prevention. The event provides an opportunity for a range of local services to engage with the community, network with each other and increase awareness and prevention of suicide in Maroondah. It also increases community capacity to have conversations about mental health and suicide prevention</li></ul>

# Melton-Brimbank

This snapshot provides a summary of the implementation, activities and impact in the Melton-Brimbank site from 2017 to 2022.

Component	Details
Demographic description	Western metropolitan Melbourne
	LGA: City of Melton
	LGA: City of Brimbank
	Traditional lands of the Wurundjeri people
	Estimated resident population: 135,443; Indigenous population: 1,288
Governance	Land area: 528 km <sup>2</sup>
	Traditional lands of the Wurundjeri people
	Estimated resident population: 94,319; Indigenous population: 816
	Land area: 123 km <sup>2</sup>
	Lead partners:
Engagement of people with lived experience of suicidality or bereavement	<ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• North Western Melbourne Primary Health Network</li> </ul>
	Melton Brimbank Suicide Prevention Network Governance Group
	<ul style="list-style-type: none"> <li>• Melton Council, Brimbank Council, Victoria Police, Orygen, headspace, BreakThru, cohealth, Western Health (Sunshine Hospital), Hospital Outreach Post Suicidal Engagement (HOPE) team, Australian Vietnamese Women's Association, Good Shepard Family Services, Jesuit Social Services, Wesley Mission, IPC Health, Royal Children's Hospital and Roses in the Ocean</li> <li>• Empowering Communities and Service System Working Groups, Service System Improvement Working Group</li> <li>• A review of the governance group membership led to a reinvigoration for the last 12 months of the trial, with increased lived experience participation and a wide range of expertise from across both the Brimbank and Melton communities</li> </ul>
	People with lived experience were provided training, capacity building, mentoring and support through Roses in the Ocean. This empowered them to fully and safely take part in a range of activities including co-designing and planning suicide prevention programs and participation in local networks and advisory committees. At least 2 people contributed to trial site activities in a sustained way
	Over the course of the trial, there was increased involvement from people with lived experience in the governance group, which reinvigorated group confidence in decision making
	15 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters



**“I think that we have a good representation in our governance structure from local services and I think there’s been opportunities for them to strengthen their relationships in this.”**

Component	Details
Local partnerships	<p>In 2021 the Melton Brimbank PBSPT site had 25 active partners including:</p> <ul style="list-style-type: none"> <li>• 2 lived experience advocates</li> <li>• 2 Indigenous community representatives</li> <li>• 11 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• Brimbank and Melton City Councils</li> <li>• cohealth</li> <li>• Djerriwarrh Health Services</li> <li>• headspace Melton</li> <li>• IPC Health</li> <li>• people with lived experience of suicide</li> <li>• schools/TAFEs</li> <li>• the LGBTIQ+ community</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Jesuit Social Services</li> <li>• Victoria Police</li> </ul> <p>12 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• Cairnmillar Institute</li> <li>• CAMS-care</li> <li>• HALT</li> <li>• IPC Health</li> <li>• Jane Canaway Consulting</li> <li>• LivingWorks</li> <li>• MHFA</li> <li>• Roses in the Ocean</li> <li>• The University of Melbourne</li> <li>• Uniting Victoria Tasmania</li> <li>• Victoria University</li> </ul>



**“Co-design and lived experience involvement are essential for re-shaping our institutions and communities; when services are designed by those who need them, they become more accessible and beneficial. These trials are essential to this, but the things that work need to be implemented permanently. These issues won’t improve without the ongoing cooperation and commitment of everyone.”**



**“The trial has enabled some of our agencies and organisations to work together. We’ve each got different sort of knowledge about the system and so to share that knowledge I think has been really valuable.”**

Component	Details
<b>Priority populations</b>	<ul style="list-style-type: none"> <li>• Gatekeepers likely to encounter people in distress</li> <li>• General community (including people in gambling distress)</li> <li>• Culturally and linguistically diverse communities (including the Vietnamese community and African communities such as South Sudanese people)</li> <li>• Refugees and asylum seekers</li> <li>• People with lived experience</li> <li>• Workplaces (including for universities and the emerging nursing workforce)</li> <li>• Community leaders</li> </ul>
<b>Examples of suicide prevention activities</b>	<ul style="list-style-type: none"> <li>• Melton-Brimbank continued to increase lived experience engagement in trial site activities, including in the governance group, and to contribute to project design and exploration</li> <li>• Analysis of lived experience of suicide prevention services in Melton-Brimbank included system mapping, a client journey map and a themes analysis. The findings were submitted to the Royal Commission into Victoria’s Mental Health System and led to the development of a localised suicide prevention service improvement plan</li> <li>• The Vietnamese suicide prevention project, which included a mental health profile of the Vietnamese community, the Vietnamese community suicide prevention strategy, Preventing Suicide in the Vietnamese Community online gatekeeper training, and a gatekeeper training eBook resource</li> <li>• Capacity building for Victoria University students and workforce</li> <li>• Safety net strengthening in gaming venues</li> <li>• Review of the Suicide Prevention Network governance group</li> <li>• Gatekeeper, frontline and community training, including trial site mapping, training community gatekeepers in the South Sudanese community, and Managing for Team Wellbeing training by Black Dog Institute</li> <li>• Community engagement with high-risk community groups. Example outcomes include adapting MHFA for African communities and co-design of safeTALK suicide prevention training with Pasifika communities</li> <li>• Collaborative Assessment and Management of Suicidality clinician training</li> <li>• Quality improvement training for general practices to improve GP confidence and knowledge in assessing and managing patients at risk of suicide</li> <li>• The Sporting club guide – a postvention guide for sporting clubs was developed and distributed to sporting clubs throughout the region</li> <li>• SALT sports club training</li> <li>• Lived experience stories of healing and recovery shared through art for 2021 Mental Health Week. The Art Bomb project provided an innovative way of sharing information and resources, including installing permanent artworks, supporting local artists and addressing stigmas</li> <li>• Suicide prevention in the Aboriginal and Torres Strait Islander community through the Connected Mobs project, which included community-led forums for lived experience voice, a co-design workshop, capacity building and a community event</li> </ul>



**“One of the most significant local changes has been bringing a diverse range of agencies together to actually generate ideas around suicide prevention and improving the system and developing partnerships between some of these.”**

Component	Details
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• The Dream Big Program – art-based performance workshops to explore and develop resilience and inclusion in schools</li> <li>• A resource kit for families and carers of suicidal patients who present at Sunshine Hospital's emergency department</li> </ul> <p><b>Mapping the lived experience of suicide prevention services in Brimbank-Melton</b></p> <ul style="list-style-type: none"> <li>• A system and experience map of suicide prevention services in Brimbank-Melton was completed based on submissions to the Royal Commission into Victoria's Mental Health System and data from Jesuit Social Services and StandBy. Care pathways and opportunities to improve the local system were identified</li> <li>• Key themes were identified including the need for community-based prevention and support, improved crisis intervention and support, improving the experience of families and appropriate care, strengthening peer workforce, barriers to care, and preventing suicide in high-risk populations</li> <li>• This led to developing a client journey map. It provides guidance for providers to understand the current care blockages and where improvements can be made, and led to creating a local suicide prevention service improvement plan</li> </ul> <p><b>Preventing suicide in the Vietnamese community</b></p> <ul style="list-style-type: none"> <li>• This project aimed to improve the Vietnamese community's suicide prevention knowledge and capacity and was developed in collaboration with community members. It involved offering online gatekeeper training to people living in Melton-Brimbank and/or working with the Vietnamese community and developing a better understanding of the community's needs to inform future suicide prevention activity. 57 people completed the gatekeeper training, which is available online</li> <li>• A key project recommendation was to establish a Vietnamese Mental Health Association with strong community support and involvement of community organisations</li> </ul> <p><b>Capacity building for university students and workforce</b></p> <ul style="list-style-type: none"> <li>• A growing need to support university students and staff to become suicide prevention aware and supported was identified. Victoria University staff were supported to become safeTALK and ASIST facilitators, which led to embedding safeTALK into the Bachelor of Nursing degree. Victoria University now has wellbeing staff (Sunshine campus) trained in ASIST facilitation, and is continuing to deliver ASIST beyond the trial. This sustainability approach was identified at the start of the project, with Victoria University committing to ongoing funding to ensure safeTALK and ASIST continues for staff and students</li> </ul>



**“The knowledge particularly for tradies, the acceptance that it is okay to say you're not coping, it is okay to say I feel down and knowing where services are.”**

# Southern Metropolitan Area (Cardinia, Casey, Dandenong)

This snapshot provides a summary of the implementation, activities and impact in the Southern Melbourne Area site from 2017 to 2022..

Component	Details		
Demographic description	Note: This site operated as Greater Dandenong PBSPT until an expansion in 2020 to include 2 other local council areas (Cardinia and Casey) to become Southern Metropolitan Area (SMA) PBSPT. The information below represents individual and combined activity from both sites.		
	LGA: Cardinia Shire Council	LGA: City of Casey	LGA: City of Greater Dandenong
	Traditional lands of the Bunurong and Wurundjeri people	Traditional lands of the Bunurong and Wurundjeri people	Traditional lands of the Bunurong/Boon Wurrung and Wurundjeri people
	Estimated resident population: 94,128; Indigenous population: 780	Estimated resident population: 299,301; Indigenous population: 1,616	Estimated resident population: 152,045; Indigenous population: 514
	Land area: 1,283 km <sup>2</sup>	Land area: 407 km <sup>2</sup>	Land area: 130 km <sup>2</sup>
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• South Eastern Melbourne Primary Health Network (SEMPHN)</li> </ul> <p>SMA Suicide Prevention Advisory Group</p> <ul style="list-style-type: none"> <li>• Established as Greater Dandenong Suicide Prevention Advisory Group</li> <li>• Review of the advisory group after the trial expansion led to establishing SMA Suicide Prevention Advisory Group</li> </ul> <p>Partners with:</p> <ul style="list-style-type: none"> <li>• Southeast Melbourne Postvention Action Group</li> <li>• Community-led South Eastern Suicide Prevention Network – a partnership between Wesley Mission's LifeForce, Temple Society Australia, headspace Elsternwick and Bentleigh and local communities, launched in 2019, co-chaired by 2 community members including one with lived experience</li> </ul>		





**“Some of the communities who worked within Dandenong have been extremely ready to work on suicide prevention, willing and able ... the effort to really go above and beyond – not only to participate in activities but also collaborate and be leaders.”**

Component	Details
Engagement of people with lived experience of suicidality or bereavement	<p>People with lived experience were provided training, capacity building, mentoring and support through Roses in the Ocean. This empowered them to fully and safely take part in a range of activities including co-designing and planning suicide prevention programs and participation in local networks and advisory committees. At least 6 people contributed to trial site activities in a sustained way</p> <p>27 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>
Local partnerships	<p>In 2021 the SMA trial site had 47 active partners including:</p> <ul style="list-style-type: none"> <li>• 6 lived experience advocates</li> <li>• 2 Indigenous community representatives</li> <li>• 29 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• Cardinia Shire</li> <li>• Casey Hospital Way Back Support Service</li> <li>• City of Casey</li> <li>• City of Greater Dandenong</li> <li>• Enliven (South East Primary Care Partnership)</li> <li>• headspace Dandenong</li> <li>• South East Local Learning Employment Network</li> <li>• Suicide Prevention Advisory Group – Greater Dandenong</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Centre for Multicultural Youth</li> <li>• Department of Education and Training</li> <li>• HALT</li> <li>• Jesuit Social Services</li> <li>• Monash Health (including Refugee Health &amp; Wellbeing)</li> <li>• Refugee and Asylum Seeker Health Alliance</li> <li>• Roses in the Ocean</li> <li>• Victoria Police</li> </ul> <p>8 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• Black Dog Institute</li> <li>• Enliven (primary care partnership)</li> <li>• HALT</li> <li>• Jesuit Social Services</li> <li>• LivingWorks</li> <li>• Monash University</li> <li>• Roses in the Ocean</li> <li>• Spectrum Personality Disorder Service</li> </ul>



**“I think there’s been a spotlight kind of shone on some of the key risk cohorts for suicidality in our region through the trial, so I think that’s something that’s been really useful.”**

Component	Details
Priority populations	<ul style="list-style-type: none"> <li>• Gatekeepers likely to encounter people in distress</li> <li>• CALD communities and refugees and asylum seekers (for example, Afghan, South Sudanese, Tamil)</li> <li>• Aboriginal and Torres Strait Islander communities</li> <li>• General community (for example, men, sports settings, young people including those living in out-of-home care)</li> <li>• Community leaders (for example, faith leaders)</li> <li>• People with lived experience</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• SMA Suicide Prevention Advisory Group review</li> <li>• Helping to establish a Community Suicide Prevention Network in the SMA region</li> <li>• A suicide prevention strategy for SMA, which includes PHN sustainability planning</li> <li>• Lived experience capacity-building workshops with Roses in the Ocean</li> <li>• Lived experience workshops and podcast series with Roses in the Ocean</li> <li>• Developing sustainability principles for PBSPTs</li> <li>• Delivering LivingWorks training across the catchment</li> <li>• Mindframe training for communications teams in media and local organisations</li> <li>• Ongoing promotion of safe language and reporting across the service sector and community</li> <li>• Jesuit Social Services – Support After Suicide</li> <li>• Refugee, people seeking asylum and CALD community suicide prevention capacity-building project</li> <li>• Enhancing the capacity of gatekeepers in the South Sudanese community to respond to individuals at risk, including through a South Sudanese suicide prevention plan</li> <li>• HALT resource cards for tradespeople/men</li> <li>• Training/upskilling mental health practitioners and GPs</li> <li>• Community campaigns</li> <li>• Video for GPs on young people’s health and wellbeing: considerations for general practice</li> <li>• Mapping suicide prevention activity in local schools and identifying gaps to inform targeted training needs</li> <li>• Identifying means restriction opportunities using coroners’ data and local community information</li> <li>• Supporting Lifeline to identify ‘hotspots’ for crisis support signage</li> <li>• Collaboration with frontline workers such as Victoria Police to find capacity-building opportunities</li> <li>• Primary care and whole-of-practice training in suicide response</li> <li>• A partnership with the South East Melbourne Aboriginal Suicide Prevention &amp; Healing Network (SEMASPAHN) to support community connection for elders and young people, using technology and skateboarding</li> </ul>



**“The overwhelming commitment to partnership was really strong from the beginning. I think there was a really significant investment of time and energy from right across a variety of sectors.”**

Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"> <li>• Supporting young people in out-of-home care with a pandemic wellbeing communications campaign</li> <li>• Exploring partnership options to support the LGBTIQ+ community</li> <li>• Supporting men with awareness raising via HALT, including Save Your Bacon breakfasts, links with TAFEs and engaging HALT-friendly general practices that can support men's mental wellbeing. Engaging neighbourhood/community houses and men's sheds in suicide prevention</li> <li>• Promoting the stepped care model of mental health treatment through SEMPHN's broader commissioning activities and engagement with primary care</li> <li>• Ongoing collaborations to improve access to and the quality of high-acuity emergency care and to strengthen transitions and referral pathways between tertiary and community-based support to improve continuity of care</li> <li>• Collaborating to manage high-risk cases among Sudanese youth in schools</li> <li>• LivingWorks community campaign for World Suicide Prevention Day to identify 'crisis heroes'</li> <li>• Communication pathways for disseminating best practice evidence</li> </ul> <p><b>Building suicide prevention capacity in refugee, asylum-seeking and CALD communities: using evidence-informed and community-led approaches</b></p> <ul style="list-style-type: none"> <li>• Several refugee, migrant and people seeking asylum populations were identified as at-risk groups during the initial needs assessment phases of the SMA trial site. Greater Dandenong, Casey and Cardinia are home to a diverse range of new and emerging communities, with almost half of all young people born overseas, including refugees and people seeking asylum</li> <li>• Better Place Australia were commissioned to work with the Southern Migrant and Refugee Centre to deliver the Refugee, People Seeking Asylum and CALD community Suicide Prevention Capacity Building Initiative across the region, using an evidence-informed, community-led approach to suicide prevention</li> <li>• This initiative builds on existing work to design and implement a local, community-based approach to suicide prevention, mental health and wellbeing – for example, implementing the recommendations from the South Sudanese Women's Initiative. This increases access to mental health services for CALD, refugee and people seeking asylum communities, and expands on previous work, maintaining sustainable local activities. The initiative works with people with lived experience, supported by Roses in the Ocean, and includes developing specialised referral pathways, implementing the LivingWorks training model for these communities and developing a community video series</li> <li>• Achievements included building the capacity of designated and emerging gatekeepers in the Afghan, South Sudanese and Tamil communities to respond to individuals at risk, and co-designing workshops to build lived experience capacity – for example, with the Tamil community</li> </ul>



**“A good example is with the South Sudanese response, how we came to understand the really significant role that community play in these events, and then engaging with family and the broader schools.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Supporting young people in out-of-home-care for COVID recovery</b></p> <ul style="list-style-type: none"> <li>• Young people in out-of-home care were a particularly vulnerable group during the COVID pandemic, and the SMA trial site identified an opportunity to build on existing SEMPHN work and partnerships to help this cohort</li> <li>• SEMPHN organised a roundtable discussion with local youth and services to identify appropriate wellbeing supports for both short- and long-term recovery and worked with a team of local youth advisors to co-lead a social media campaign for young people in south-east Melbourne. The COVID Collective Campaign (@COVID__Collective) collected the authentic experiences, thoughts and reflections of young people as they coped with the pandemic, sharing stories through photos, videos, comments and art. Resources were also disseminated to encourage help-seeking</li> </ul> <p><b>Video for GPs on young people’s health and wellbeing: considerations for general practice</b></p> <ul style="list-style-type: none"> <li>• Local partners (such as headspace, schools and others) identified a need to reach out to GPs in the region to highlight how challenging 2020 has been for young people and the important role that general practice can play in the health and wellbeing of young people, including in suicide prevention</li> <li>• The project engaged a local young person and local GP to discuss some of the challenges and opportunities for young people and to highlight the ‘turning points’ for health, wellbeing and safety that are possible when a GP and young person have open discussions about what they are experiencing including suicide risk</li> <li>• The discussion was developed into a video for GPs, with a call-to-action to complete the LivingWorks START suicide prevention training, funded through the trial site. The video was disseminated through SEMPHN’s GP practice distribution list in December 2020 to around 3,300 subscribers. At least 8 GPs signed up to complete the training after watching the video &lt;<a href="https://vimeo.com/492254830">https://vimeo.com/492254830</a>&gt;</li> </ul> <p><b>Collaboration with the South East Melbourne Aboriginal Suicide Prevention &amp; Healing Network</b></p> <ul style="list-style-type: none"> <li>• SEMPHN provided backbone funding support to SEMASPAHN as part of engagement with local Aboriginal and Torres Strait Islander people and Aboriginal Community Controlled Health Services and organisations. The trial site wanted to engage with the network to help identify suicide prevention initiatives for local Aboriginal communities</li> <li>• While engagement and progress was delayed during the pandemic, several activities were achieved to strengthen community connection. For example, iPads were purchased to support connection for Elders, liaison with headspace Frankston to deliver ‘Coasting Through’ to engage Indigenous young people in skateboard artwork, skating lessons, psychoeducation and signposting of resources. Outside the Locker Room provided welfare and education programs across local gathering places (Nairn Marr Djambana in Frankston, Willum Warrain in Hastings, Derrimut Weelam in Mordialloc)</li> </ul>

# Mildura

This snapshot provides a summary of the implementation, activities and impact in the Mildura site from 2017 to 2022.

Component	Details
Demographic description	Regional city in north-west Victoria
	LGA: Mildura Rural City Council
	Traditional lands of the First Nations of the Millewa Mallee
	Estimated resident population: 53,878; Mildura city population: 32,738; Indigenous population: 2,070
	Land area: 22,330 km <sup>2</sup>
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• Murray Primary Health Network</li> </ul> <p>Mildura PBSPT Trial Steering Committee:</p> <ul style="list-style-type: none"> <li>• Northern Mallee Mental Health Alliance – Suicide Prevention Working Group</li> </ul>
Engagement of people with lived experience of suicidality or bereavement	<ul style="list-style-type: none"> <li>• 12 local people with lived experience completed advocacy training (Roses in the Ocean) and contributed to the trial site steering committee and working groups</li> <li>• People with lived experience established a regional suicide prevention network that operates autonomously, contributing to the trial site and other initiatives (Sunraysia Mallee Community Suicide Prevention Network)</li> <li>• 27 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters. Opportunities for lived experience participation included in training, governance roles, community engagement and advocacy. Co-design activity included: co-design of the local operational guidelines for the Way Back Support Service and co-design of local postvention resources</li> <li>• The trial site co-designed the <i>Lived experience engagement and integration strategy</i> to support a strategic approach to lived experience integration</li> </ul>



**“The most significant thing has been the bringing together of sectors across the lifespan system with a resource that sits behind that to do the joint planning and action, so it’s that sort of collective impact approach.”**



**“The level of collaboration is very high and the willingness to work together is almost universally very strong.”**

Component	Details
Local partnerships	<p>In 2021 the Mildura PBSPT site had 36 active partners including:</p> <ul style="list-style-type: none"><li>• 3 lived experience advocates</li><li>• 1 Indigenous community representative</li><li>• 7 priority group representatives</li></ul> <p>Local community-led network:</p> <ul style="list-style-type: none"><li>• Sunraysia Mallee Community Suicide Prevention Network</li></ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"><li>• headspace Mildura</li><li>• Mallee District Aboriginal Services</li><li>• Mildura Base Hospital</li><li>• people with lived experience of suicide</li><li>• Sunraysia Community Health Service</li><li>• The Voice for Mental Health Mildura</li></ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"><li>• Centacare</li><li>• Department of Education and Training</li><li>• Victoria Police</li><li>• Wellways</li></ul> <p>9 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"><li>• Black Dog Institute</li><li>• HALT</li><li>• La Trobe University &amp; Monash University School of Rural Health</li><li>• Mindframe</li><li>• Roses in the Ocean</li><li>• Royal Flying Doctor Service</li><li>• Standby Support After Suicide</li><li>• The University of Melbourne</li><li>• Wesley LifeForce</li></ul>
Priority populations	<ul style="list-style-type: none"><li>• General community</li><li>• Gatekeepers likely to encounter people in distress</li><li>• People with lived experience</li><li>• Workplaces</li><li>• Farmers</li><li>• Males</li></ul>



**“The trial has allowed a lot of things to happen ... the fact that there is a coordinating point, a focal point, a sort of a reference point for information and who’s doing what to avoid duplication and different groups working across each other.”**

Component	Details
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• Capacity building for lived experience advocates</li> <li>• Lived experience engagement strategy</li> <li>• Coordinating with Sunraysia Mallee Suicide Prevention Network</li> <li>• Online Collaborative Assessment and Management of Suicidality framework training</li> <li>• Suicide postvention protocol strengthening</li> <li>• Encouraging safe and purposeful media reporting</li> <li>• Beyond ‘Mindframe awareness’</li> <li>• Gatekeeper training strategy: training the community to recognise and respond to suicidality. Examples of targeted training include in the Department of Justice Northern Mallee, Mallee Sexual Assault and Domestic Violence Unit, Mildura Rural City Council and Wentworth Shire Council</li> <li>• Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) perpetrator-focused practice guidelines</li> <li>• Aftercare research project to improve emergency and follow-up care for suicidal crisis</li> <li>• Equipping primary care to identify and support people in distress</li> <li>• Supporting local Victoria Police members to become ASIST training facilitators</li> </ul> <p><b>Northern Mallee Suicide Postvention Protocol (SPP) strengthening</b></p> <ul style="list-style-type: none"> <li>• The Northern Mallee Suicide Postvention Communication Protocol was operating for 8 years before the trial site was established. The trial enabled a review of the protocol based on many years of community implementation and engaged Orygen’s Head of Suicide Prevention to support and review postvention practice in the Mildura LGA</li> <li>• The resulting recommendations strengthened postvention practice within Northern Mallee to a dual focus on bereavement support and preventing future suicidal behaviours. The revised Northern Mallee SPP expanded to a whole-of-community focus and documents the ways in which the Sunraysia community coordinates and operationalises postvention activity. It improves inter-agency relationships and collaboration by outlining ways that responsible organisations: <ul style="list-style-type: none"> <li>– provide a coordinated and effective response to suicides and serious suicide attempts</li> <li>– prevent suicide contagion and other community impacts</li> <li>– identify and map emerging suicide trends</li> <li>– identify and progress areas to strengthen local system responses (both postvention and prevention) to prevent suicide and suicide attempts within the community in an ongoing way</li> </ul> </li> <li>• As a result, the current protocol integrates postvention knowledge into prevention-focused decision making and resource allocation</li> <li>• The Indigenous Family Liaison at the Coroners Court of Victoria provided additional expert review to ensure the protocol’s content and processes were respectful and culturally appropriate</li> </ul>



Component	Details
Examples of suicide prevention activities (cont.)	<ul style="list-style-type: none"> <li>• The protocol has resulted in a number of community resources being developed, and the latest version is available on the Murray PHN ‘postvention’ website &lt;<a href="https://www.murrayphn.org.au/suicideprevention/postvention/">https://www.murrayphn.org.au/suicideprevention/postvention/</a>&gt;</li> </ul> <p><b>Aftercare research: System analysis to inform ‘Improving Emergency and Follow Up Care for Suicidal Crisis’ resulted in advocacy for assertive outreach post-suicidal crisis</b></p> <ul style="list-style-type: none"> <li>• A collaborative research project commissioned to La Trobe University and Monash University explored means for ‘Improving Emergency and Follow Up Care for Suicidal Crisis in Mildura LGA’ by:             <ul style="list-style-type: none"> <li>– identifying the system for emergency and follow-up care</li> <li>– evaluating the relationships between components of the current system</li> <li>– cross-checking how the current system reflects contemporary clinical practice (including the Black Dog Institute’s guidelines for emergency departments) and consumer-centred and culturally/gender-aware Australian practice</li> </ul> </li> <li>• The report produced recommendations on system improvements, many of which have since been implemented by the trial. For example, the need for assertive outreach post-suicidal crisis led to establishing ‘The Way Back Support Service’. Another recommendation included support for suicide awareness/prevention capacity building for Mildura Base Public Hospital emergency department staff, which led to delivering the Suicide Risk Assessment and Management in Emergency Department Setting (SRAM-ED) training program by Queensland Health (Centre for Mental Health Learning)</li> <li>• Other recommendations included a sustainable suicide prevention training plan across the community and improvements to the experience of presenting to the ED for suicidal crisis (for example, improving the physical environment, increasing the role for a lived experience workforce and support for carers) – which are part of the resulting action plan</li> </ul> <p><b>Perpetrator-focused practice guidelines for family violence</b></p> <ul style="list-style-type: none"> <li>• When analysis of local postvention data identified domestic violence perpetrators as being at increased risk of suicide, the trial site established a working group, conducted a literature review and set up a series of focus groups to identify common suicide risk factors in the context of family violence (for interacting with police/justice system and/or family violence services). This informed development of practice-based evidence alongside the literature base</li> <li>• The results led to the <i>Perpetrator-focused practice guidelines</i> for including in the MARAM Framework. The document combined specific learnings from the Mildura LGA with the broader knowledge of suicide risk factors and prevention-focused interventions, blending family violence, police, mental health and Aboriginal community-controlled health organisation practice insights with broader evidence-based research</li> <li>• The guidelines support resilience building for those experiencing relationship breakdown, parenting after separation, and early navigation of romantic relationships</li> </ul>

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Beyond Mindframe awareness</b></p> <ul style="list-style-type: none"> <li>• The trial built an ongoing relationship with regional media towards understanding the importance of safe and purposeful reporting and communication about suicide. While managing increased suicide deaths in 2019, the efforts matured beyond 'Mindframe awareness' and encouraged journalists to consider their role as community leaders in the suicide prevention system. It also posed questions around mental health reporting more broadly, particularly in editorial decisions about personal stories</li> <li>• The regular turnover of journalists is a key future consideration, because without a dedicated focus, the broader momentum and impacts from these partnerships and local leadership will dissipate in media outlets without strong and aligned inbuilt editorial policies</li> </ul>



**“I feel that services are actually listening to those of us with a lived experience and getting that feedback when they’re putting in services, because I sort of felt like that was only tokenistic previous to the trial, but I personally think that that has improved out of sight.”**



**“Mildura have their community committee now for their suicide prevention, their connected people – it’s a separate committee to the trial and runs by themselves ... It’s sort of brought suicide prevention to the forefront.”**

# Whittlesea

This snapshot provides a summary of the implementation, activities and impact in the Whittlesea site from 2017 to 2022.

Component	Details
Demographic description	One of the largest municipalities in metropolitan Melbourne and fastest growing municipalities in Australia. Located in the outer northern suburbs of Melbourne, Whittlesea is one of the most multicultural municipalities in Victoria
	LGA: City of Whittlesea
	Traditional lands of the Wurundjeri Willum Clan
	Estimated resident population: 239,932; Indigenous population: 1,635
	Land area: 490 km <sup>2</sup> (70% rural, 30% urban)
Governance	<p>Lead partners:</p> <ul style="list-style-type: none"> <li>• Victorian Department of Health</li> <li>• Eastern Melbourne Primary Health Network (EMPHN)</li> </ul> <p>Whittlesea PBSPT governance:</p> <ul style="list-style-type: none"> <li>• Department of Health and PHN Leadership Group</li> <li>• Lived experience representatives</li> <li>• Culturally and Linguistically Diverse Working Group</li> </ul>
Engagement of people with lived experience of suicidality or bereavement	<p>1 lived experience advocate contributed to the trial</p> <p>LifeConnect includes people with lived experience in program delivery</p> <p>15 suicide prevention activities were implemented with people with lived experience as advisors or co-designers/presenters</p>



**“There’s greater awareness of those underlying factors ... if it’s social inclusion and participation, it’s financial security, it’s whatever those triggers might be for people with underlying issues getting those supports.”**

Component	Details
Local partnerships	<p>In 2021 the Whittlesea PBSPT site had 21 active partners including:</p> <ul style="list-style-type: none"> <li>• 1 lived experience representative</li> <li>• 1 Indigenous community representative</li> <li>• 9 priority group representatives</li> </ul> <p>Local place-based partners included:</p> <ul style="list-style-type: none"> <li>• City of Whittlesea</li> <li>• people with lived experience of suicide</li> </ul> <p>Statewide partners included:</p> <ul style="list-style-type: none"> <li>• Neami National</li> <li>• Victoria Police</li> </ul> <p>6 organisations were commissioned to deliver a range of suicide prevention activities:</p> <ul style="list-style-type: none"> <li>• ConNetica</li> <li>• Living Works</li> <li>• Neami National (to deliver region-wide suicide prevention and postvention services)</li> <li>• Stop Male Suicide</li> <li>• Wesley LifeForce</li> <li>• Western Bulldogs Community Foundation</li> </ul>
Priority populations	<ul style="list-style-type: none"> <li>• Gatekeepers likely to encounter people in distress</li> <li>• CALD communities (for example, South Asian women experiencing intersecting risk factors)</li> <li>• General community (for example, older men)</li> <li>• Workplaces</li> <li>• Local government</li> </ul>
Examples of suicide prevention activities	<ul style="list-style-type: none"> <li>• LifeConnect's region-wide suite of suicide prevention and postvention services and activities delivered by Neami National – wellbeing, pre-motivation, motivational workshops and training</li> <li>• LifeConnect's suicide prevention training developed and delivered in collaboration with people with lived experience of suicide – building community and workplace capacity to recognise and respond to suicidality</li> <li>• LifeConnect's development of formal protocols and integrated care pathways with tertiary healthcare providers (for example, the HOPE program at Eastern Health and St Vincent's) and PHN-commissioned stepped care providers – for people with a recent suicide attempt or who are at risk of suicide</li> </ul>



**“The Whittlesea site is really, really strong ... the local culturally and linguistically diverse groups are being able to manage and know where to go for the right supports when they need it.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>LifeConnect started delivering CALD-tailored suicide prevention training to community and GPs</b></p> <ul style="list-style-type: none"> <li>• Community materials and resources developed, including self-care after loss (including translated versions), brochure, beer coaster and media content</li> <li>• Sons of the West in the North (SOTWIN) 10-week health and wellbeing education and exercise program for men</li> <li>• The Crossroads to Community Wellbeing working group responded to a perceived cluster of suicides of South Asian women. It worked with the Coroner's Court of Victoria to develop the Crossroads action plan, including a media engagement framework and website</li> <li>• Developed the Roads to Driving Program to address social isolation in the South Asian community in Whittlesea and cultural competency training series to local stakeholders</li> <li>• Supported development of the North East Melbourne Youth Suicide Communication Protocol</li> <li>• Supported the Lifeline 'hotspots' project, which offers diversion for those in crisis in locations that provide increased access to means (such as railway tracks)</li> </ul> <p><b>Sons of the West in the North</b></p> <ul style="list-style-type: none"> <li>• SOTWIN, developed by the Western Bulldogs Community Foundation, delivered a 10-week health and wellbeing education and exercise program aimed at men who may have, or may be at risk of developing, mental health issues due to social marginalisation, isolation, stress or physical health conditions. Program participation reflected Whittlesea's community diversity and included high-risk groups such as men in their late 50s, with almost 50% born overseas and almost 10% part of Aboriginal or Torres Strait Islander communities</li> <li>• Three key stakeholders (DPV Health, Whittlesea Council and Neami) agreed to contribute \$10,000 each per program to support the program's sustainability</li> </ul>



**“The big significant change in Whittlesea is that our relationship with the local councils has significantly developed so that we understand a lot more about their health planning, particularly for us in suicide prevention.”**

Component	Details
Examples of suicide prevention activities (cont.)	<p><b>Crossroads to Community Wellbeing</b></p> <ul style="list-style-type: none"> <li>• The Crossroads to Community Wellbeing working group was set up in response to a perceived cluster of suicides of South Asian women, with subject matter expertise and secretariat support provided by the Whittlesea trial site. The group's aims have been to provide local intelligence and strategic direction to investigate the emerging issue, build relationships with CALD communities and identify and advocate for community-informed, tailored prevention and postvention responses to prevent further suicidality in these communities</li> <li>• The group requested the Coroner's Court of Victoria to investigate the deaths, finding an intersecting group of risks involved (cultural background, family violence, social isolation and unmet health needs). This led to developing a media engagement framework, the Crossroads action plan and publication of a website. The results also promoted the Coroner's Prevention Unit to begin including people's country of birth data</li> <li>• Two time-limited projects to address social isolation and improve cultural competency were funded</li> </ul> <p><b>North East Melbourne youth suicide communication protocol</b></p> <ul style="list-style-type: none"> <li>• A governance group was set up to develop a protocol for young people (up to 25 years) affected by a completed or suspected suicide in the north-east and their networks. The protocol's purpose is to ensure people are appropriately supported in a coordinated, timely way by key agencies and services. The project remains a work-in-progress, with a business case and advocacy request to fund the protocol's development, with stakeholders and ongoing funding to a clinical lead agency in the pipeline</li> </ul>



**“We need more bicultural workers, we need a more diverse workforce for those kind of sensitive issues where people won’t speak to mainstream providers ... so some of the recommendations were about trying to do some work around getting a more culturally diverse workforce.”**

# Glossary

<b>Aftercare</b>	Care and support to prevent future suicidal behaviour during the critical period immediately following a suicide attempt – for example, The Way Back Support Service and HOPE
<b>Bereaved</b>	Someone who has lost a loved one or significant person to suicide
<b>Capacity building for suicide prevention</b>	People’s knowledge, attitudes, confidence, skills and/or intentions in relation to suicide, suicide prevention and identifying and/or responding to suicidality
<b>Carer</b>	A person, including a person under the age of 18 years, who provides care to another person with whom they are in a relationship of care
<b>Co-design</b>	A process where traditional experts work in equal partnership with experts by experience (people with lived experience) to ‘design’ a service or service improvement. The core co-design principle of power sharing is especially significant in the context of suicide prevention where people with lived experience have been disempowered by their experiences of stigma and discrimination within the clinical system
<b>Collective backbone</b>	In a collective impact model: a supportive infrastructure in the form of dedicated staff and resources that provide central oversight, strategic function and coordination
<b>Co-production</b>	This involves people with lived experience leading or partnering across all aspects of an initiative or program from the outset – that is, co-planning, co-designing, co-delivering and co-evaluating
<b>Collective impact</b>	A collaborative approach to addressing complex social issues consisting of five conditions: a common agenda; continuous communication; mutually reinforcing activities; backbone support; and shared measurement



<b>Commissioning</b>	The process of purchasing services that meet the needs of the local community. It is an ongoing process that involves developing and implementing activities/services based on an assessment of needs, planning, co-design, purchasing, monitoring and reviewing. Primary Health Networks use commissioning to meet service gaps in their catchments
<b>Community development</b>	A process where community members are supported by agencies to identify and take collective action on issues that are important to them. Community development empowers community members and creates stronger and more connected communities
<b>Community of practice</b>	A group of people who share a common interest in a topic and who come together to fulfill both individual and group goals
<b>Consumer</b>	A person who identifies as having a living or lived experience of mental illness or psychological distress, irrespective of whether they have a formal diagnosis, who have used mental health services and/or received treatment
<b>Culturally and linguistically diverse (CALD)</b>	Term used to describe communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and/or religions
<b>Evidence-based</b>	Using information to make decisions that is based on scientific research
<b>Evidence-informed</b>	Using evidence to design, implement and improve our programs and interventions. This evidence can be: (a) research evidence; (b) lived experience and client voice, or (c) professional expertise
<b>Gatekeepers</b>	People in community and professional settings who have contact with large numbers of community members as part of their usual routine and may encounter people experiencing psychological distress (such as teachers, GPs, hairdressers, community leaders)
<b>Governance</b>	The framework created to guide how the project or program is controlled and operates, and how decisions are made
<b>Hospital Outreach Post-suicidal Engagement (HOPE) initiative</b>	An initiative that provides enhanced support and assertive outreach for people leaving an emergency department following treatment for an attempted suicide, serious planning or intent
<b>Intersectionality</b>	The ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age

<b>Lived experience of suicide</b>	Having experienced suicidal thoughts or behaviours; being a suicide attempt survivor; having cared for someone through suicidal crisis; or having been bereaved by suicide
<b>LGBTIQ+</b>	Lesbian, gay, bisexual, trans and gender diverse, intersex and queer
<b>Mental illness</b>	A medical condition characterised by a significant disturbance of thought, mood, perception or memory
<b>Needs assessment</b>	A method of identifying the health needs of a population. A detailed and systematic assessment is completed of the regional population's health needs and local healthcare services. The process identifies service gaps and key issues, and sets the regional priorities
<b>Outcomes</b>	A health-related change due to a preventive or clinical intervention or service. The outcome may relate to a person, group or population
<b>PBSPT</b>	Place-based suicide prevention trials
<b>Place-based</b>	Emphasises the characteristics and meaning of places as a fundamental starting point for planning and development
<b>Postvention</b>	Intervention activities conducted after a suicide that focus on bereavement support and suicide prevention among the bereaved and within the wider impacted community (for example, witnesses, first responders, healthcare providers, sporting clubs, community groups, employers and work colleagues)
<b>Primary Health Networks (PHN)</b>	Independent organisations working to streamline health services, particularly for those at risk of poor health outcomes, and to better coordinate care so people receive the right care, in the right place, at the right time. There are 31 PHNs nationally, funded by the Commonwealth Government
<b>Priority groups</b>	Groups of people identified as having higher rates of risk factors for suicide and self-harm, and who require more focused support to reduce contributing factors and enhance protective factors that prevent suicide or suicidal behaviours. These groups may vary from location to location
<b>Procurement</b>	The process of purchasing goods or services
<b>Scaling up</b>	Efforts to increase the impact of health service innovations tested in trial projects in order benefit more people by extending activities to other locations or populations

<b>Self-harm</b>	A deliberate act of harming oneself but without intent to die (sometimes known as ‘non-suicidal self-injury’)
<b>Stakeholder</b>	People or organisations who have an interest or stake in the topic (in this case, suicide prevention)
<b>Suicidal thoughts and behaviour</b>	Thinking about or planning a suicide (suicidal ideation), attempting suicide or dying by suicide
<b>Suicide prevention</b>	<p>Focus on enhancing protective factors and reducing contributing (risk) factors for suicide. Effective suicide prevention is targeted at three levels to reflect the complex nature of suicide:</p> <ul style="list-style-type: none"> <li>• <b>Indicated prevention</b> strategies target those experiencing suicidal thoughts, ideation and/or behaviours and suicide attempt survivors</li> <li>• <b>Selective prevention</b> strategies target vulnerable people or groups based on characteristics such as age, sex, occupational status and family history. While individuals may not currently express suicidal behaviours, they may be at an elevated biological, psychological or socioeconomic risk</li> <li>• <b>Universal prevention</b> strategies are designed for the whole population in an effort to maximise good mental health and wellbeing and minimise suicide risk by removing barriers to care, increasing access to help and strengthening protective factors (such as social support)</li> </ul> <p>Suicide prevention requires coordinated and combined action from all levels of government, healthcare systems, frontline health and community workers, workplaces, schools and other educational settings, community groups, the media, and individuals, families and communities</p>
<b>Suicide Prevention and Response Office</b>	The office, led by a State Suicide Prevention and Response Adviser in the Department of Health, that drives Victoria’s approach to suicide prevention and response
<b>Systems-based approaches</b>	Approaches that involve looking at all systems that can influence, and protect against, suicide. This is based on the idea that no single action, service or treatment will work in isolation, requiring a concerted and continuous effort by implementing multiple strategies simultaneously. The Royal Commission in Victoria’s Mental Health System recommended this as the best approach to reduce suicide within Victoria

