

Victorian suicide prevention and response strategy 2024–2034 (accessible)

First implementation plan 2024–2026

To receive this document in another format, email the Suicide Prevention and Response Office <suicide.prevention@health.vic.gov.au>.

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or “Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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Available at [Suicide Prevention in Victoria](https://www.health.vic.gov.au/prevention-and-promotion/suicide-prevention-in-victoria) <https://www.health.vic.gov.au/prevention-and-promotion/suicide-prevention-in-victoria>

# If you need help

No one needs to face their problems alone. If you or a person you support needs help, the following services are available:

* If you are in a situation that is harmful or life-threatening, contact emergency services immediately on Triple Zero (000).
* If you are not in immediate danger but you need help, call NURSE-ON-CALL on 1300 60 60 24.
* For crisis support, call Lifeline on 13 11 14 or visit the [Lifeline website](https://www.lifeline.org.au) <https://www.lifeline.org.au>.
* For support to address distress or thoughts of suicide, call SuicideLine Victoria on 1300 651 251 or visit the [SuicideLine website](https://www.suicideline.org.au/) <https://www.suicideline.org.au>. The Suicide Call Back Service is also available on 1300 659 467.
* For mental health support, call Beyond Blue on 1300 224 636 or visit the [Beyond Blue website](https://dhhsvicgovau.sharepoint.com/sites/TransitionandImplementationBranch/Shared%20Documents/Suicide%20Prevention%20and%20Response%20Office/Policy%20Team/Suicide%20Prevention%20and%20Response%20Strategy/Strategy%20drafting/Beyond%20Blue%20website) <https://beyondblue.org.au>.
* For Aboriginal and Torres Strait Islander people who need support, call Yarning Safe N Strong on 1800 959 563 or visit the [Victorian Aboriginal Health Service website](https://www.vahs.org.au/yarning-safenstrong/) <https://www.vahs.org.au/yarning-safenstrong>.
* For crisis helpline support for Aboriginal and Torres Strait Islander people, call 13YARN (13 32 16) or visit 13YARN’s website <https://www.13yarn.org.au/>.
* To speak to an Aboriginal and Torres Strait Islander suicide postvention advocate, call the Thirrili postvention support line on 1800 805 801 or visit Thirrili’s website <https://thirrili.com.au/>.
* For children and young people who need support, call Kids Helpline on 1800 551 800 or visit the [Kids Helpline website](https://kidshelpline.com.au/) <https://kidshelpline.com.au>. Young people can also call headspace on 1800 650 890 or visit the [headspace website](https://headspace.org.au/online-and-phone-support/) <https://headspace.org.au/our-services/eheadspace>.
* For LGBTIQA+ people who need support, call Rainbow Door on 1800 729 367, text them on 0480 017 246 or email Rainbow Door <support@rainbowdoor.org.au>.
* If you are looking for a mental health service, visit the [Better Health Channel website](https://www.betterhealth.vic.gov.au/) <https://betterhealth.vic.gov.au> or contact your local GP to find out about your options.
* For small business owners who need support, call the Partners in Wellbeing Helpline on 1300 375 330, or visit the [Partners in Wellbeing website](https://www.partnersinwellbeing.org.au/small-business-support) <https://www.partnersinwellbeing.org.au/small-business-support> for live chat, enquiries and referrals.
* For people living or recovering from addiction, call the Self Help Addiction Resource Centre (SHARC) family drug and gambling helpline on 1300 660 068, visit SHARC’s website <sharc.org.au> or contact DirectLine on 1800 888 236.
* For veterans and ex-service people who need support, call Open Arms on 1800 011 046 or visit the [Open Arms’ website](https://www.openarms.gov.au/get-support/counselling) <https://www.openarms.gov.au/get-support/counselling>.
* For people experiencing bereavement who need support, call StandBy –Support After Suicide on 1300 727 247 or visit [StandyBy’s website](https://standbysupport.com.au) <https://standbysupport.com.au>. People experiencing bereavement of a family member can also call the Compassionate Friends Victoria on 1300 064 068 or visit the [Compassionate Friends Victoria website](https://www.compassionatefriendsvictoria.org.au) <https://www.compassionatefriendsvictoria.org.au>

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# Acknowledgement

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia’s First Peoples and the Traditional Owners and custodians of the land and water on which we live and work. We recognise that Aboriginal and Torres Strait Islander people in Victoria practise their lore, customs and languages and that they nurture Country through their deep spiritual and cultural connections and practices to land and water. We acknowledge Victoria’s Aboriginal and Torres Strait Islander communities and culture and pay respect to Elders past and present.

We recognise the invaluable and ongoing contribution of Aboriginal and Torres Strait Islander people and communities to Victorian life and how this continues to enrich our society. We acknowledge the contributions of generations of Aboriginal and Torres Strait Islander leaders who have devoted themselves to protecting the rights of their people and communities. We recognise that sovereignty was never ceded.

We acknowledge that Aboriginal and Torres Strait Islander self-determination is a human right, and we commit to working in partnership with Aboriginal and Torres Strait Islander communities to advance self-determination and self-determined responses to prevent and respond to suicide.

It must be acknowledged that colonisation and establishing the State of Victoria has had long-lasting, far-reaching and intergenerational consequences, including the dispossession of Aboriginal people of their Country. The reality of colonisation involved establishing Victoria with the specific intent of excluding Aboriginal people and their lore, cultures, customs and traditions, including through horrific violence perpetuated at the individual, societal and systemic levels. We recognise that this history, and the systems it gave rise to, continue to harm Aboriginal and Torres Strait Islander people and communities today, including in contributing to trauma, distress and deaths by suicide.

We acknowledge that Victoria’s Treaty process will provide a framework for transferring decision‐making power and resources to support self‐determination and Aboriginal communities taking control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal people living in Victoria.

The State of Victoria is committed to continued work with Traditional Owners and Aboriginal people living in Victoria as equal partners on this journey. It is important for government not to pre-empt what may be in a Treaty – instead, we must listen to the aspirations and outcomes of the Treaty-making process, and work together to deliver a Treaty that will benefit all Victorians.

Despite the far-reaching and long-lasting impacts of colonisation on Aboriginal and Torres Strait Islander communities, Aboriginal and Torres Strait Islander people remain resilient. We acknowledge the strong connection of Aboriginal and Torres Strait Islander people and communities to Country, culture and community, and that this connection is central to positive mental health and wellbeing.

We are committed to working with Aboriginal and Torres Strait Islander communities to embed cultural responses and acknowledge Aboriginal and Torres Strait Islander ways of knowing, being and doing.

# Recognition of lived and living experience

The Victorian Government acknowledges people with lived and living experience, including everyone who contributed to developing the *Victorian suicide prevention and response strategy 2024-2034* and its supporting documents. We deeply appreciate your knowledge and expertise and thank you for partnering with us to achieve system transformation.

# Implementation plan 2024–2026

## Background

The *Victorian suicide prevention and response strategy 2024–2034* aims to identify and respond to the many factors that contribute to and protect against suicide, to build a systems-based, whole-of-government and community-wide approach to suicide prevention and response. It offers an opportunity for government, workplaces, sectors and industries and the community to come together to focus our efforts and create meaningful change now and in the future.

Rolling implementation plans and an accountability framework support the strategy. The accountability framework aims to support, monitor, promote and assess the progress of the strategy. The implementation plans outline the specific initiatives (such as programs, services and policy changes) we will deliver over each implementation period. This is the first of those implementation plans.

The 2-year focus of this first plan acknowledges the need for sequencing because not all initiatives needed to reduce suicide can be undertaken at once.

This plan primarily focuses on setting strong foundations for a whole-of-government and community-wide approach to suicide prevention and response efforts and responding to immediate priorities, including through:

* implementing recommendations from the Royal Commission into Victoria’s Mental Health System
* strengthening and bolstering supports across the suicide prevention and response continuum
* starting work to better integrate systems and services and address factors that contribute to suicide and suicidal distress.

Initiatives detailed in this implementation plan align with the strategy’s priority areas and objectives and contribute to the strategy’s intended outcomes. Each initiative is allocated a lead organisation that will, with the support of other implementation partners, drive and be accountable for implementation, report on progress and deliver outcomes.

The Suicide Prevention and Response Office will develop future implementation plans in partnership with people with lived and living experience of suicide, government and community.

## Priority area 1: Build and support connected systems

### Objectives

* Improve ways to access and navigate between support, care, emergency response and treatment systems, ensuring responsiveness to the needs of diverse Victorian communities and groups.
* Create and improve connections across service systems to ensure continuity of care and simplified referral pathways to a broader range of access points.
* Explore integration opportunities and new ways of working that support people through transition points such as entering or being released from correctional settings, exiting out-of-home care, finishing or disengaging from education and vocational settings, engaging with aged or supported care services and exiting military service.
* Increase the accessibility of the mental health, alcohol and other drug and suicide prevention and response systems.

| No. | Initiative | Lead |
| --- | --- | --- |
| 1.1 | Continue to build the capability of service systems to deliver person-centred and human rights–based care and support, in line with the*Mental Health and Wellbeing Act 2022* | Department of Health |
| 1.2 | Continue to develop service content updates on online platforms to support lived experience navigation of the system, including access to suicide prevention resources | Department of Health |
| 1.3 | Trial expanded pathways to support out-of-hospital referrals and improve access to the Child and Youth Hospital and Outreach Post-suicidal Engagement (HOPE) program | Department of Health |
| 1.4  | Support early school leavers aged 15 to 24 years with mental health needs to re-engage in education through the Living Learning program | Department of Families, Fairness and Housing |
| 1.5 | Pilot Hope Inside, a correctional setting program providing support to people in prison after a suicidal crisis | Department of Justice and Community Safety |
| 1.6 | Build understanding of connections between housing instability, homelessness and suicide and key intervention points to support prevention efforts | Department of HealthHomes Victoria |
| 1.7 | Build understanding of connections between family violence, sexual offending and suicide to identify key intervention points to support coordinated prevention and response efforts, including opportunities to strengthen referral pathways and service responses | Department of HealthDepartment of Families, Fairness and HousingVictoria Police |
| 1.8 | Explore opportunities to support suicide prevention and response efforts through the use of existing digital infrastructure and capabilities, such as via online platforms and mobile apps | Department of Government Services |

## Priority area 2: Build on and strengthen existing supports across the suicide prevention and response continuum

### Objectives

* Strengthen current and explore new prevention activities, service models and programs to support people in a broad range of settings (such as in community groups, schools and workplaces), with a focus on groups disproportionately affected by suicide.
* Investigate opportunities for non-clinical, peer-led and/or technology-based models to increase the availability of alternative support options, facilitate help-seeking engagement and to support and enhance traditional treatments, recovery and healing practices.
* Recognise and embed Victorian Aboriginal communities’ rights to practise traditional medicine and healing practices and work with Aboriginal communities to create these pathways and modalities into practice so Aboriginal people in Victoria have the information and option to choose their healing and/or recovery journey.
* Ensure, where appropriate, mechanisms, tools and resources exist for families, carers and supporters to have their needs understood and met as part of the care, treatment and recovery of the person they support, including maintaining their own emotional safety and wellbeing.
* Continue to build cultural safety and inclusive practice of mainstream services to meet the diverse needs of the Victorian community.
* Promote Aboriginal social and emotional wellbeing models of care and invest in Aboriginal Community Controlled Organisations and the Aboriginal workforce to deliver suicide prevention and response initiatives.
* Utilise data and evidence to explore opportunities (for example, bystander intervention, enhanced surveillance and restricting access to means in the built environment and other settings) to support early identification and intervention of people experiencing suicidal crisis.
* In collaboration with the Commonwealth Government, service providers and local communities, enhance postvention and bereavement supports.

| No. | Initiative | Lead |
| --- | --- | --- |
| 2.1 | Continue to provide compassionate and effective support for individuals experiencing suicidality via the Connect Centres, including offering suicide prevention strategies to families, carers, kin and supporters that are informed by lived experience (Royal Commission rec 31.1) | Department of Health |
| 2.2 | Explore how innovative approaches to the lived experience workforce and built environment might reduce suicide risk in acute bed-based services | Department of Health |
| 2.3 | Co-design, pilot and evaluate a new statewide peer call-back service for families, carers and supporters caring for people experiencing suicidal thoughts and behaviours and those bereaved by suicide (Royal Commission rec 31.2) | Department of Health |
| 2.4 | Establish social and emotional wellbeing teams in Aboriginal Community Controlled Organisations (Royal Commission interim report rec 4) | Department of Health in partnership with Aboriginal Community Controlled Organisations |
| 2.5 | Support the delivery of Strong Brother Strong Sister, a cultural mentoring and suicide prevention program designed for, and by, Aboriginal young people in the Barwon region | Department of Health |
| 2.6 | Continue to build an understanding of the gendered drivers of adult suicide and self-harm, and scope the development and enhancement of prevention and response programs  | Department of Health |
| 2.7 | Continue to invest in Youth Live4Life to implement the Live4Life mental health education and youth suicide prevention program for rural and regional young people and communities | Department of Health |
| 2.8 | Design a range of new safe spaces for young people such as drop-in and residential respite services (Royal Commission rec 9) | Department of Health |
| 2.9 | Evaluate the Child and Youth Hospital and Outreach Post-suicidal Engagement (HOPE) program and identify improvement and expansion opportunities | Department of Health |
| 2.10 | Continue to deliver Orygen’s #Chatsafe program to support local communities affected by the suicide of a young person | Department of Health |
| 2.11 | Support young LGBTIQA+ people to foster connections with peers and older LGBTIQA+ communities through inclusive, affirming and available services | Department of Families, Fairness and Housing |
| 2.12 | Co-design, implement and evaluate a new aftercare service for the LGBTIQA+ community (Royal Commission rec 27.2.a) | Department of Health |
| 2.13 | Develop LGBTIQA+ inclusive resources and provide targeted access to LGBTIQA+ inclusion training for mainstream services | Department of Families, Fairness and Housing |
| 2.14 | Support LGBTIQA+ communities to access tailored prevention and postvention programs including through Switchboard Victoria’s suicide prevention program | Department of Health |
| 2.15 | Implement improvement opportunities identified in the Adult Hospital and Outreach Post-suicidal Engagement (HOPE) evaluation | Department of Health |
| 2.16 | Design a range of new safe spaces for adults such as drop-in and residential respite services (Royal Commission rec 9) | Department of Health |
| 2.17 | Review and address the findings and recommendations of the Coronial Inquest into the Cluster of Trans and Gender Diverse Suicides | Department of Families, Fairness and HousingDepartment of Health |
| 2.18 | Consider opportunities to reform and expand mental health triage and crisis outreach so services can better respond to requests for crisis assistance, 24-hours-a-day | Department of Health |
| 2.19 | Work with the Commonwealth Government to pilot a Distress Brief Support program for people experiencing distress in Greater Shepparton and the City of Darebin (Royal Commission rec 27.3) | Department of Health |
| 2.20 | Work with the Commonwealth Government to deliver postvention and bereavement supports across Victoria including establishing a Victorian Postvention Panel (Royal Commission rec 27.2.b) | Department of Health |

## Priority area 3: Build and support a compassionate, trauma-informed workforce, strengthened by lived and living experience

### Objectives

* Define and communicate the roles, responsibilities, capabilities and standards for all workforces involved in suicide prevention and response.
* Strengthen the lived and living experience and peer workforces through advancing the role of peer workers (including bicultural peer workers) and lived and living experience of suicide roles in clinical and non-clinical settings.
* Support workforces who come into contact with people experiencing suicidal distress and crisis (such as family violence, relationship, alcohol and other drug, employment, **legal aid,** gambling, and financial services, and frontline workers in sectors like transport) to better understand suicide and contributing factors and support help-seeking activities.
* Support improved suicide prevention and response capability across clinical and non-clinical staff working in mental health and wellbeing services.
* Improve the wellbeing and sustainability of workforces involved in suicide prevention and response.

| No. | Initiative | Lead |
| --- | --- | --- |
| 3.1 | Continue to support the provision of lived and living experience perspectives and advice to government via the Suicide Prevention and Response Expert Advisory Committee | Department of Health |
| 3.2 | Develop a lived and living experience leadership strategy and implementation plan to outline the Victorian Government’s approach to lived and living experience workforces and leadership development in state-funded mental health and alcohol and other drugs systems, including harm reduction and suicide prevention | Department of Health |
| 3.3 | Continue to support implementation of*Our workforce, our future: a capability framework for the mental health and wellbeing workforce*, specifically capabilities around trauma, mental health crises and suicide, and working effectively with families, carers and supporters | Department of Health |
| 3.4 | Continue to build the evidence base, training and tools to enable clinicians to assess risk and plan for support and treatment in line with the *Mental Health and Wellbeing Act 2022* (Vic) | Department of Health |
| 3.5 | Support Victorian healthcare services to adopt the *Zero suicide framework*, beginning with Mental Health and Wellbeing Services (Royal Commission Vol 2, Ch 17) | Safer Care Victoria, Department of Health in collaborative partnership with Victorian healthcare services  |
| 3.6 | Explore opportunities for Victorian Public Service workforce policies to incorporate advice on suicide prevention and response  | Department of Health |

## Priority area 4: Reduce suicide-related stigma and enable community-wide action

### Objectives

* Deliver community-wide and targeted education and awareness initiatives to reduce suicide-related stigma and support help-seeking.
* Implement actions that grow and build communities that are inclusive, connected and respectful.
* Continue to invest in initiatives that promote good mental health and wellbeing for children and young people in school and good mental health in the workplace.
* Explore opportunities for communities (geographical, cultural and others) to co‑design initiatives that respond to community-specific drivers of suicidal distress and enhance community-specific protective factors.
* Support communities and workplaces to implement suicide prevention and response activities.
* Build knowledge and understanding of transgenerational and intergenerational trauma in Aboriginal communities and of Aboriginal social and emotional wellbeing models of healing.
* Support Aboriginal communities to self-determine, co-design and deliver community-specific suicide prevention and response initiatives.

| No. | Initiative | Lead |
| --- | --- | --- |
| 4.1 | Continue to promote initiatives to government schools that support good mental health for children and young people through the Department of Education’s mental health reforms | Department of Education |
| 4.2 | Support the co-design and implementation of 2 Aboriginal Healing Centres | To be self-determined by Aboriginal peopleLed by the Balit Durn Durn Centre, supported by the Department of Health |
| 4.3 | Invest in Aboriginal-led co-design of suicide prevention and response activities | To be self-determined by Aboriginal peopleLed by the Balit Durn Durn Centre, supported by the Department of Health |
| 4.4 | Continue to develop peer-designed, culturally safe, locally relevant models of social inclusion to reduce isolation and loneliness among older LGBTI+ Victorians | Department of Families, Fairness and Housing |
| 4.5 | Continue to support LGBTI+ Victorians to feel safe, connected and able to live freely as their authentic selves as they age by delivering the Pride in Ageing pilot in partnership with Switchboard Victoria | Department of Families, Fairness and Housing |
| 4.6 | Continue to support the mental health, wellbeing and social connectedness of LGBTIQA+ youth (up to 25 years) in Ballarat and Geelong, with outreach to the Surf Coast, through QHub’s 2 new co-designed safe spaces | Department of Families, Fairness and Housing |
| 4.7 | Continue to support Rainbow Health Australia to deliver inclusion training, including to community and mental health organisations | Department of Families, Fairness and Housing |
| 4.8 | Establish a Mental Health Workforce Wellbeing Committee | Department of Health in partnership with WorkSafe Victoria |
| 4.9 | Continue to prevent mental injury and promote mentally healthy workplaces via delivery of the WorkWell initiative, including via the Mental Health Improvement Program, Toolkit, and Learning Networks | WorkSafe Victoria |
| 4.10 | Continue targeted mental health support in 2024–25 for small business owners and employees recovering from the October 2022 floods | Department of Jobs, Skills, Industry and Regions |
| 4.11 | Support small-business owners, employees and sole traders by providing mental health and wellbeing information and resources through established digital engagement channels such as the Business Victoria website | Department of Jobs, Skills, Industry and Regions |
| 4.12 | Support mental health training for apprentices through developing and delivering mental health training programs, improving mental health literacy and offering access to the Employee Assistance Program | Department of Jobs, Skills, Industry and Regions |
| 4.13 | Continue to support local communities to prevent social exclusion and promote social inclusion and connection via social inclusion action groups  | Department of Health |

## Priority area 5: Drive whole-of-government collaboration and innovation

### Objectives

* Support all Victorian Government departments and agencies to understand how their work and the settings they influence contribute to suicide prevention and response efforts.
* Develop innovative new ways of working across Victorian Government departments and agencies to ensure a suicide prevention lens is applied across all policies and programs and lived and living experience of suicide perspectives are embedded in all suicide prevention and response policies, programs and initiatives.
* Work collaboratively across Victorian Government departments and agencies to trial and test new innovations and solutions to address social determinants that disproportionately contribute to suicidality and suicide such as family violence, gambling harm, homelessness, incarceration, financial insecurity and trauma in children and young people.
* Develop integrated responses to people experiencing time-critical mental health and/or suicidal crises.
* Collaborate with the Commonwealth and state and territory governments and government partners, including Gayaa Dhuwi (Proud Spirit), to deliver a coordinated national approach to suicide prevention and response.
* Work with the Commonwealth Government and Victorian Primary Health Networks to deliver a coordinated approach to suicide prevention and response in Victoria.

| No. | Initiative | Lead |
| --- | --- | --- |
| 5.1 | Build a deeper understanding of suicide prevention and response across Victorian Government departments and relevant agencies – including contributing and protective factors and how portfolio decision making can contribute to distress – via information sharing and identifying opportunities for collaboration | Department of Health, with all departments and relevant agencies |
| 5.2 | Build the capability of Victorian Government departments and relevant agencies in partnering with, and incorporating the perspectives of, people with lived and living experience of suicide in the design, delivery and evaluation of programs, services and policy | Department of Health, with all departments and relevant agencies |
| 5.3 | Continue to support the Suicide Prevention and Response Victorian Secretaries’ Board Subcommittee to drive a whole-of-Victorian Government approach to suicide prevention and response | Department of Health, with all departments and relevant agencies |
| 5.4 | Scope the development of a suicide prevention and response action plan for children known to child protection | Department of Families, Fairness and Housing and the Department of Health, with relevant departments and agencies |
| 5.5 | Develop an integrated response plan to self-harm related presentations on the public transport network | Department of Transport and Planning |
| 5.6 | Continue to support Victorians experiencing financial hardship through the provision of financial counselling services, including advice, advocacy and support, negotiating with creditors and developing payment plans for debts | Department of Government Services |
| 5.7 | Work with the Commonwealth Government, Gayaa Dhuwi (Proud Spirit) and other states and territories to ensure national suicide prevention and response efforts are coordinated and complementary | Department of Health |
| 5.8 | Undertake a system analysis project in partnership with Victorian Primary Health Networks to support joint suicide prevention and response planning | Department of Health |
| 5.9 | Identify opportunities to strengthen suicide prevention and response supports for veterans in Victoria based on findings from the Royal Commission into Defence and Veteran Suicide | Department of Families, Fairness and HousingDepartment of Health |
| 5.10 | Work with the Commonwealth Government to find opportunities to include suicide prevention and response in the *10-year national action plan for the health and wellbeing of LGBTIQA+ people*, currently under development | Department of Families, Fairness and Housing |
| 5.11 | Continue to strengthen connections and alignment between the government, relevant sectors and communities to promote mental health and wellbeing and prevent suicide in the international student population | Department of Health |
| 5.12 | Build understanding of existing mechanisms/frameworks enabling collaboration and intervention to respond to suicide risk, including the Family Violence Multi-Agency Risk Assessment and Management Framework and the information sharing schemes | Department of Health and the Department of Families, Fairness and Housing, with all departments and relevant agencies |

## Priority area 6: Build on and use data and our evidence base in delivery and evaluation

### Objectives

* Establish a consistent approach for collecting and sharing data related to suicide attempts, intentional self-harm and deaths from suicide and other key data, including overdose and family violence, to inform prevention and response efforts.
* Identify opportunities for data integration and linkage where it will provide useful insights to inform decision making.
* Identify critical gaps in suicide prevention and response knowledge and advance research, engagement and partnerships to continuously improve understanding, including learning from other jurisdictions.
* Elevate lived and living experience evidence and support lived and living experience‑led research that includes diverse perspectives, including the perspectives of Aboriginal people, people who are neurodivergent, multicultural people, young people, LGBTIQA+ people and trauma survivors.
* Explore opportunities to translate Western concepts into the Aboriginal context to ensure Western terms and clinical models of care align with Aboriginal ways of knowing, being and doing.
* Conduct, share the findings of and act on evaluations of suicide prevention and response initiatives to understand what works and what should change.

|  |  |  |
| --- | --- | --- |
| No. | Initiative | Lead |
| 6.1 | Continue to use Victorian Suicide Register data to identify opportunities to provide means restriction on the transport network, including rail, road and other transport infrastructure, to prevent suicides, self-harm and threatened self-harm | Department of Transport and Planning(with input from the Coroners Court of Victoria) |
| 6.2 | Continue to build understanding of existing evidence and emerging research to help shape future responses, including by supporting the research function of the Victorian Collaborative Centre for Mental Health and Wellbeing | Department of Health |
| 6.3 | Continue work between the Coroners Court of Victoria, Switchboard Victoria and the Commissioner for LGBTIQA+ Communities to improve data collection on LGBTIQA+ suicides  | Department of Families, Fairness and HousingDepartment of Health(with input from the Coroners Court of Victoria) |
| 6.4 | Explore opportunities for linking additional family violence data sets to better identify contributing factors for suicide and points of intervention | Department of Families, Fairness and HousingDepartment of Health(with input from the Coroners Court of Victoria) |
| 6.5 | Continue to work with the Commonwealth Government and other relevant partners to improve data collection and reporting related to target 14 of the *National Agreement on Closing the Gap* | Department of Health |

# Reporting on our progress

Monitoring and evaluation helps us to understand the impact of the strategy and its initiatives, and reporting on progress keeps us accountable for delivering the intentions of the strategy.

In line with other whole-of-Victorian Government strategies, this suicide prevention and response strategywill be publicly reported on annually. Reporting will include updates on the progress of delivering the initiatives outlined in this implementation plan. More information on monitoring and reporting accountabilities is outlined in the accountability framework.