



Australian Government
Department of Health

PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL IMPLEMENTATION GUIDANCE

REGIONAL APPROACH TO SUICIDE PREVENTION

In 2016-17 PHNs are expected to:

- undertake planning of community-based suicide prevention activity, through a more integrated and systems-based approach in partnership with Local Hospital Networks (LHNs) and other local organisations;
- commence commissioning of community-based suicide prevention activities within the context of this plan; and
- undertake planning and commissioning of community-based suicide prevention activities for Aboriginal and Torres Strait Islander people that are integrated with drug and alcohol services, mental health services and social and emotional wellbeing services.

Longer term PHNs will be expected to:

- ensure there is agreement within the region, including with LHNs, about the need to support person-centred follow-up care to individuals who have self-harmed or attempted suicide, and that there is no ambiguity in the responsibility for provision of this care;
- continue commissioning of community-based suicide prevention activities, including for Aboriginal and Torres Strait Islander people; and
- build the capacity of primary care services to support people at risk of suicide.

What is suicide prevention?

Suicide prevention is a complex issue. Causes of suicidal behaviour can stem from a complex mix of factors such as adverse life events, social and geographical isolation, socio-economic disadvantage, mental and physical health, lack of support structures and individual levels of resilience.

The Living is for Everyone (LIFE) Framework indicates that some activities can assist in reducing suicide rates, including:

- restricting access to means;

- training and education for health professionals, including general practitioners, about suicidal behaviour and the treatment of mental illness;
- gatekeeper training;
- providing follow-up and support for people who have self-harmed or attempted suicide;
- encouraging the responsible reporting of suicide in the media; and
- providing access to crisis services.

As part of its response to the National Mental Health Commission’s *Review of Mental Health Programmes and Services* (the Review), the Australian Government outlined a renewed approach to suicide prevention to be implemented through the new *National Suicide Prevention Strategy* (the Strategy). The new Strategy involves:

1. a systems-based regional approach to suicide prevention led by Primary Health Networks (PHNs) in partnership with LHNs and other local organisations;
2. national leadership and support for whole of population level suicide prevention activity;
3. refocused efforts to prevent suicide in Aboriginal and Torres Strait Islander communities, taking into account the recommendations of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*; and
4. joint commitment by the Australian Government and states and territories, including in the context of the Fifth National Mental Health Plan, to prevent suicide and ensure that people who have self-harmed or attempted suicide are given effective follow-up support.

The Government’s new approach to mental health and suicide prevention funding and reform is focussed on person-centred care funded on the basis of need, a regional approach to service planning and integration, effective early intervention across the lifespan and strengthened national leadership.

In implementing the Strategy, the Government recognises that people at risk of suicide would be better supported through the implementation of an evidence-based and community-focussed approach to suicide prevention. This is where PHNs assume an important role.

What is expected of PHNs?

The Government has tasked PHNs to take on a lead role in:

- helping to plan community-based suicide prevention activity through a more integrated and systems-based approach in partnership with LHNs and other local organisations;
- commissioning community-based suicide prevention activities within the context of this plan and in a flexible way, to best meet the needs of the community, and ensuring that this activity focuses on the priorities emerging from needs assessment and planning processes to support better targeting of people at risk;
- planning and commissioning community-based suicide prevention activities for Aboriginal and Torres Strait Islander people and ensuring that this activity is well

integrated and linked with drug and alcohol services, mental health services and social and emotional wellbeing services for Aboriginal and Torres Strait Islander people; and

- ensuring that there is agreement within a region about the need to support person-centred follow-up care to individuals after a suicide attempt, and that there is no ambiguity in the responsibility for provision of this care.

What flexibilities do PHNs have?

In implementing suicide prevention activity, PHNs may choose to commission services from a range of different providers and in a range of different formats to target local community needs. In doing so, PHNs may engage in cross-program dialogue and planning with agencies outside the health system.

Generally, PHNs cannot commission psychosocial support services from the flexible primary mental health funding pool. However services relevant to suicide prevention are exceptions to this provision, given the need to consider broader social supports, promoting connections and engaging the non health sector. Activities should nevertheless focus on evidence based approaches identified as priorities for the area.

Why is this a priority activity for PHNs?

Suicide is the most common cause of death in Australians aged 15 to 44 years, accounting for around 2,500 deaths in Australia each year.¹ In 2014, there were 2,864 suicide deaths, with suicide identified as having the highest years of potential life lost (97,066 years) of all causes of death.² In addition to the premature loss of life, suicide can have a profound and lasting negative impact on families, workplaces and communities. Although the individual causes of suicide are complex, there are well recognised risk and protective factors which can be addressed to prevent suicide.

The response to the Review highlighted concern within the community about the lack of coordination in suicide prevention programs and duplication between Commonwealth and state/ territory efforts. Consultations undertaken by the Government reaffirmed support for a new, systems-based, regional approach to suicide prevention. There is a particular imperative to improve follow-up for people who seek help for suicidal behaviours, especially in the high risk period following a suicide attempt, and to address the current inconsistency and ambiguity in responsibility for providing this follow-up which sometimes exists.

How should PHNs implement this priority?

In the lead up to 1 July 2016, PHNs have undertaken needs assessments to identify the health and service requirements of their regions. Issues relating to the suicide prevention needs of the region must have been considered as part of this process.

¹ Australian Bureau of Statistics. (2015). *Causes of Death, Australia, 2014*.

² Ibid

In continuing to determine the needs of a regionally based suicide prevention response, it is recommended that PHNs consider the following elements as a first priority:

- identifying individuals and groups at risk of suicide;
- including people with lived experience of suicide in suicide prevention planning;
- ensuring continuity of care for any individuals at risk of suicide who are currently receiving a direct clinical service where the funding for this service is transitioning to a PHN;
- helping to build the capacity of primary care services to provide person-centred care to people at risk of suicide;
- working with LHNs and other relevant organisations to improve the care and support provided to an individual patient following a suicide attempt (e.g. post discharge care following a hospital admission) and ensure clear delineation of responsibility for the provision of this support;
- implementing strategies for providing culturally based, community led initiatives to support Aboriginal and Torres Strait communities that are at high risk of suicide; and
- establishing mechanisms for integrating Commonwealth funded national suicide prevention support within the local community.

The initial Mental Health Activity Work Plan delivered by PHNs have demonstrated priorities and options for the commissioning of suicide prevention activity in the region, based on identified community need and opportunity, and highlighted links between this activity and broader planned Aboriginal and Torres Strait Islander mental health and drug and alcohol activity.

The department has provided all PHNs with a list of currently funded community based suicide prevention projects, indicating projects that may have some service delivery in their region. This is not the definitive “project versus location” list and a number of projects may cross over PHN regions and boundaries. PHNs are not expected to fund all current projects, however this list may assist with the community assessment and planning process.

An additional resource document for PHNs, *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring*, has also been developed. This resource provides comprehensive information on current evidence-based, best practice strategies that would support the implementation of a regionally planned and integrated approach to suicide prevention. It is important to note that PHNs are not expected to implement all the activities and strategies discussed. It is intended that the resource provide PHNs with a comprehensive body of evidence that they can consider during their assessment, planning and commissioning processes for those services that are relevant to their regional needs.

As highlighted above, PHNs have a strong role in promoting and in some circumstances commissioning improvements in follow-up support for individuals who have self-harmed or attempted suicide, particularly during the transition to community care following discharge from a hospital. There is strong evidence that people are most at risk of suicide during these handover points between interventions and require additional person-centred care and support.

PHNs should work with LHNs and other relevant organisations to ensure there are no gaps in follow-up services, and to facilitate links between discharge services and relevant primary mental health care services. It is not envisaged that PHNs alone are responsible for commissioning all such services. PHNs should refer to the resources provided when developing and implementing improved post discharge strategies.

Aboriginal and Torres Strait Islander suicide prevention services

An integral part of the PHN role in suicide prevention is also to specifically identify and work with Aboriginal and Torres Strait Islander communities within their region that are at heightened risk of suicide, and support the implementation of culturally based suicide prevention activity guided by the goals and actions of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*.

PHNs are expected to liaise with local Aboriginal and Torres Strait Islander people and organisations, Aboriginal Community Controlled Health Services and mainstream service providers within their regions to help plan, integrate and target local mental health and suicide prevention funding.

It is intended that this specific focus on suicide prevention for Aboriginal and Torres Strait Islander people be developed in an integrated way as a combined effort with the new funding for Aboriginal and Torres Strait Islander mental health and additional funding for Aboriginal and Torres Strait Islander drug and alcohol services. This is expected to increase access to culturally sensitive, integrated mental health services for Aboriginal and Torres Strait Islander people and communities.

PHN leadership role in relation to regional suicide prevention

Over time, it is anticipated that PHNs will take a leadership role for suicide prevention within their region and increasingly engage and seek buy-in from non-health specific sectors such as police, ambulance, school, housing, employment and industry. This will ensure an integrated and coordinated community-driven response to suicide prevention where suicide prevention activities are integrated with other health and social support services.

In addition to regionally based planning, the Government will also continue to provide funding for national suicide prevention leadership and support for whole of population suicide prevention activity and PHN delivery of community based suicide prevention services.

Definitions

Gatekeeper: A person who holds an influential position in an organisation or a community who coordinates the actions of others. This could be an informal local opinion leader or a specifically designated person, such as a primary-care provider, who coordinates patient care and provides referrals to specialists, and other medical services.

Lived experience of suicide: Having experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.

Postvention: Interventions to support and assist the bereaved, including immediate and extended family members, close friends, colleagues and communities, after a suicide has occurred.

Self-injury: Deliberate damage of body tissue, often in response to psychosocial distress, without the intent to die. Sometimes called non-suicidal self-injury, self-inflicted injuries or self-harm.

Suicidal behaviour: Activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts.

Suicidal ideation: Thoughts about taking one's own life.

Suicide prevention: Actions or initiatives to reduce the risk of suicide among populations or specific target groups.

Useful resources

Some examples of resources that PHNs can access to provide further background, evidence and support for suicide prevention activities include:

- *The LIFE Framework*

The LIFE Framework sets an overarching evidence based strategic policy framework for suicide prevention in Australia and is endorsed by Commonwealth, states and territories. The framework provides a strategic plan for national action to prevent suicide and promote mental health and resilience across the Australian population. In addition, it provides a practical suite of resources and research to address the complex issues of suicide and suicide prevention.

The LIFE Framework and associated resources can be found at <http://www.livingisforeveryone.com.au/LIFE-Framework.html>.

- *Evaluation of suicide prevention activities*

In 2012 the Government appointed Australian Healthcare Associates to undertake an evaluation of activities funded under the National Suicide Prevention Programme and selected elements of the Taking Action to Tackle Suicide package, over the period from 2006-07 to 2012-13. The publication provides an insight into some of the project activity supported by the Commonwealth in addition to comments on program effectiveness and future directions. A copy of the report can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-evalsuic>.

- *The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*

This strategy focuses on early intervention and building stronger communities with the aim of reducing the prevalence of suicide and the impact on individuals, their families and communities.

The strategy is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pub-atsi-suicide-prevention-strategy>.

- *Mindframe*

Mindframe aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian media. Mindframe provides access to evidence-based information and guidance to support the reporting, portrayal and communication about suicide and mental illness. Further information is available at <http://www.mindframe-media.info/>.

- *Australian Institute for Suicide Research and Prevention (AISRAP)*

AISRAP aims to promote high quality research, clinical practice, and education for the prevention of suicidal behaviour in Australia. AISRAP includes the National Centre of Excellence in Suicide Prevention, which provides advice around evidence-based best practices and evaluation in suicide prevention, to support Australian Commonwealth Departments, non-government agencies, academics and community groups in their respective initiatives in the field of suicide prevention. Further information is available at <https://www.griffith.edu.au/health/australian-institute-suicide-research-prevention>

- *Suicide Prevention Australia (SPA)*

Suicide Prevention Australia provides national leadership for the suicide prevention sector in Australia. SPA's aim is to halve suicide within ten years. SPA promotes collaboration and partnerships in the areas of suicide prevention, intervention and postvention. Further information is available at <http://suicidepreventionaust.org/>

SPA is currently developing a Better Practice Register (BPR) to support Primary Health Networks and program planners in identifying current, or creating new, effective suicide prevention programs. The BPR will collect information from organisations that deliver programs and services for preventing suicides in Australia. With guidance from an expert panel the BPR will assess the evidence base and apply a number of criteria to determine a degree of quality for each program or service. Available as an online tool, the BPR is anticipated to be live in the second half of 2016.

- *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring – Document for PHNs*

Given the complexity of suicide prevention and the importance of the development of a systems-based regional response to community need, the department commissioned the Black Dog Institute to develop an additional resource for PHNs that outlines current best practice suicide prevention activities. PHNs are not expected to implement each of these activities, but may use the resource to assist in the assessment, planning and commissioning of community-based suicide prevention activities for their regions.

This resource is available at

http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools

- *Data Sources*

1. Causes of Death, Australia - Australian Bureau of Statistics (ABS)

This publication presents statistics on the number of deaths, for the reference year, by state or territory, sex, selected age groups, and cause of death classified to the WHO International Classification of Diseases (ICD).

Causes of death are presented in a number of ways including: by underlying cause, leading causes and multiple causes. Data is also presented for deaths of Aboriginal and Torres Strait Islander persons and for suicide deaths.

Causes of Death, Australia, 2014 was released on 8 March 2016. Further details on the Causes of Death Australia reports can be found at www.abs.gov.au.

2. Data sets – Department of Health

Themed data sets to support PHNs are available on the Department’s PHN web-portal. Data that may be of relevance to inform the planning and commissioning of regional suicide prevention activity may include, but is not limited to: demographic data; Medicare Benefits Schedule data; and mental health data.

Further details on the available data sets can be found at www.health.gov.au/phns.

3. Suicide and hospitalised self-harm in Australia: trends and analysis – Australian Institute of Health and Welfare (AIHW), 2014

This report describes and analyses trends in suicide and hospitalised self-harm in Australia. Suicide and hospitalised self-harm are analysed by mechanism of injury, sex, age group and other factors.

This report can be found at www.aihw.gov.au/publication-detail/?id=60129549729.