



Australian Government

Department of Health, Disability and Ageing

The National Suicide Prevention Leadership and Support Program (NSPLSP) Project Information for Primary Health Networks



This information resource is to assist Primary Health Networks (PHNs) to understand and engage with the work of projects funded by the Australian Government under the National Suicide Prevention Leadership and Support Program (the program). The program has been operating since 2017 and currently has 28 organisations undertaking 36 projects up to 2027-28.

The program provides funding for a range of projects designed to reduce deaths by suicide across the Australian population and among at risk groups, and to reduce suicidal behaviour (i.e. ideation, planning, self-harm and suicide attempts).

One of the aims of the program is to support PHNs to lead a regional approach to service planning and integration for suicide prevention activities which meets the needs of individuals at the local level. This document aims to facilitate information sharing through building sector partnerships and networks, and to build the capacity of PHNs to take action in response to suicide and self-harm in their immediate regions.

In this document you will find information on each project funded under the program, in addition to their organisational contact details for PHNs seeking further information. The information provided was produced by the funded organisations and collated by the Department of Health, Disability and Ageing. It is targeted towards PHN Suicide Prevention Regional Response Coordinators to build an understanding of what the projects do and how their work can link with and support a PHN's role in planning and commissioning community-based suicide prevention activities in their region.

The program provides funding for projects under seven activity streams:

[Activity 1: National leadership in suicide prevention](#)

[Activity 2: National leadership in suicide prevention research translation](#)

[Activity 3: Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention](#)

[Activity 4: National support for lived experience of suicide](#)

[Activity 5: National media and communications strategies](#)

[Activity 6: National suicide prevention training](#)

[Activity 7: National suicide prevention support for at risk populations and communities](#)



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Activity 1: National leadership in suicide prevention

Suicide Prevention Australia – National Leadership in Suicide Prevention

What is Suicide Prevention Australia?

Suicide Prevention Australia is an independent, national peak body, existing to provide a clear, collective voice for the suicide prevention sector. With over 340 members and associates, representing 140,000 people in the sector, Suicide Prevention Australia facilitates strategic partnerships between member organisations, researchers, people with lived experience, Primary Health Networks (PHNs) and governments to drive system reform and collaboration across the sector to achieve a meaningful reduction of suicide in Australia.

Suicide Prevention Australia works closely with stakeholders to inform through evidence, drive systemic change and support quality improvement through unified national leadership. Suicide Prevention Australia believes that through collaboration and a shared purpose, we can all work towards its ambition of reducing suicide in Australia.

How can Suicide Prevention Australia help Primary Health Networks?

Suicide Prevention Australia is committed to supporting PHNs by facilitating partnerships, improving linkages, and supporting collaboration. Suicide Prevention Australia can help PHNs through activities including, but not limited to:

- Increasing public awareness of suicide and reducing stigma (using social media audience of 185K, website averaging 25K pageviews per month and over 4800 annual media stories).
- Maintaining and sharing a repository of sector knowledge, expertise, and translational research to assist PHN's with making informed decisions in their local area.
- Delivering key events such as the National Suicide Prevention Conference and insights of relevance to PHNs.
- Representing and advocating for the collective voice of the sector, including PHNs, guided by lived experience through the facilitation of partnerships, networks, and linkages.
- Supporting the capacity for regional approaches to service planning, integration of suicide prevention activities and sector relationships to meet the needs of individuals and communities at the local level.
- Direct communication via a PHN-focused quarterly newsletter concentrated on quality improvement, knowledge sharing and updates on events and key insights.
- Strengthening engagement between PHN's and the suicide prevention sector.

Additionally, following Suicide Prevention Australia's launch of its [Suicide Prevention Accreditation Program](#), a review was undertaken to ensure ongoing quality improvement of the program and engaged PHN's, registered organisations, lived experience panel members and independent auditors for contribution. This assures the safety, quality, and efficacy of Australia's suicide prevention programs through the Suicide Prevention Accreditation [Standards](#) for Quality Improvement. Current programs that have met or are working towards accreditation are listed online under the [Accreditation Directory](#).

Finally, Suicide Prevention Australia leads collaboration among the funded recipients of the National Suicide Prevention Leadership and Support Program (NSPLSP) through the NSPLSP Alliance. The NSPLSP Alliance has



been established to collaborate, share knowledge, and work effectively to reduce the incidence and impact of suicide and self-harm nationally; implement activities focused on reducing the prevalence of suicide and self-harm across whole of population and at-risk groups and reduce duplication across national suicide prevention activities. As convener and secretariat of the NSPLSP Alliance, Suicide Prevention Australia will work closely with the Alliance to support and provide a formal connection with PHNs in their regional approaches to suicide prevention.

What is the geographical footprint of National Leadership in Suicide Prevention?

Suicide Prevention Australia is the independent national peak organisation for suicide prevention and postvention with over 360 members and associates representing all jurisdictions. Suicide Prevention Australia has a demonstrated track record of facilitating partnerships, improving linkages, and supporting collaboration across the sector nationally. Suicide Prevention Australia has State and Territory Committees in each jurisdiction which provide an effective engagement, networking, and collaboration opportunity for PHNs to members across the nation.

Additional information for PHNs

As the national peak body for suicide prevention, Suicide Prevention Australia welcomes opportunities to work collaboratively with PHNs through meetings, briefings, emails, events, monthly Member Briefs, social media, roundtables, and committees.

Cognisant of and sensitive to the issues associated with suicide, Suicide Prevention Australia is guided by evidence, including lived experience, frontline service provision expertise, research, and data. Suicide Prevention Australia has well-established and comprehensive engagement strategies for working with stakeholders to achieve whole-of-population and comprehensive reach into at-risk populations and communities. Representing the sector to the Australian and state and territory governments, Suicide Prevention Australia is uniquely positioned to complement, not duplicate, suicide prevention activities.

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Activity 2: National leadership in suicide prevention research and translation

The University of Melbourne – LIFEWAYS: Translating suicide prevention research into policy and practice

What is LIFEWAYS?

The LIFEWAYS consortium is being led by The University of Melbourne's Centre for Mental Health and Community Wellbeing and conducted with key partners from seven other universities and non-government organisations with a view to strengthening Australian suicide prevention research and facilitating the effective translation of research into policy and practice.

LIFEWAYS is designed to help achieve the Australian Government's commitment to reducing suicide deaths and suicidal behaviour across the Australian population. LIFEWAYS will take Australian research in this area to the next level, ensuring that findings make a real difference to the way suicide prevention services and programs are delivered. Specifically, LIFEWAYS will be delivered via five workstreams that gather suicide prevention evidence and translate it into policy/practice:

1. Consulting with stakeholders: We will work with stakeholders (e.g., PHNs, Departments of Health, people with lived experience) to determine what evidence they need to make decisions, and how it can be best presented.
2. Strengthening the evidence base: We will amass evidence about the (cost-)effectiveness of suicide prevention programs via reviews, evidence scans and empirical studies.
3. Creating translational tools (e.g., guidelines, evidence summaries): We will package the evidence to make it optimally useful for stakeholders.
4. Implementing change: We will roll out the translational tools so stakeholders can use them to guide policy/practice.
5. Building capacity: We will foster research and translation excellence among suicide prevention researchers, and support stakeholders to evaluate their suicide prevention activities.

How can LIFEWAYS help PHNs?

The LIFEWAYS team and its key partners (including the Black Dog Institute) will liaise closely with PHNs and other sector stakeholders to determine what the needs of their communities/constituents are, whether there are particular groups of concern, and how best to package the suicide prevention evidence so that it can make a genuine difference to how services and activities are delivered. This will increase the capacity of stakeholders to prevent and respond to suicide. A key LIFEWAYS initiative which is jointly conducted with the Queensland Centre for Mental Health Research involves expanding the National Mental Health Service Planning Framework to suicide prevention, thus supporting PHNs to lead a regional approach to service planning and the integration of suicide prevention activities which meet local needs. The LIFEWAYS team can also assist with building the research and evaluation capacity of PHNs to further strengthen the evidence in suicide prevention.

What is the geographical footprint of LIFEWAYS?

The LIFEWAYS consortium has a national mandate to facilitate the effective translation of suicide prevention research into policy and practice.



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Additional information for PHNs

We are always keen to hear from PHNs about existing or emerging evidence needs and the kinds of translational tools that will optimally support evidence-informed decision making, commissioning of services and delivery of best practice.

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Provided by The University of Melbourne



Provided by LGBTIQ+ Health Australia + ARCSHS – MindOut Research and Data Translation

What is MindOut?

MindOut is delivered by the LGBTIQ+ Health Australia, the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on LGBTIQ+ people and other sexuality, gender, and bodily diverse people and communities.

Although many LGBTIQ+ Australians live healthy and happy lives, research has shown that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers.

MindOut develops and delivers national suicide prevention initiatives for the mental health and suicide prevention sectors to help them meet the needs of LGBTIQ+ populations. In doing so, the program aims to improve the mental health outcomes and reduce suicide and suicidal behaviour amongst LGBTIQ+ people and communities.

The goals and objectives of MindOut are:

- Support LGBTIQ+ people and communities to be able to identify and respond to their own mental health needs, along with supporting others in the LGBTIQ+ community.
- Work with Government to support the inclusion of LGBTIQ+ populations in mental health and suicide prevention strategies, policies and programs.
- Work with mental health and suicide prevention organisations and services to support them to be increasingly responsive to the needs of LGBTIQ+ people and communities.

MindOut Research and Data Translation

The MindOut Research Translation project has been developed to investigate existing data related the relationships between suicidality and other experiences, including upbringing, community and family support, experiences of stigma, discrimination, violence or abuse.

It is delivered in partnership with LGBTIQ+ Health Australia's MindOut program and the Australian Research Centre in Sex, Health and Society (ARCSHS), the largest research centre focused on LGBTIQ health and wellbeing in Australia and leading the field internationally in investigating the experiences and needs of LGBTIQ communities. The project expands Australia's largest datasets for LGBTIQ+ mental health, and translation and dissemination of insights to better target mental health services, national leadership and policy. This includes:

- Jurisdictional breakdown of mental health, social determinants, examine relationships between suicidality and other experiences, including upbringing, community and family support, experiences of stigma, discrimination, violence or abuse.
- National and state-specific insights which have not been able to be explored due to a lack of resourcing, including insights on a state-by-state basis, and across diverse groups of LGBTIQ+ individuals and communities.
- Translation of research to enable practical applications of findings to assist organisations, practitioners and policy makers to better understand where initiatives need to be targeted to address suicide prevention.



- This analysis and research translation would assist developing primary prevention interventions for suicide and targeting interventions that seek to enable safe environments for LGBTIQ+ people.

How can MindOut help PHNs?

The MindOut research project assists the development of primary prevention interventions for suicide and targeting interventions that seek to enable safe environments for LGBTIQ+ people where mental health is not negatively impacted across Australia, including those developed and implemented by PHNs. This includes:

- providing services, advice and support the PHNs to lead a regional approach for suicide prevention activities which meets the needs of LGBTIQ+ people at a local level;
- working in close collaboration with priority organisations to ensure that national and international research on suicide prevention is shared and translated into best practice across the suicide prevention sector and other relevant sectors;
- facilitating information sharing through building sector partnerships and networks, including with PHNs and organisations funded under the program;
- supporting the suicide prevention sector, including PHNs and organisations funded under the program, to share, interpret, translate and apply research and evaluation findings to improve service delivery and commissioning;
- translating suicide prevention evaluation findings and other research into national guidance documents for PHNs, the suicide prevention sector, and other relevant sectors; and
- developing and disseminating evidence-based guidance and resources on how to access, interpret and implement suicide prevention research to PHNs, the suicide prevention sector, and other relevant sectors.
- **MindOut Champions:** free professional development training for all people working in the mental health or community service sector within Australia <https://www.lgbtiqhealth.org.au/mindout-champions-project>
- **Network MindOut:** regular sector updates on practice and implement strategies that support inclusive and accessible services to LGBTIQ+ people and communities <https://www.lgbtiqhealth.org.au/networkmindout>
- **MindOut Webinars:** presentations on topics related to mental health and suicide prevention for LGBTIQ+ people: https://www.lgbtiqhealth.org.au/mindout_webinars
- **PHN Updates:** LGBTIQ+ Australia also provides regular updates for registered PHNs https://www.lgbtiqhealth.org.au/phn_apply

What is the geographical footprint of MindOut Research and Data Translation?

National coverage.

Additional information for PHNs

Funded by the Australian Government Department of Health and Aged Care, in partnership with LGBTIQ+ Health Australia and the Australian Research Centre for Sex, Health and Society (ARCSHS), this set of briefing papers is based on data from three major surveys of LGBTQA+ health and wellbeing – [Private Lives 3](#), [Writing Themselves In 4](#), and [Pride and Pandemic](#).

The findings are presented in a clear, easy-to-use format and broken down on a state-by-state basis, making the information accessible and actionable.



These reports document the rates and associations of mental health and suicidality for LGBTQA+ community members at the State and Territory level in Australia. Across eight individual reports, analyses focus on State- and Territory-level rates of suicidality, mental ill-health, healthcare service access and modalities, risk factors such as discrimination and harassment experiences, and protective factors such as community- and school-based belonging. Each report also documents the association between these factors and levels of suicidality within each State and Territory in Australia.

[LGBTQA+ Mental Health and Suicidality: State- and Territory-based briefing papers \(2024\) - LGBTIQ+ Health Australia](#)

Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy is LGBTIQ+ Health Australia's second National LGBTIQ+ Mental Health and Suicide Prevention Strategy. It was developed in response to the need for urgent action on mental health and suicide prevention for LGBTIQ+ communities. The work has been undertaken in the context of significant national policy development for mental health and suicide prevention, including the Productivity Commission inquiry and the work of the Prime Minister's National Suicide Prevention Adviser.

The strategy provides a roadmap over five years (2021-2026) to deliver a mental health and suicide prevention system that delivers equality of outcomes for LGBTIQ+ communities.

https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy

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Provided by LGBTIQ+ Health Australia



Activity 3: Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

Developing and sharing evidence for culturally responsive services

What is the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP)?

The CBPATSISP is Australia's leading voice on Indigenous suicide prevention. Based at the University of Western Australia, the CBPATSISP aims to reduce the causes, prevalence, and impact of suicide on Indigenous individuals, families, and communities (with a focus on at risk groups) by identifying, translating, sharing and promoting the adoption of best practice in Indigenous specific suicide prevention activity.

Established in 2017 and with renewed funding for 2025-2028, the CBPATSISP is addressing Aboriginal and Torres Strait Islander wellbeing across the full spectrum of acuity from building resilience to crisis responses, and provides national and international leadership for translational research, education, implementation, practice, and community engagement. The Centre works under Aboriginal and Torres Strait Islander leadership and governance, including a majority Aboriginal advisory council.

The CBPATSISP's work focuses on the following practices and principles:

- Prioritising a comprehensive approach to Aboriginal and Torres Strait Islander suicide prevention, social and emotional wellbeing and mental health, encompassing both community and clinical approaches.
- Bridging gaps in knowledge and understanding between mainstream and community-controlled suicide prevention, social and emotional wellbeing and mental health sectors.
- Developing professional curriculum and continuing education components to address the growing demand for workforce transformation to support culturally safe care for Aboriginal and Torres Strait Islander people.
- Supporting research translation through participation in the piloting and implementation of best practice models in partnership with communities.
- Developing and sharing evidence about effective suicide prevention approaches for Indigenous people and communities.

How can Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention help PHNs?

Many of the CBPATSISP activities are relevant and useful for PHNs. In particular, the following are highlighted:

[Manual of Resources for Aboriginal and Torres Strait Islander Suicide Prevention](#): The [PHNs & Funding](#) section of the Manual contains resources that can help PHNs support the wellbeing of Indigenous people through culturally safe and sustainable commissioning. This section consolidates government commissioning guidelines with practical tools and self-assessment checklists that guide PHNs to embed Indigenous perspectives in their operations and measure and improve their commissioning performance, aligned with key national policies and strategies including the National Agreement on Mental Health and Suicide



Prevention, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and the Gayaa Dhuwi Framework and Implementation Plan.

There are also stories of positive commissioning and a collection of resources generated by PHNs, including Reconciliation Action Plans and commissioning frameworks, which the CBPATSISP has assessed to be culturally appropriate in commissioning services to support Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and suicide prevention.

- Under the Best Practice Programs and Services section of the CBPATSISP Clearing House, the CBPATSISP has collated listings of programs that cater to specific needs such as *prevention* of suicide, and enhancing Aboriginal and Torres Strait Islander *healing and social and emotional wellbeing*. Each program has been evaluated based on best practice criteria which include: Indigenous ownership; community consultation and co-design; and cultural responsiveness.
- These listings describe how programs and services are addressing needs and challenges in individual communities and are valuable for PHNs to explore when planning or commissioning services in these domains.
- **Factsheets, data and policy reports:** CBPATSISP creates factsheets that summarise research conducted on suicide prevention and provide an overview of Aboriginal and Torres Strait Islander suicide statistics. These factsheets can be distributed in PHN-funded services to raise awareness of the disparity in Aboriginal and Torres Strait Islander suicide rates and can also be used in service planning to demonstrate need.

The CBPATSISP also shares policy reports such as the influential 2016 [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project \(ATSISPEP\) report](#) which has since become the blueprint for policies and funding targeted to improve outcomes for Aboriginal peoples. The ATSISPEP is highly cited in Indigenous research, used in government frameworks and strategies, and can be used to guide the practice of PHNs, service providers and communities.

What is the geographical footprint of Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention?

The CBPATSISP has a national geographical footprint. The resources available on the CBPATSISP website are shared and used extensively through the consortium partners of the CBPATSISP, other organisations funded under the National Suicide Prevention Leadership and Support Program, and peak bodies including the [National Aboriginal Community Controlled Health Organisation](#), [Gayaa Dhuwi Proud Spirit](#) Australia, The [Healing Foundation](#), and [Lowitja Institute](#). The broader sector and government departments and the Indigenous community through Aboriginal Community Controlled Organisations are also users. The information on the website is Australia-wide. It also contains information that is specific to each state of Australia.

Additional information for PHNs

The CBPATSISP is eager to support culturally responsive commissioning by PHNs, both of Indigenous-specific and mainstream services. We work with the PHN Cooperative and have presented at national PHN conferences, webinars and meetings. We are always happy to meet with PHNs individually or collectively to discuss how they can apply our work to improve their responses to Aboriginal and Torres Strait Islander people and communities.

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Australian Government

Department of Health, Disability and Ageing

Provided by The University of Western Australia



Activity 4: National support for lived experience of suicide

Roses in the Ocean – National Leadership for Lived Experience of Suicide engagement and integration to support and inform suicide prevention reform and workforce development

What is our role as the national lived experience (LE) of suicide organisation?

Roses in the Ocean seeks to lead the significant cultural shift needed to save lives through harnessing the perspectives of all we represent, along with our own lived experience of suicide. With our actions driven and guided by those with a lived experience of suicide, we innovate and transform suicide prevention, and drive and deliver system reform. We support organisations and government to effectively and meaningfully integrate and partner with lived experience expertise into suicide prevention.

Roses in the Ocean works within five key sectors- Community, Government, Suicide Prevention sector, Research sector, and Mainstream Health Services - that, when activated in unison, will collaboratively contribute to achieving a whole-of-population approach to suicide prevention and significant system reform. We will support and empower these sectors to structurally embed LE of suicide at all levels to drive this culture change. Activities span grassroots to strategic system reform. We will:

- Provide national leadership in LE of suicide for individuals, communities, organisations, sector organisations, PHNs, and Government, facilitating strategic partnerships and collaborations.
- Provide a national representative LE of suicide voice to government to inform system reform and national priority setting.
- Ensure LE of suicide integration and partnership in implementation of current national recommendations.
- Guide, inform and support the suicide prevention sector, PHNs and government to integrate LE informed practice, embed and integrate LE, and co-design internal and external facing operations.
- Provide strategic policy and program advice informed by current and emerging LE perspectives and identified service gaps.
- Work closely with the Australian Government Department of Health and Aged Care and the National Suicide Prevention Office.
- Build sustainability, diversity and succession planning in LE of suicide and Suicide Prevention Peer Workforces, increasing equity/access to best practice workforce capability training and mentoring.
- Grow capability, sophistication and capacity of LE expertise.
- Build capacity and sustainability of individuals and communities to recognise and respond to suicide.
- Drive and support LE of Suicide Informed and Inclusive Culture Change and Inform regional service planning and system reform.
- Develop future LE of suicide leaders to ensure succession planning and sustainability.
- Be a catalyst for innovation by supporting LE co-designed research and evidence generating program solutions, LE informed, peer enhanced and non-clinical services.



- Deliver National LE Summit every two years (next event May 2025).
- Work to influence broader mainstream health services to provide genuine LE informed 'no wrong door' environment for people in distress/suicidal crisis.

How can the Roses in the Ocean help PHNs?

Roses in the Ocean provides LE of suicide expertise that stems from a unique blend of grassroots and strategic experience combined with 13 years of developing best practice integration and implementation of diverse LE insights.

We work with PHNs to:

- understand community needs and map key stakeholders
- co-design service solutions including Mental health Hubs and Safe Spaces
- establish Lived experience advisory groups/ working groups/ focus groups
- Support communities to establish and implement non-clinical peer led services.

We also offer PHNs:

- Consulting and advisory services regarding integrating & partnering with people with lived experience
- Expertise for procurement panels
- lived experience Investigators for evaluation processes
- review of communications
- recruitment and support services for PLE they engage
- support to integrate and partner with people with LE in the organisation, governance structures, services, communications.

We can also support PHNs to meet local needs, build LE capacity within their regions, support engagement, co-design and embed LE in regional suicide prevention planning and strategy.

- Lived experience capacity building workshops
- Licencing model available for Community TouchPoints training
- Upskilling of PHN staff and regional clinical staff and services in lived experience informed suicide prevention.

What is the geographical footprint of Roses in the Ocean's national leadership role?

Roses in the Ocean operates nationally. Our head office is in Queensland, and we have team members residing in all states and territories except the Northern Territory at this point in time.

Additional information for PHNs:

About Roses in the Ocean:

Roses in the Ocean is nationally and internationally recognised and respected (cited by World Health Organisation and the International Association for Suicide Prevention) for developing global best practice in all aspects of LE of suicide. We have an established and proven track record over thirteen years of leading with integrity, innovation and collaboration, and providing a critical real time conduit between people in the community with LE of suicide and service providers, sector organisations and Government.

We are Australia's national LE of suicide organisation providing innovative, highly collaborative leadership within the suicide prevention sector, for people with LE of suicide, communities, sector organisations and government.



How PHN's can support and participate in this initiative:

PHNs can engage with Roses in the Ocean in a wide range of activities and forums. We have, since 2015, worked in some capacity with all PHNs and want to continue to do so in any way in which we can add value to your work and support you to meaningfully engage and partner with people with LE of suicide in your regions for the purpose of local planning, service delivery.

By recognising the call from all current national recommendations to place LE front and centre of all suicide prevention activity and reform, and familiarising yourselves with the 2022 launched national suite of resources – [LE of suicide Informed and Inclusive Culture Change](#), we can collaboratively work towards this goal.

Opportunities to support our national role include:

- Meet with us regularly so we can stay abreast of your program of work and for us to be able to share how we are supporting other PHNs and our other activities across the country.
- Establish and/or build your LE Advisory Groups/ Networks to work with you on suicide prevention initiatives.
- Engage Roses in the Ocean to assist embedding LE expertise in suicide prevention strategic planning and implementation.

Let us know how we can add value to your work.

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Provided by Roses in the Ocean



Black Dog Institute – Aboriginal and Torres Strait Islander Lived Experience Centre

What is the Aboriginal and Torres Strait Islander Lived Experience Centre?

First of its kind in Australia and an International example, the Aboriginal and Torres Strait Islander Lived Experience Centre (the Centre) seeks to elevate Aboriginal and Torres Strait Islander Voices in Mental Health and Suicide Prevention.

The Centre advocates for cultural safety, co-design/co-production, paid participation for all lived experience activities, and empowering Aboriginal and Torres Strait Islander Peoples to contribute meaningfully using their lived experience.

How can the Aboriginal and Torres Strait Islander Lived Experience Centre help PHNs?

The Aboriginal and Torres Strait Islander Lived Experience Centre provides best practice advice and guidance PHNs regarding engaging Aboriginal and Torres Strait Islander Lived Experience and First Nations Governance across mental health and suicide prevention.

We also do this through the following activities:

National Network of Aboriginal and Torres Strait Islander Lived Experience

- Located across the country, the National Network of Aboriginal and Torres Strait Islander Peoples with Lived Experience provides insight into projects, policies, and research using Lived Experience expertise
- Over twenty National Network members, diverse in age, geography, gender, and Lived Experiences are ready to provide input to mental health and suicide prevention initiatives
- Set up with culturally safety front of mind and paid participation for all activities, recognising the significant contribution Lived Experience has in mental health and suicide prevention.

Lived Experience Centre Portal

- An online portal platform which houses the Centre's resources, and facilitates links between organisations and our National Network Members
- Organisations who subscribe to the Portal are provided the opportunity to post their opportunities to engage our National Network Members in their own mental health and suicide prevention initiatives
- Quarterly webinars about topics decided by organisations who become paid subscribers to the Portal.

What is the geographical footprint of the Aboriginal and Torres Strait Islander Lived Experience Centre?

The Centre's activities are nation-wide however we are looking to establish local networks in the following locations:

- Hunter Valley
- Broome
- Torres Strait Islands

We are looking to expand these local networks over time to more locations.

Additional information for PHNs

The Centre is open for collaboration and partnership agreements, particularly for ongoing work within PHNs that require Aboriginal and Torres Strait Islander input. Collectively, the Centre can assist with:



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- Workshops centred around Aboriginal and Torres Strait Islander Lived Experience
- Advice and consultation around Aboriginal and Torres Strait Islander Governance
- Lived Experience Advisory or Committee Representation
- Lived Experience Speakers
- Projects, Policy, Research & Evaluation input.

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Provided by Black Dog Institute



Activity 5: National media and communication strategies

Orygen – #chatsafe: A national program designed to facilitate safe online conversations about suicide and self-harm among Australian young people

What is #chatsafe?

#chatsafe is a world-first award-winning program designed to facilitate safe online communication about suicide. It comprises [evidence-informed guidelines](#) and a national social media campaign co-designed with young people, plus a suite of web-based resources designed to help adults better support young people.

- Between 2022-25, the #chatsafe suite of resources are being updated with new and recent evidence, including: updated guidance on safe online communication about suicide and self-harm, including suicide games, hoaxes and live stream suicides;
- a series of social media campaigns targeting the general youth population, at-risk groups and school-aged young people;
- web-based resources and social media campaigns for families, educators, PHNs and the social media industry;
- webinars, training sessions and Facebook Live events;
- updated evidence summaries;

It is hoped that together these resources will facilitate safe online communication and lead to reductions in suicide and suicide-related behaviour among young Australians.

How can #chatsafe help PHNs?

Postvention social media response: We have comprehensively pilot-tested the deployment of targeted #chatsafe social media campaigns across various communities in response to youth suicides to support safe online communication and promote help-seeking. In partnership with PHNs and/or local suicide prevention networks, following a youth suicide, a four-week social media campaign is deployed across affected communities, with the aim of supporting those impacted by the death and reducing the risk of further suicide deaths. The campaigns focus on messages of help-seeking, supporting friends, normalizing grief, language matters, and online self-care. The response also includes targeted messaging for parents and carers, educators, and adult community members.

The approach has been applied via a 12-month trial in a region of WA resulting in 16 activations across Facebook, Instagram, and Snapchat, and an ongoing statewide project in Victoria since 2022. An evaluation of the intervention was conducted by the University of Melbourne in 2024, which showed that the #chatsafe program is unique, and is delivered with immediacy via the most contemporary modality (social media), providing a rapid postvention response. It enables equitable delivery of information and education about suicide and self-harm communication to large cohorts of young people including marginalized and vulnerable young people.

We have recently published [research on the safety and acceptability](#) of delivering the #chatsafe intervention to young people as part of a postvention response.



We are in the process of scaling up this response protocol via PHNs across Australia. Contact us if you would like your network to be involved.

Consultations with PHNs: in 2024, we conducted a series of roundtable consultations with PHNs and postvention service providers to gather information on the challenges or concerns faced by PHNs when using social media as part of a postvention response, and how #chatsafe can support PHNs to safely provide age-appropriate and informative postvention information via social media. Based on these discussions, we are updating our resources for communities, and will provide social media templates and tools for PHNs and communities to integrate into their existing postvention response plans. We will continue to provide up-to-date guidance on using social media to respond to a suicide, and develop and distribute updated resources, with the aim of mitigating future suicidal behaviour and the emergence of suicide clusters.

Resources and materials: We will share with PHNs our full suite of [#chatsafe resources](#) and materials, either digital or hard copy, to support communities impacted by suicide. The #chatsafe resources are also available in various language translations via our website.

What is the geographical footprint of #chatsafe?

#chatsafe resources and materials are available nationally. Social media postvention response campaigns have been trialed in Victoria, New South Wales and Western Australia and can be scaled up for any of the 31 PHNs, as part of a cost-sharing model to be negotiated based on local needs.

Additional information for PHNs

Orygen's youth suicide prevention research unit have several other evidence-based resources to support PHNs and commissioned services:

- [Suicide prevention in primary care: Best practice when assessing young people. Orygen online training module, 2021.](#)
- [Coping with self-harm: A guide for parents and carers](#) - hard copies available, free of charge, upon request.
- [Supporting Aboriginal young people who self-harm: A guide for families and communities](#) - hard copies available, free of charge, upon request.
- [Guidelines for integrating digital tools into clinical care for young people.](#)
- [Guidelines for involving young people with lived and living experience of suicide in suicide research.](#)

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Provided by Orygen



Everymind – Life in Mind

What is Life in Mind?

Life in Mind is a knowledge exchange portal providing translated evidence, policy, data and resources in suicide prevention. Through implementing a science communication and knowledge exchange strategy, in collaboration with key partners, Life in Mind connects suicide prevention (and related) sectors to the evidence, information and resources they need. In addition, Life in Mind is the host of the National communications charter (the Charter), an evidence-informed document that guides the way mental health and suicide prevention sectors, government, businesses, communities and individuals communicate about mental health and wellbeing, mental health concerns and suicide.

How can Life in Mind help PHNs?

The *Life in Mind* portal acts as a central, collaborative source of suicide prevention information, evidence, and practical support for PHNs. Content within the *Life in Mind* portal will aid regional suicide prevention activity by providing PHNs with access to current suicide data, policy, research, and resources, supporting suicide prevention planning and commissioning of activities and services by PHNs.

Life in Mind applies a knowledge translation approach, providing users with an easy-to-understand summary of new and existing suicide prevention information that can be applied to a variety of suicide prevention activities. The *Life in Mind* portal supports the timely retrieval of information and prevents duplication.

Accessing suicide prevention information through the *Life in Mind* portal can save PHNs time and resources and avoids duplication.

PHNs act as local agents of change in Australia's health system, holding a major role in providing accurate and non-stigmatising mental health and suicide prevention information to regional communities. The Charter is a resource that guides PHNs to use safe communication, helping to reduce stigma and increase help-seeking behaviours. The Charter can also be utilised by stakeholders connected to PHNs so they can communicate in a safe and non-stigmatising way about suicide.

What is the geographical footprint of Life in Mind?

Life in Mind is a national suicide prevention program.

Additional information for PHNs

The *Life in Mind* portal can provide ongoing communication support to PHNs through the National Communications Charter and PHN specific webinars, aiding organisational collaboration and learning.

Life in Mind supports knowledge sharing within the sector and community by sharing new knowledge, activities, and approaches in suicide prevention through e-newsletters. *Life in Mind* welcomes PHNs to contribute items for e-newsletters, aiding to connect the sector with each other, and community.

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Provided by Everymind



Everymind – Mindframe

What is Mindframe?

Mindframe is a national program supporting safe media reporting, portrayal and communication of suicide, mental health concerns and alcohol and other drugs (AOD).

How can Mindframe help PHNs?

Mindframe is uniquely placed through its existing media contacts and strong reputation, as well as its nationwide network of stakeholders, to deliver comprehensive media guidance within PHNs. *Mindframe's* relationships across media and media sources (including the suicide prevention sector) facilitate collaboration between PHNs, the mental health and suicide prevention sector and local media. It also supports communities by implementing safe public communication strategies.

Through *Mindframe*, local media organisations are targeted to ensure sufficient training in, and compliance of, these guidelines. The training educates media organisations on how to prevent imitative behaviour and increase supportive messaging to reduce risk to vulnerable people in the community. Additionally, quality coverage increases as a result which, in turn, assists in promoting help-seeking pathways.

Mindframe's local approach to suicide prevention continues to build the capability for PHNs to confidently engage in proactive suicide prevention communication and respond safely if a suicide occurs in the community. *Mindframe Plus* includes a three-hour online facilitated workshop to assist in understanding issues surrounding public communication about suicide and in developing communications strategies and protocols for suicide prevention, intervention and postvention.

During the 2025-2027 funding period, PHNs will be offered a one-hour refresher *Mindframe Plus* session to ensure skills learnt during the previous three-hour workshops are maintained. PHN representatives are also welcome to register for the free monthly open online training sessions via the [Mindframe website](#).

Additionally, a toolkit which includes resources and templates for use by PHNs to support safe communication about suicide, has been developed is available via the [Industry Hub](#) on the *Mindframe* portal.

What is the geographical footprint of Mindframe?

Mindframe is a national program.

Additional information for PHNs

The *Mindframe* team provides a real time support service to PHNs, the suicide prevention sector and local media to review or provide guidance on public communication about suicide and mental health concerns and AOD

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Provided by Everymind



LGBTIQ+ Health Australia – MindOut + Switchboard Victoria - National Media and Communications Strategy

What is MindOut?

MindOut is delivered by the LGBTIQ+ Health Australia, the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on LGBTIQ+ people and other sexuality, gender, and bodily diverse people and communities.

Although many LGBTIQ+ Australians live healthy and happy lives, research has shown that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers.

MindOut develops and delivers national suicide prevention initiatives for the mental health and suicide prevention sectors to help them meet the needs of LGBTIQ+ populations. In doing so, the program aims to improve the mental health outcomes and reduce suicide and suicidal behaviour amongst LGBTIQ+ people and communities.

The goals and objectives of MindOut are:

- Support LGBTIQ+ people and communities to be able to identify and respond to their own mental health needs, along with supporting others in the LGBTIQ+ community.
- Work with Government to support the inclusion of LGBTIQ+ populations in mental health and suicide prevention strategies, policies and programs.
- Work with mental health and suicide prevention organisations and services to support them to be increasingly responsive to the needs of LGBTIQ+ people and communities.

MindOut National Media and Communications Strategy

The MindOut National Media and Communications Strategy delivers population-based campaigns and web-based resources to raise awareness and reduce inappropriate media coverage of suicide.

Communications will include (but is not limited to):

- Affirming messaging about LGBTIQ+ identity, relationships, bodily diversity and representing intersections in LGBTIQ+ communities engaging in everyday activities with the purpose of reducing stigma.
- Messaging directed to bystanders, including friends, family, and colleagues, to enable a more supportive community and to promote help seeking when concerned.
- Where to reach support that works for LGBTIQ+ individuals - including crisis support, primary care and QLife (link [QLife](#)).

Materials are developed in partnership with people with lived experience, mental health practitioners, and communications professionals.

Changing the Landscape

Changing the Landscape is a commitment to creating a future where LGBTIQ+SB suicide prevention is a national priority. It calls on the healthcare sector and governments to take action toward a suicide prevention system where LGBTIQ+SB peer-led services are sector leaders, and our lived experiences shape our care.



The **Changing the Landscape Statement** was launched on 18 July 2024. It outlines three pillars of foundational change that will have significant and enduring impact for LGBTIQ+SB people and communities toward the prevention of suicide, the wellbeing of LGBTIQ+SB people impacted by suicide loss and those in our communities who provide care and support. PHNs can read and sign the statement here: [The Changing the Landscape Statement — Changing the Landscape](#)

How can MindOut help PHNs?

The National Media and Communications Strategy provides guidance to PHNs on language and messaging for discussing issues related to mental health and suicide prevention in LGBTIQ+ communities.

The MindOut program broadly provides services, advice and support to the PHNs, to lead a regional approach for suicide prevention activities that meets the needs of LGBTIQ+ people at a local level.

- **MindOut Champions:** free professional development training for all people working in the mental health or community service sector within Australia <https://www.lgbtiqhealth.org.au/mindout-champions-project>
- **Network MindOut:** regular sector updates on practice and implement strategies that support inclusive and accessible services to LGBTIQ+ people and communities <https://www.lgbtiqhealth.org.au/networkmindout>
- **MindOut Webinars:** presentations on topics related to mental health and suicide prevention for LGBTIQ+ people: https://www.lgbtiqhealth.org.au/mindout_webinars
- **PHN Updates:** LGBTIQ+ Australia also provides regular updates for registered PHNs https://www.lgbtiqhealth.org.au/phn_apply

What is the geographical footprint of MindOut National Media and Communications Strategy?

National coverage

Additional information for PHNs

The National LGBTI Mental Health and Suicide Prevention Strategy is a plan for strategic action to prevent mental ill-health and suicide, and promote good mental health and wellbeing for LGBTI people and communities across Australia. This strategy includes recommendations across the breadth of approaches in Australian mental health work including promotion, prevention, intervention, treatment and maintenance. The strategy can be downloaded from: lgbtihealth.org.au/resources/national-lgbti-mental-health-suicideprevention-strategy.

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Provided by LGBTIQ+ Health Australia



Community Broadcasting Association of Australia (CBAА) – The Community Radio Suicide Prevention Project

What is the Community Radio Suicide Prevention Project?

The Community Radio Suicide Prevention Project (the project) utilises both satellite and local radio broadcasting to provide national delivery of suicide, mental health, and well-being messages through a network of over 300 radio stations nationwide. The project also distributes a monthly booklet and audio CD to promote suicide prevention, help-seeking behaviours, and well-being to a large national audience. Every three months throughout the project, specific content is packaged for youth, Indigenous and CALD audiences and distributed to all community radio stations broadcasting to these audience groups (including information in a range of community languages).

How can the Community Radio Suicide Prevention Project help PHNs?

The CBAА project team can assist with:

- Promotion of any large, regional suicide prevention and/or mental health projects, programs or initiatives developed or supported by PHNs through community radio stations and networks in the areas covered.
- Linking PHNs to their local community radio station/s to support ongoing, local opportunities or promotion of programs, interviews etc.

What is the geographical footprint of the Community Radio Suicide Prevention Project?

The Community Radio Suicide Prevention Project is national, with all our member stations listed at:

www.cbaa.org.au/about/our-members

Options exist for broadcasting of content to all of these stations through the Community Radio Suicide Prevention Project, along with targeting of content to specific regions and/or locations.

Additional information for PHNs

A key feature of the project is promotion of help-seeking and sharing positive lived experience stories as a way of encouraging others to seek help (or to support those around them), including people from diverse cultural backgrounds. The project team welcomes ideas for content which features local community members with lived experience who would like to share their stories, or which features examples of local community initiatives which are making a difference in the area of suicide prevention and mental health.

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Provided by Community Broadcasting Association of Australia



R U OK? Limited

What is R U OK?

R U OK is a public health promotion for all of the population.

R U OK? maintains and increases relevance, credibility, and connections, by continually developing initiatives for all people living in Australia including priority population groups for whom social and cultural factors have a significant influence upon mental health and wellbeing. Our work is based on evidence, data, and most importantly, lived experience. Our forward-thinking and fresh resources and activities are designed to be inclusive, embrace communities, and promote caregiving by encouraging everyone to ask, 'are you OK?'.

Since our inception R U OK? has changed the national conversation about mental health and suicide prevention. We are living and working in a time where we are engaging the 'R U OK? Generation' – a cohort of young people that has always had R U OK? in their lives.

R U OK? is no longer only a National Day of Action. It is a constant in our national narrative and a question for any day.

R U OK? was born from lived experience having been created by Gavin Larkin who lost his own father to suicide. The valuable insights, storytelling, and expertise of those with lived experience continue to be woven through everything we do. Across our team, board, advisory groups and Community Ambassadors, we remain respectful and proud of those who share their stories. Their voices help us continually improve our work and foster connection and conversation in their communities.

Gavin's legacy is a national grassroots movement that grows exponentially in popularity year-on-year due to its free, simple, practical nature with open-source resources. R U OK? (the second Thursday in September) is complemented by year-long programs, campaigns and resources centered on R U OK? **any** day, which are accessible at www.ruok.org.au

How can R U OK? help PHNs?

R U OK? resources, events and workshops are an opportunity to:

- a. use a well known trusted name to start conversations in your region at no cost
- b. recognise the importance of prevention and early intervention
- c. encourage everyone to play a role in suicide prevention
- d. show leadership and collaboration
- e. use the Day as a springboard to promote your own services and programs
- f. use existing and established messaging to help build local community capacity in suicide prevention
- g. reduce language barriers that make it hard for people to connect, and help build skills to support themselves and their loved ones when they are struggling with life.

What is the geographical footprint of R U OK?

A mass population campaign with national coverage, digital and physical resources and activations reaching millions across Australia.

Additional information for PHNs

R U OK? is a National Day of Action and a reminder that every day is the day to ask, "Are you OK?".

R U OK? has a variety of resources for priority populations and works throughout the year on tools and activations including key resources in multi-languages.



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Importantly, R U OK? is a lead generator for awareness and engagement, and refers to support services and programs as pathways to experts when the conversation gets too big for family and friends.

R U OK? is run by a small team of 21 people and our most valuable asset is the generosity and courage of our volunteer Ambassadors who share their lived experience in the spirit of hope and recovery.

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Provided by R U OK? Limited



ReachOut – Connect to Feel Better

What is Connect to Feel Better?

ReachOut helps young people feel better about today and the future, no matter what challenge they are facing. They provide a safe place where young people can openly express themselves, explore what is happening in their lives, connect with people who understand their situation, and find the resources to help them manage their challenges now and in the future.

Anonymous, free and 100% online, ReachOut has been designed specifically for – and with – young people. From one-to-one support from experienced peer workers to online forums, as well as tips, stories and resources, ReachOut offers a wide range of support options that allow young people to engage in the ways they want to, when they want to, and has been doing so for more than 20 years. ReachOut Parents and ReachOut Schools provide valuable information, resources, and advice to help parents, carers and educators to better understand the young people in their lives and to play an active role in their wellbeing.

Under Connect to Feel Better, ReachOut will develop and deliver an evidence-based national digital media campaign targeting broad and at-risk youth populations (aged 16–25 years) across Australia. The campaign will be supported by a suite of digital assets including social media tiles, videos and will be linked to a landing page that will host dedicated web-based information, resources, and interactive content. The campaign can be viewed on ReachOut's YouTube channel at <https://youtu.be/1lc9o14uX6s>.

The campaign will be co-designed with young people who have lived-experience of mental health challenges and will seek to increase mental health literacy, encourage help-seeking and reduce the risk of suicide. ReachOut's research and experience shows that by using 'everyday issues' framing and stories from other young people who have been through similar things, young people are more likely to engage with mental health support.

How can Connect to Feel Better help PHNs?

Connect to Feel Better aims to reduce stigma and encourage help-seeking amongst young people experiencing mental health challenges.

ReachOut can assist PHNs in modelling a stepped-care care approach that provides young people with immediate help and support (self-help); access to multiple peer support options including an Online Community and a one-to-one model; and can provide effective adjunctive support in between appointments. ReachOut Parents can help parents better support their teenager.

ReachOut is shown to help young people who are in distress feel calmer, reduces their negative feelings and gives them strategies to move forward. This suggests ReachOut can play an important role in preventing downward emotional spirals and supporting young people to build resilience and wellbeing.

What is the geographical footprint of connect to feel better?

ReachOut and Connect to Feel Better are available nationally. The Connect to Feel Better Campaign will utilise a multichannel digital campaign approach, harnessing ReachOut's significant social media presence, to ensure comprehensive campaign reach to young people across Australia. This will include platforms such as Instagram, Facebook, TikTok and YouTube, and will be targeted both broadly at young people and to specific identified cohorts at risk or in priority population groups.

Additional information for PHNs

ReachOut's purpose is to be the trusted and safe digital space empowering young people to feel better. ReachOut's Social Impact Framework outlines core metrics, and associated indicators, for Outcomes, Reach



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and Engagement across their services, focused on – Improving mental health literacy; Increasing connection; Better understanding of self; Sense of agency; Relief from negative feelings and Validation.

To access and use Connect to Feel Better digital assets, PHNs can contact marketing@reachout.com.

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Provided by ReachOut



Mental Health First Aid® International – Addressing the Stigma of Suicide through Mental Health First Aid

What is Addressing the Stigma of Suicide through Mental Health First Aid?

Mental Health First Aid International will develop a suite of mental health and suicide prevention education materials that complement our existing Mental Health First Aid® (MHFA®) training programs. This will include informative online content, targeted in-community resources and digital health promotions.

These activities will increase engagement with early intervention mental health and suicide prevention training, while also building community mental health literacy to reduce barriers to giving and receiving support.

We will utilise our evidence base, professional expertise, and networks to contribute to community dialogues that:

- reduce mental ill-health and suicide stigma
- promote accurate information about mental health problems and suicide
- encourage individuals, schools, workplaces and communities to recognise the role they can play in peer-to-peer support.

These activities focus on empowering everyday people with knowledge and practical skills for early intervention support for mental health problems and suicide prevention.

How can Addressing the Stigma of Suicide through Mental Health First Aid help PHNs?

This project will deliver over 40 resources (articles, case studies and videos) plus a 6-week campaign aimed at improving community capacity to provide support to people experiencing mental health problems.

PHNs will be able to access these resources through the Mental Health First Aid International social media channels, on the Mental Health First Aid Australia website, and by subscribing to our bimonthly digital newsletter updates via the footer of our website (www.mhfa.com.au). PHNs can connect their local catchment area population to these links and resources to increase engagement, increase mental health literacy and reduce the stigma of suicide.

What is the geographical footprint of Addressing the Stigma of Suicide through Mental Health First Aid?

This project has a national footprint, with resources and campaigns also distributed to a global community of MHFA providers and partners.

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Provided by Mental Health First Aid International



Activity 6: National suicide prevention training

Youth Live4Life – Live4Life

What is Live4Life?

Live4Life is a successful, evidence-based community impact model for improving youth mental health and reducing suicide in rural communities. The Live4Life model is administered by Youth Live4Life, a registered health promotion charity based in Woodend, Victoria.

Live4Life is the only mental health education and youth suicide prevention model designed specifically for rural and regional communities, with proven effectiveness in growing mental health awareness and a help-seeking culture. Live4Life is a peer-led model, informed by lived experience and developed in consultation with young people. It centres young people at the heart of the model's programmatic approach.

There are four components to the Live4Life model:

1. Deliver evidence-based mental health education in schools and communities
2. Create local partnerships — between schools, councils, local services and community organisations — to lead community-wide conversations about mental health and suicide prevention
3. Promote young leaders as Mental Health Ambassadors
4. Mentor and support communities to implement the Live4Life model and reach sustainability.

How can Live4Life help PHNs?

Live4Life is unique in building sustainable cross-sector partnerships. Often in first time-ever alliances, local government councils, health services, secondary schools, and community groups are brought together to form the local Live4Life Partnership Group. The goal of the Live4Life Partnership Group is to work collectively towards better mental health for the young people of their community, and ensure they get the support they need, when they need it.

Through these place-based partnerships, Live4Life can facilitate PHNs engage at a local government level with schools and community agencies. Live4Life currently works with a number of PHNs in training community members as Teen and Youth Mental Health First Aid® Instructors and in the coordinated delivery of training to young people and adults in communities.

What is the geographical footprint of Live4Life?

Since inception in 2010, the Live4Life model has been implemented in 13 Victorian rural communities – Ballarat, Baw Baw, Bass Coast, South Gippsland, Southern Grampians, Glenelg, Macedon Ranges, Central Goldfields, Benalla, Wellington, Hepburn, Latrobe and Moira Shires, as well as piloting in Break O'Day Shire in northeast Tasmania. Live4Life plans to scale nationally, with interest from the Northern Territory, Queensland, New South Wales and Western Australia.

Additional information for PHNs

Orygen, the National Centre of Excellence in Youth Mental Health, undertook an evaluation of the Live4Life model in 2017. The report highlighted that the Live4Life model is aligned with national and state-based strategies, as well as with international and national recommendations for suicide prevention activities. It states that “the model is consistent with key suicide prevention messages through its endorsement of the belief that suicide is preventable, that a holistic approach to suicide prevention is most effective, and in the mobilisation of the community as a resource to provide social support and fight stigma.” (Robinson, et al., 2018).



The evaluation highlighted that:

- i. the model has a positive impact on communities,
- ii. the partnership approach was highly valued, and
- iii. the mental health education had a positive impact on attitudes to mental health and was of great benefit to the young people who participated.

A summary of the evaluation outcomes can be found at: <http://www.live4life.org.au/live4life-evaluation-reports/>

With the support of the Victorian Government, Live4Life undertook a two-year evaluation (2018-2019) of its implementation in Glenelg and Benalla. Published February 2020, this evaluation examined the long-term effectiveness of the model, the transferability of the model and the social return on investment. See link: <https://static1.squarespace.com/static/5f0d6fe4e9641e63d8cad956/t/5f7bb8805ec0ad374a7ff0a5/1601943714359/1+2020+Live4Life+Evaluation+Two-year+Report.pdf>

Live4Life is currently collaborating with the University of Melbourne on a multi community, multi-year evaluation (2023-2026) funded through the Alive National Centre for Mental Health Research Translation. see: <https://alivenetwork.com.au/our-research/prevention-across-life-course/>

Live4Life's first interstate community in Break O'Day, Tasmania, is funded by the Federal Government's National Suicide Prevention Leadership Program and includes an independent evaluation of the trial, to be undertaken across 2023-25 by the Centre for Rural Health at the University of Tasmania.

In addition, as a Social Impact Partner of Future Generation Global (FGG), Live4Life will be participating with 13 other organisations in an impact measurement framework until 2026.

Live4Life is preparing for a new suite of internal evaluation activities to be piloted in communities in 2024, with the goal to build community capacity for impact measurement in the longer term.

Live4Life is aligned with, and already delivering on recommendations outlined in the Royal Commission into Victoria's Mental Health System, in relation to:

- iv. good mental health and wellbeing in local communities, and
- v. supporting social and emotional wellbeing in schools. Live4Life's preventative work is highlighted as an important case study in the final report, showcasing innovation in community-led mental health solutions for young people: "The Live4Life case study illustrates an example of a local organisation driving change in young people's lives."

Live4Life has Suicide Prevention Standards Accreditation.

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Provided by Live4Life



Australian Government

Department of Health, Disability and Ageing





headspace National Youth Mental Health Foundation – Headspace University Support Program

What is the headspace University Support Program?

The headspace University Support Program will support the higher education sector to build mentally healthy university communities across Australia by developing and strengthening:

- Capacity to manage mental health and wellbeing of staff and student,
- Capability of universities to respond to suicide,
- Confidence to engage in conversations regarding mental health and wellbeing, and
- Knowledge of referral pathways for students requiring additional mental health support

How can the headspace University Support Program help PHNs?

headspace has a long history of working alongside and collaborating with Primary Health Networks at a local, state/national level, and sharing resources and information to respond to the needs of communities. Building on the strong existing stakeholder relationships between headspace and PHN's that have been established over the 10 years of delivering suicide postvention response support to school systems, and more recently to include all age, all stage postvention response to communities in NSW, headspace will broaden this network to include activity under the University Support Program.

Through enhanced relationships with the higher education sector, we anticipate shared opportunities for headspace and PHNs to strengthen the engagement and service provision between health and higher education sectors.

What is the geographical footprint of the headspace University Support Program?

The headspace University Support Program will support all Australian universities. The support offered to universities will be made available online and in-person, removing potential barriers to engaging with the program.

Additional information for PHNs

The headspace University Support Program will offer postvention response support to universities following exposure to a suicide. The provision of postvention support relies on the timely communication that a death has occurred, and a university has been impacted. headspace recognises the valuable relationships that PHNs have with tertiary mental health and community agencies, including first responders, and sees this as a potential collaboration opportunity to ensure universities can receive the support headspace can provide following exposure to the suicide of a student or member of their university community.

The headspace University Support Program approach to suicide postvention is grounded in the knowledge that effective postvention involves activities in response, recovery, and planning. headspace will offer universities bespoke solutions to building their capacity to respond to suicide through training, education, implementation, and support that complements existing mental health and wellbeing frameworks.



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Provided by headspace National Youth Mental Health Foundation



Wesley Community Services Ltd – Wesley LifeForce Training

What is Wesley LifeForce Training?

Wesley LifeForce Suicide Prevention Training is an Australian-developed and evidence-based program designed to equip participants with practical engagement and suicide intervention skills. Developed in consultation with Australian communities and professionals, the program addresses the unique cultural and societal factors influencing suicide prevention across the country. Research shows LifeForce Training significantly enhances participants' ability to identify suicidal risk factors and take appropriate, culturally sensitive action. More details here - [Publications and reports](#) | [Wesley Mission](#)

How can Wesley LifeForce Training help PHNs?

Wesley LifeForce offers a high-quality, co-designed suite of suicide prevention training tailored to the needs of Australian communities. Our workshops teach people to identify the signs that someone may be at risk of suicide and appropriate action to take, with an emphasis on localised, culturally relevant interventions. Effective interventions can make a real difference and save lives.

Participants will have increased confidence in their ability to:

- Identify people who may be at risk of suicide
- Communicate appropriately with a suicidal person
- Ask a person if they are considering suicide
- Conduct a suicide intervention.

Wesley LifeForce delivers a suite of training workshops for community members and professionals:

- Community Gatekeeper Suicide Prevention.

Suicide Prevention for Health Professionals:

- General Practitioners and Practice Nurses
- General Practice Office Staff
- Relationship Counsellors
- Aged Care Nurses
- Aged Care Workers
- Disability Support Workers.

Community specific programs tailored for Australian communities, ensuring cultural and contextual appropriateness:

- Aboriginal and Torres Strait Islander Suicide Prevention
- Men focused Suicide Prevention
- Financial and Gambling Counsellors
- Support Young People

Multilingual suicide prevention workshops

Wesley LifeForce has partnered community groups and organisations to contextualise our Refugee and Asylum Seeker Suicide Prevention program to ensure it meets the needs of the communities we are



supporting. We have translated the materials into six different languages: Arabic, Dari, Farsi, Karen, Khmer, and Tamil. The translated material is available through a Train the Trainer model, the workshops empower local facilitators to lead discussions, making the training highly relevant and effective within diverse Australian communities.

What is the geographical footprint of Wesley LifeForce Training?

Wesley LifeForce Training is a national program with a strong presence across Australia, offering both face-to-face and online training options to ensure accessibility in urban, regional, and remote areas.

Additional information for PHNs

Beyond suicide prevention, Wesley Mission has developed two additional programs to address mental health and resilience in the workplace and personal mental health awareness:

Mental Health and Resilience in the Workplace:

The program can be offered as a one-day workshop or as individual two-hour modules.

- Module 1 - Recognition of Mental Health Issues
- Module 2 - Communication Skills
- Module 3 - Resilience and Stress Management

Building Resilience:

Participants are given the opportunity to reflect on their personal management of their mental health through relevant topics and group discussions.

- Session one:
 - What is Mental Health and Resilience
 - Lifestyle Skills and Strategies
- Session two:
 - Cognitive Strategies
 - Self-awareness Strategies

We also offer accredited instructors to deliver Mental Health First Aid and Accidental Counsellor.

Book here - [Wesley LifeForce Training - Wesley LifeForce](#)

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Provided by Wesley Community Services Ltd



Anglicare Sydney – Suicide Prevention for Seniors Program

What is the Suicide Prevention for Seniors Program?

Anglicare's Suicide Prevention for Seniors Program delivers training that equips those working with seniors (gatekeepers), with the skills to spot the warning signs of suicide, have an empathic conversation with the person they are concerned about, and refer them on for professional help should they require it.

It is not a well-known fact that men aged 85 and over experience one of the highest rates of suicide, of any population group. There is low level of awareness when it comes to the issue of suicide in seniors. This program is, as far as we know, the only one of its kind in Australia.

Run by Anglicare and funded by the Australian Government, the Suicide Prevention for Seniors Program is offered to people across Australia and delivered online over a 3 hour Zoom workshop.

This training teaches participants:

- About suicide in general and in the older population
- About risks and warning signs
- What to say and how to approach someone in suicidal crisis
- How to refer the person on for help and potentially save a life.
- Protective factors (the factors that help to lower the risk of suicide)

Participants also receive handy resources after the workshop and hear from people with lived experience. This program assumes no prior knowledge in mental health. As part of the Zoom workshop, participants take part in a role play where they practice the knowledge gained in a safe environment.

How can the Suicide Prevention for Seniors Program help PHNs?

PHN staff members and stakeholders can sign up for the program free of charge. To date we have trained over 11,000 people nationally from a wide variety of professions and industries including aged care, allied health, mental health, hospital staff, pastoral carers, regional assessment team staff, informal carers and more.

We are also interested in promoting to our participants any subsidised, free and affordable mental health programs across Australia. PHNs who fund mental health programs available to older adults can send program details to Nancy Gewargis (see contact details below).

What is the geographical footprint of the program?

This program is available to any gatekeeper in Australia with internet access.

Additional information for PHNs

We take individual and group bookings. We would be delighted to attend any relevant meetings to present the benefits of completing the program to your stakeholders.



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Contact details

For individual and group bookings, visit www.anglicare.org.au/suicideprevention

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Provided by Anglicare



Roses in the Ocean – Access and Equity Project – Lived Experience workforce development training

What is Access and Equity – lived experience (LE) workforce development training?

This project will deliver, free of charge, a selection of Roses in the Ocean's evidence-based training for people with LE of suicide living in regions and within at-risk population groups, where no previous investment has been made toward developing their capacity to contribute to suicide prevention policy, programs, research, service design and delivery. Foundational workshops ([Our Voice in Action](#) and [Voices of In-Sight](#)) and further development training '[Collaborating to Create Change](#)', '[TouchPoints](#)' and 'Introduction to Advocacy' will be offered. Our schedule for upcoming workshops can be accessed via the Roses in the Ocean [workshop schedule](#).

4 x VOI's

4 x OVIA's

8 x CCC or Working Together (determined based on need)

4 x TouchPoints

4 x Introduction to Advocacy

By developing the LE of suicide movement within regional and rural areas and within at-risk population groups, suicide prevention activity and initiatives will be better informed by lived experience, community members will have greater confidence to recognise and respond to suicide, and it will contribute to the ongoing development of leadership and sustainability for people with LE in Australia.

We will also collaborate with at-risk and priority population groups through engaging directly with community members, community leaders and organisations / services working with the communities. Our focus is on empowering these specific communities to prevent suicide in the most appropriate and effective way for their communities. This will be achieved by being guided by them as to how we can add value to their work.

How can Access and Equity to LE workforce development training help PHNs?

By increasing access to, and equity of, opportunity for people with LE of suicide to receive evidence based LE training wherever they live in Australia; LE participation and voices within the PHN's footprints will be elevated as workshop attendees gain skills and confidence to add value to local and regional suicide prevention strategies and implementation of suicide prevention plans, contribute to the design of services, and engage more proactively in community awareness events. Furthermore, by supporting the sustained development of diversity within the Lived Experience Workforce, the project will in turn contribute to a more diverse future generation of leaders skilled and supported to engage in ongoing reform of suicide prevention in PHN regions.

In line with all current national recommendations, it is critical that we embrace the full breadth and diversity of LE perspectives and expertise to inform service design and delivery, strategy and policy, research, and system reform.

What is the geographical footprint of Access and Equity to LE workforce development training?

National coverage will be achieved through the delivery of three workshops per state/territory each year for three years. (A total of 72 workshops across Australia). Roses in the Ocean will advertise training opportunities within each state and territory through PHNs, and other networks including suicide prevention networks and the Roses in the Ocean Lived Experience Collective.



Additional information for PHNs:

About Roses in the Ocean:

We are Australia's national LE of suicide organisation providing innovative, highly collaborative leadership within the suicide prevention sector, for people with LE of suicide, communities, sector organisations and government. We provide sophisticated LE of suicide expertise in developing and delivering best practice and evidence generating training and skill development, engagement, integration, co-design and co-production, LE and peer workforce development.

We are a sought-after partner in research, policy reform, service design and delivery. Our reputation is built on a decade of developing the LE of suicide movement, building their capacity, driving system reform, sharing our learnings, and co-designing innovative service solutions that address service gaps, always placing community need above organisational need. The World Health Organisation cites Roses in the Ocean as representing best practice in engagement and integration of LE of suicide.

Our [LE Informed and Inclusive Culture Change suite of resources](#) provide best practice guides and tools for meaningful integration and partnership with people with LE of suicide.

How PHNs can support and participate in this initiative:

Roses in the Ocean will be reaching out to collaborate with PHN's to identify regional areas where there has not been access to training for those with LE of suicide in the past.

Intended recipients include:

- people with LE of suicide without access to Roses in the Ocean training through fee for service opportunities
- the often 'unheard voices' of at-risk populations and communities that are hard to engage or marginal in suicide prevention activities – men, veterans, attempt survivors, LGBTIQ+, older persons and youth.

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Provided by Roses in the Ocean



National Aboriginal Community Controlled Health Organisation – Suicide Story

What is Suicide Story?

Suicide Story is a unique suicide prevention education and training program developed by Aboriginal people, for Aboriginal people that has been operating in the Northern Territory since 2011. This Program is led by the Suicide Story Aboriginal Advisory Group (SSAAG), passionate about safeguarding best cultural practice in adapting to community need and protocol, with the utmost cultural integrity.

Through the delivery of Aboriginal-led workshops in Aboriginal communities, the program provides a culturally safe way to equip community members with the skills, knowledge and confidence to respond to the risk signs of suicide. The program embeds a two-way culturally responsive learning process to support participants.

The program uses cultural paradigms to guide participants through understanding suicide and reducing stigma so that participants can effectively identify and respond to suicidal risk signs within their communities.

How can Suicide Story help PHNs?

The expansion of Suicide Story will reduce the stigma associated with suicide in Communities, increase community awareness, capability and capacity to recognise signs of ill mental health and suicidal ideation within a cultural context, and navigate appropriate pathways for assistance. This work will strengthen suicide prevention planning and coordination across Community.

What is the geographical footprint of Suicide Story?

Suicide Story was established in the Northern Territory. A pilot funded through the NSPLSP grant plans to expand the reach of suicide prevention training into Aboriginal Communities across northern Australia, including northern WA and QLD, over 2022-23 to 2024-25. Expansion of Suicide Story will be aligned with rollout of Community Controlled Suicide Prevention Networks (CCSPNs) based in NT and northern WA and QLD where possible, as part of NACCHO's Culture Care Connect program.

Additional information for PHNs

NACCHO has partnered with the Aboriginal Medical Services Alliance Northern Territory (AMSANT) to co-ordinate the program. AMSANT will lead program delivery including facilitator recruitment and training.

NT PHN is already collaborating on this project and funding under the grant will build on AMSANT's capacity to expand the program to northern WA and QLD.

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Provided by National Aboriginal Community Controlled Health Organisation



LGBTIQ+ Health Australia – MindOUT Suicide Prevention Training

What is MindOut?

MindOut works to develop and deliver national suicide prevention initiatives for the mental health and suicide prevention sectors, to assist those sectors to better meet the needs of LGBTIQ+ populations. MindOut achieves this through developing communications resources and training, and by providing capacity building initiatives to the mental health and suicide prevention sectors. The program also provides mental health and suicide prevention support and education for LGBTIQ+ people to help empower them to identify individual mental health needs.

MindOut is delivered by the LGBTIQ+ Health Australia, the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on LGBTIQ+ people and other sexuality, gender, and bodily diverse people and communities.

MindOut National suicide prevention training

The MindOut National Training Program will work to build the capacity of the workforces responding and preventing suicide amongst LGBTIQ+ communities, in partnership with people with lived experience, mental health practitioners, and other sector professionals.

How can MindOut Suicide Prevention Training help PHNs?

The MindOut Training program works in collaboration with PHNs to ensure procurement of services, needs assessments and services provision is equitable for LGBTIQ+ people.

MindOut provides services, advice and support the PHNs to lead a regional approach for suicide prevention activities which meets the needs of LGBTIQ+ people at a local level.

- **MindOut Champions:** free professional development training for all people working in the mental health or community service sector within Australia <https://www.lgbtiqhealth.org.au/mindout-champions-project>
- **Network MindOut:** regular sector updates on practice and implement strategies that support inclusive and accessible services to LGBTIQ+ people and communities <https://www.lgbtiqhealth.org.au/networkmindout>
- **MindOut Webinars:** presentations on topics related to mental health and suicide prevention for LGBTIQ+ people: https://www.lgbtiqhealth.org.au/mindout_webinars
- **PHN Updates:** LGBTIQ+ Australia also provides regular updates for registered PHNs https://www.lgbtiqhealth.org.au/phn_apply

What is the geographical footprint of MindOut Suicide Prevention Training?

National coverage

Additional information for PHNs

Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy is LGBTIQ+ Health Australia's second National LGBTIQ+ Mental Health and Suicide Prevention Strategy. It was developed in response to the need for urgent action on mental health and suicide prevention for LGBTIQ+ communities. The work has been undertaken in the context of significant national policy development for mental health and suicide prevention, including the Productivity Commission inquiry and the work of the Prime Minister's National Suicide Prevention Adviser.



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The strategy provides a roadmap over five years (2021-2026) to deliver a mental health and suicide prevention system that delivers equality of outcomes for LGBTIQ+ communities.

https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy

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Provided by LGBTIQ+ Health Australia



Mental Health First Aid® International – Mental Health First Aid Training to Strengthen and Build Community Capacity

What is Mental Health First Aid Training to Strengthen and Build Community Capacity?

Mental Health First Aid International will increase the reach and impact of Mental Health First Aid® (MHFA®) training to equip more Australians with the skills and confidence to support others experiencing mental health problems.

We will focus on strategic national course development and delivery across all States and Territories, with emphasis on priority populations/groups.

We have over 3,000 accredited Instructors Australia-wide and have trained over 1.5 million people to respond to developing, worsening or crisis mental health problems and suicidality.

We will deliver a comprehensive program of activities to support our accredited Instructors (communities of practice, continuing professional development, video resources, instructor portal, reference group meeting and networking opportunities) and MHFA course participants in schools, tertiary institutions, workplaces and communities (email updates, webinars, video resources, resource hub, advisory group meetings). This will ensure quality and consistency of course delivery nationally and have long-term whole of community benefits. This supports our achievable target of delivering training to 1 in 10 Australians by 2030 – as a broad safety-net of community care, to complement other formal and community supports.

How can Mental Health First Aid Training to Strengthen and Build Community Capacity help PHNs?

PHNs who engage with Licensed MHFA Instructors will benefit by knowing that local Instructors must adhere to specified quality standards supported by Mental Health First Aid International. PHNs who commission MHFA training in their communities are also aware of ongoing support offered to course participants to further knowledge and skills development.

What is the geographical footprint of Mental Health First Aid Training to Strengthen and Build Community Capacity?

This project has a national footprint.

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Provided by Mental Health First Aid International



Activity 7: National suicide prevention support for at risk populations and communities

MacKillop Family Services – Seasons for Life - delivering evidence-based loss and grief programs supporting young people at risk of suicide.

What is Seasons for Life?

The Seasons for Life initiative supports secondary school communities across Australia with evidence-based loss and grief education following a suicide or other loss event. Seasons for Life strengthens the capacity of young people, and the adults supporting them, to understand and respond well to change, loss and grief. A strategically targeted intervention that builds on the established twenty-year evidence base of the Seasons for Growth grief and loss education program, Seasons for Life:

- supports young people in small peer groups to develop knowledge and skills to manage change, loss, and grief
- strengthens the knowledge and skills of the adults directly supporting young people: their family and school staff
- provides schools with a supportive and flexible implementation approach
- develops connections and resources within the local community.

Australian secondary schools from all sectors are offered, at no cost, the opportunity to:

- train selected staff (in person or online) to deliver the Seasons for Growth eight-week program for young people, including additional training to build their knowledge and capacity when running groups with young people who have been impacted by a suicide loss access high quality printed manuals and journals for staff and students to use during the Seasons for Growth program
- access support from Seasons for Growth staff including the Seasons for Life school guide, coaching support from state-based Coordinators, and participation in an online Community of Practice
- host all-staff grief and loss professional learning sessions, delivered on site by Seasons for Life State Coordinators
- host a session for Aboriginal and Torres Strait Islander school staff and Wellbeing and Pastoral care school leadership exploring culturally respectful and responsive family school relationships after loss: caring together for students.
- train selected staff/community members to deliver the single session the Seasons for Life parent program
- access high quality materials to support the delivery of the parent program
- access Information, guidance and other visual tools created to support Aboriginal and Torres Strait Islander family and community caregivers

Building on key insights from more than 400,000 participants over the past 28 years, MacKillop Family Services (MacKillop) is collaborating with the Seasons for Growth author, Professor Anne Graham AO at the Centre for Children and Young People, Southern Cross University, in the development and implementation of Seasons for Life, to integrate the best available evidence around suicide prevention and postvention. The



Seasons for Life program is overseen by a national Advisory Group and will be evaluated by Professor Myfanwy Maple and Associate Professor Sarah Wayland from the University of New England.

How can Seasons for Life help PHNs?

The Seasons for Life project will deliver coordinated and co-designed support for school communities based on need, building knowledge and capacity in local school communities and providing a comprehensive prevention support for young people and their families. This project will rely on the experience and collaboration with strategic partners in headspace Schools and Communities, education, health, and community organisations to identify the school communities in need and deliver the individual wraparound supports to meet those needs. It is envisaged the project will support the PHNs to build capacity, collaboration, information sharing and services supporting vulnerable school communities.

MacKillop will build on the established partnerships with PHNs where the Stormbirds (support following natural disasters) and Seasons for Growth programs have supported children, young people and families following the bushfires, floods, and the pandemic.

What is the geographical footprint of Seasons for Life?

The Seasons for Life project will support school communities nationally. Collaborating with Australian state and territory education sectors (State, Catholic and Independent), headspace Schools and Communities and the Primary Health Networks, MacKillop will support identified school communities with young people affected by suicide and other loss events throughout Australia.

Since the commencement of Seasons for Life in 2023, over 350 secondary schools nationally, across all education sectors have engaged in the initiative. This includes over 200 schools undergoing training in either the Seasons for Growth Young People's program, Supplementary training (suicide focused, the Seasons for Life Parent Program and a School staff professional learning session focused on supporting young people. Currently in the final stages of development is the online platform and Community of Practice as well as the additional elements offerings relating to Aboriginal and Torres Strait Islander families and care givers. An extensive training calendar will see in person trainings delivered in all state and territories across Australia as well as the regular online training schedule.

Additional information for PHNs

About MacKillop Family Services - MacKillop Family Services (MacKillop) is a leading provider of specialist services for vulnerable children, young people, and families. MacKillop operates foster care and residential care homes, mental health, family therapy, homelessness services and education facilities. With a workforce consisting of almost 1500 staff, MacKillop provides trauma-informed services across Victoria, Western Australia, ACT, Northern Territory, and New South Wales.

About Seasons for Growth - The Seasons for Growth suite of change, loss and grief education programs are available in seven countries and have supported more than 400,000 children, young people, and adults in the 26-year program history. Our evidence-based programs build suicide protective factors by supporting young people and caregivers to develop knowledge and skills to help them respond well to adverse life events, including death, family separation, disasters and pandemics.

MacKillop has collaborated extensively with state and territory education, health and community organisations and the headspace Schools and Communities team to support children, young people and families following the bushfires, floods, and pandemic.

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Provided by MacKillop Family Services



batyr Australia – Project ‘Thrive On’

What is Project ‘Thrive On’?

batyr’s Project Thrive On delivers evidence-based, peer-to-peer mental health and suicide prevention activities, aiming to reach more than 30,000 high school and tertiary education students across 340 programs.

batyr are currently a service provider of LivingWorks Australia’s safeTALK, a world-renowned skills-based suicide prevention workshop. Through leveraging expertise in youth audience engagement, batyr will equip young people with safeTALKs suicide prevention skills so that participants can contribute to suicide-safe communities and become effective helpers. batyr will also embed LivingWorks’ robust suicide prevention evidence base to further strengthen our own school and university peer-led programs, enabling effective scalability to reach all young Australians.

Leveraging our experience in engaging over 400,000 young Australians, batyr will efficiently and effectively drive key program outcomes, including reducing risk factors such as stigma while strengthening protective factors like help-seeking behaviour, mental health literacy, and community connection. While our programs are designed for all, we are deeply committed to addressing the needs of specific groups, underserved cohorts, and those with limited access to mental health resources. This commitment is reflected in our focus on socioeconomically disadvantaged youth, young people in regional and remote areas, and tertiary students, groups that often face unique barriers to care, ensuring that our programs are culturally safe and responsive to diverse populations.

Young people's immediate outcomes:

- Increased knowledge of the signs and symptoms of mental ill-health.
- Greater knowledge of how to discuss mental health with their friends/family members and improved language for how to reach out for professional support.
- Improved awareness of available services supporting recovery and building resilience.
- Strategies and self-care practices to maintain a good standard of mental health to support resilience and recovery.
- Increased feelings of emotional connectedness and reduced feelings of isolation.

Community immediate outcomes:

- More young people access the internal and external services required to face their mental health challenges proactively.
- Communities are more resilient and connected with improved wellbeing strategies and more mentally healthy communities.

Subsequent intermediate outcomes for young people:

- Increased positive attitudes towards mental health and self-compassion.
- Reduced stigma towards mental health and help-seeking.
- Increase in reaching out for support before a state of significant distress or crisis.

How can Project ‘Thrive On’ help PHNs?

batyr is a collaborative, for-purpose organisation advocating for creating a world that listens to and learns from young people. We help simplify the complexities within the sector and across service providers,



through peer-to-peer education. Being independent of service provision means we can remain neutral and ensure we support young people in navigating a complex system.

In addition to supporting the mental health and wellbeing of young people through our programs, batyr will also:

- collect and provide insightful school community feedback from our program delivery phase;
- capture baseline and post-program data to inform our impact; and
- receive feedback on young people's experiences relating to suicide prevention.

batyr not only provides summaries of this de-identified data to the school on completion of programs, but also have capacity to share with policy makers and community stakeholders such as local support service providers and PHNs.

batyr programs and initiatives align to multiple government priority areas including: the National Mental Health Suicide Prevention Plan (2021), the National Action Plan for the Health of Children and Young People (2020-2030), National Stigma Reduction Strategy, and the Peer Workforce Guidelines.

We champion cross-sector collaboration, and this is evident in many of our projects. We are proud of our long history of partnering with the government, communities and other mental health services including ReachOut.com, Orygen, SANE Australia, Lifeline, headspace and others, to facilitate support pathways for young people, share information, and avoid duplication or competition for scarce resources.

What is the geographical footprint of Project 'Thrive On'?

batyr currently delivers high school, tertiary, workplace and community programs in QLD, NSW, ACT, VIC and SA, working with over 500 Australian schools and universities and over 400,000 students. These regions will be invited to participate in the suicide prevention programs offered by project 'Thrive On'. As the project continues across 2025, and informed by batyr's strategic growth plan, WA, TAS and NT are intended to become part of this offering.

Additional information for PHNs

batyr is a leading national provider of mental health education. This is supported by consistent demand for our programs, a large reach for its audience base, strong independent evaluations, and positive cross-sector recognition and collaboration.

batyr's role is to help prevent mental ill-health before it develops, and to get young people the right support once it has. Through research with some of Australia's leading universities into the mental health landscape for young people we are seeing reductions in stigma, improvements in attitudes towards help-seeking, and improved wellbeing as a result of our programs.

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Provided by batyr Australia



The Men's Table – National Scaling of Preventative Men's Mental Health Initiative

What is The Men's Table?

The Men's Table is a non-clinical, community led, peer to peer, men's wellbeing initiative. Tables comprise about a dozen men who meet once a month over dinner for peer-to-peer support in familiar social settings, such as a private room in the pub. There are now over 225 Tables across Australia with members enjoying this unique experience.

Men build social connections, talk openly about their feelings and about the issues that are impacting on their lives in a safe, non-judgemental place. They learn to listen without trying to 'fix' problems for others. Evidence shows Men's Tables contribute to mental, emotional, and social wellbeing for men. Evaluation data also shows a positive ripple effect of Table participation to men's families and partners, their relationships with other men, and the wider communities in which they live. Tables have many of the hallmarks of being resilient and healthy communities.

The Men's Table purpose is: Healthy Men, Healthy Masculinities and Healthy Communities.

How can The Men's Table help PHNs?

The Men's Table can help by being:

- a community led, low-cost solution for preventative men's mental health
- a community capacity building program; the enduring nature of Tables delivers growing capability located within community for local non-clinical preventative support
- an innovative, evidenced based Model of Care - See Program Evaluation research here (<https://themenstable.org/partnerships/#research-wrap>)
- a learning organisation - we adapt and respond to specific needs of local communities
- a collaborator with their other local commissioned providers
- a support to local GP's (as a Social Prescription solution) - an expanded local 'workforce'

What is the geographical footprint of The Men's Table?

The NSPLSP project is helping us establish a national footprint. There are Tables in every State and Territory.

Additional information for PHNs

- **The most valuable support from PHN's** can provide are introductions to local community people (men and women) who are engaged, networked, and respected in their community.
 - These people help us build relationships and activate men in communities to launch and build new Men's Tables.
- **For any interested man**, the first step is for them to attend an 'Entree'. This gives new men an introduction to The Men's Table and a clear picture of how a Table works, so they can decide if it is a fit for them.
- [Entree dates are on our website](#); They are held regularly online, or in-person in various locations where we are launching new tables.

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Australian Government

Department of Health, Disability and Ageing

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Provided by The Men's Table



MATES in Construction, Mining, Energy & Manufacturing Suicide Prevention Program

What is the MATES Program?

MATES in Construction, Mining, Energy, and Manufacturing (MATES) provide national delivery of the MATES Suicide Prevention Program across at-risk industries, including a focus on FIFO and DIDO workers. MATES is an industry driven program built around LivingWorks SafeTalk and ASIST, with workshops for all staff on site, a 24/7 helpline and case management.

Our program aims to improve individual and community resilience through educating workforces on the origins of suicidal distress, the value of workplace peer support, and avenues for seeking help.. The program is evidence-based interventions focused on stigma reduction, gatekeeper training and case management. MATES provides the connection between a worker's need(s) and the most appropriate level of service whether clinical or social in the local community. The program comprises:

- raising suicide awareness by effective and direct communication with all levels of industry through channels such as training, volunteer networks, printed and electronic material;
- building capacity by delivering onsite programs that build a culture of help offering, creating a community of care in the workplace;
- providing help by connecting workers to existing services and ensuring the services are both practical and useful for the individual; and
- supporting research by gathering data and partnering with research institutions to build an evidence base for workplace-based suicide prevention.

How can MATES help PHNs?

MATES records all training and case management data in alignment with PHN boundaries. MATES has the capacity to provide reports on the number of people trained, the issues being case managed, and referral services being used in each PHN.

MATES support the PHNs planning and commissioning functions through supporting local community-based suicide prevention initiatives by capacity building community members and activating volunteers within these networks. Our work with PHN's can extend to attending consultation sessions, participation in reviews of suicide prevention services, and providing feedback on service gaps and processes.

What is the geographical footprint of MATES?

Currently, MATES has staff on the ground servicing 23 of the 31 PHNs in QLD, NSW, WA, NT, and SA. MATES also reaches the remaining PHNs through our programs extending in Mining, Energy and Manufacturing

Additional information for PHNs

MATES has been involved in the development of the lived experience program, through collaboration with Suicide Prevention Australia's lived experience advisors and Roses in the Ocean, to ensure MATES are equipped to support all persons living with mental illness.

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Provided by MATES



Australian Government

Department of Health, Disability and Ageing





Parents Beyond Breakup – National Expansion of Dads in Distress Peer Support Groups

What is the National Expansion of Dads in Distress (DIDs) Peer Support Groups (PSGs)?

‘Dads in Distress’ (DIDs) is a national suicide prevention program offering in-community peer support groups for men experiencing relationship breakdown since 1999. In those years of operation, we have developed a highly advanced and effective suicide prevention support service that specifically targets one of the ‘most at risk’ demographics in Australia (by absolute numbers and psycho-social factor).

The DIDs peer support groups are male friendly, non-judgmental, confidential, free to access and, as a drop-in service, require no booking, intake, or preparation. The groups are highly effective at engaging men ‘where they are’ on an ongoing basis. Attendance of the group often results in those attending being trained to become group facilitators and in doing so, establishes a highly sustainable local support resource that extends beyond the immediate Peer Support Groups (PSG) itself.

This project aims to expand the DIDs peer support groups into 13 new locations nationally which rate high for risk of suicide for the target population: males experiencing relationships issues and family breakdown.

How can the National Expansion of DIDs PSG’s help PHNs?

- Providing a referral destination for men at risk of suicide due to relationship or family breakdown.
- By providing attendee’s insights into the financial and legal challenges that these men will often face, we help reduce local homelessness and incidents of domestic violence.
- By regularly training an ongoing stream of new facilitators at our local groups, we increase local community suicide prevention resources and capability that can and is used locally outside of our support groups.
- Parents Beyond Breakup (PBB) can provide specialised training in ‘Operation of Peer Support Groups’ and uniquely effective ‘Peer suicide prevention training (‘PeersWALK’)

What is the geographical footprint of National Expansion of DIDs PSG’s?

This project is national and expands on our existing national footprint to focus on an additional 13 key locations: Brisbane (QLD), Bathurst (NSW), Canberra (ACT), Adelaide (SA), Kalgoorlie (WA), Perth (WA), Alice Springs (NT), Darwin (NT), Cairns (QLD), Hobart (TAS), Geelong (VIC), Whyalla (SA), and Busselton (WA). The majority (80%) of these locations will be established progressively over the first 24 months of this project. Details of all currently operational locations are listed at www.dids.org.au

Additional information for PHNs

‘Peer Support Group’ training for other service providers: PBB’s peer support groups are the product of 24 years of continuous development and quality control resulting in an ‘in community’ peer support group that is highly effective, efficient and performance measured. We are proud of our service and are passionate about sharing our learnings with other organisations wishing to establish their own community peer support. Training includes how peer support groups work, how to start and resource them, the peers support process and remote performance and outcomes measurement.

Suicide Prevention Training for Peers (‘PeersWALK’): PBB has developed its own peer support focused suicide prevention training that is better suited to those working in a peer support environment. Uniquely, this is available as an online training program making for ease of participation and excellent value for money when comparing this specialised training to most ‘generic’ suicide prevention training.



Performance Measurement in other suicide prevention programs dealing with the public (end user clients):

PBB has developed its own in-house remote real time performance measurement system for local in community and online support services. We are able to provide this real time monitoring, automated alerts (those at high risk) and reporting to third party organisations wishing to measure the effectiveness of their work directly with end users.

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Provided by Parents Beyond Breakup



Jesuit Social Services – Support After Suicide National Online Suicide Bereavement Support – LGBTIQ+

What is the National Online Suicide Bereavement Support – LGBTIQ+?

The National Online Suicide Bereavement Support – LGBTIQ+ is an online discussion forum for people bereaved by suicide who are part of the LGBTIQ+ community. Eligible participants can join the online community and share experiences with one another, receive support and understanding and offer support to others. It is also a place to ask questions and to seek advice and information. It is a mutually supportive space breaking down the isolation and stigma of bereavement by suicide for a community that is often already marginalised and stigmatised.

This online environment ensures participants receive up-to-date and relevant support, resources, and information.

The website and forum launched in December 2023 and is now available for participants to engage with the site. The website is called SASH – Support After Suicide Hub and can be reached [HERE](#).

How can National Online Suicide Bereavement Support – LGBTIQ+ help PHNs?

The experience of losing a loved one to suicide has the potential to have long-lasting adverse impacts including to mental health, community engagement, e.g., employment and education and suicidality. Support that breaks down the isolation and increases the experience of belonging and connection, including from peers, is helpful in reducing these risks.

The online community is now available across Australia and will be particularly relevant for rural and remote people.

What is the geographical footprint of National Online Suicide Bereavement Support – LGBTIQ+?

National coverage.

Additional information for PHNs

Eligible participants are people bereaved by suicide who identify as LGBTIQ+ and who are 18 years and over living in Australia. The online community is being moderated, and the project sits in the larger program, Support After Suicide, so is supported by the expertise and experience of this team. The development of this project has been guided by a lived experience advisory group convened by [Switchboard](#), an organisation providing support to the LGBTIQ+ communities in Victoria. Switchboard is a partner in this project.

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Provided by Jesuit Social Services



LGBTIQ+ Health Australia – MindOut QLife

What is MindOut QLife

LGBTIQ+SB people experience higher levels of mental ill health, suicidality and self-harm, compared with the general population – especially for trans and gender diverse community members and First Nations LGBTIQ+SB people. These poorer outcomes are related to the experiences of discrimination, oppression and exclusion.

The MindOut QLife project improves suicide prevention for the QLife service. QLife is an Australia-wide LGBTIQ+ peer support service for LGBTIQ+SB people wanting to talk about a range of issues including sexuality, identity, gender, bodies, feelings or relationships. <https://qlife.org.au/>

QLife services are free and include both telephone and digital support, delivered by trained LGBTIQ+ peer supporters across the country. QLife services are for LGBTIQ+SB individuals, their friends and families, and health professionals working with LGBTIQ+SB people in Australia.

MindOut QLife has three components:

1. Community of Practice for peer supporters at QLife delivery sites across Australia to help improve suicide related coordination, foster new networks, contribute to continuous improvement and further breakdown silos across delivery partners.
2. Increased QLife service team leader resourcing to enable real-time debriefing, ongoing training and upskilling of peer supporters – especially volunteers – to better identify suicide risk and risk factors that contribute to suicidality, and available support for cases that need escalation.
3. Roll-out of the QProgram pilot, a 12 -week program of support with a specific, specialist peer supporter for complex and high risk QLife service users. Focused on connection and the development of independence, self-reliance and progression towards personal goals as defined by the participants themselves

How can MindOut QLife help PHNs?

LGBTIQ+ community-controlled services are an important offering for LGBTIQ+ community members in managing their mental health and wellbeing. Underlining the success of QLife is that for callers and contacts, the person on the end of the phone was ‘someone like me’. QLife is available to your community members 365 days a year, 3pm – midnight via <https://qlife.org.au/>

QLife is run by LGBTIQ+ Health Australia who also provide regular updates for registered PHNs https://www.lgbtiqhealth.org.au/phn_apply

What is the geographical footprint of MindOut QLife?

National coverage.

Additional information for PHNs

Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy is LGBTIQ+ Health Australia's second National LGBTIQ+ Mental Health and Suicide Prevention Strategy. It was developed in response to the need for urgent action on mental health and suicide prevention for LGBTIQ+ communities. The work has been undertaken in the context of significant national policy development for mental health and suicide prevention, including the Productivity Commission inquiry and the work of the Prime Minister's National Suicide Prevention Adviser.

The strategy provides a roadmap over five years (2021-2026) to deliver a mental health and suicide prevention system that delivers equality of outcomes for LGBTIQ+ communities.



Australian Government

Department of Health, Disability and Ageing

https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy

Contact details

The Digital Health Director role is currently vacant. In the interim, please contact:

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Provided by LGBTIQ+ Health Australia



Buddy Up Australia

What is Buddy Up?

Buddy Up Australia (BUA) works to strengthen the physical health, social connection and mental wellbeing of our veterans, first responders and their families. Our vision is to ensure that this population is thriving.

BUA's point of difference and quality of service is measured through 'Our Approach' and considers the following 5 elements:

Evidence Led

Strengths Based

Member Positioned

Prevention Orientated

Professionally Delivered

How can Buddy Up help PHNs?

BUA's focus is on the prevention space of mental health. Their Team Leaders and volunteers work together to plan, coordinate, and deliver physical fitness, social events, and purposeful volunteering opportunities for veterans, first responders and their families.

Life after military and first response service can be extremely challenging especially during the initial transition period. BUA connects service personnel, whether current or former serving, to join a safe and proactive environment with likeminded people. Countless individuals have successfully progressed into the civilian world with the support of BUA.

BUA does not offer crisis care but does acknowledge some members may require specialist support for various mental health needs. A referral pathway to critical care professionals has been established for those members who need urgent care now. Ultimately, BUA's role is to ensure that sustainable service and support reduces the growing demand placed upon critical care or responsive mental health services. These groups can often be overburdened. In confidence, BUA refers those who may require critical care to the relative professionals within their community.

BUA receives referrals from organisations such as Open Arms, Soldiers and Sirens, Soldier On, as well as emergency service agencies themselves. BUA also works as an established gatekeeper to support the work of expert individuals and organisations who can positively impact the lives of our growing membership base. BUA is maintaining a focus on delivering events and experiences that address the human needs of 'physical fitness, socialisation and volunteering for purpose' categories. They continue to build partnerships and engage in collaborations to support the delivery of a unique experience for veterans and first responders.

What is the geographical footprint of Buddy Up's project?

Buddy Up Australia is represented across Australia. They have teams in WA, NSW, QLD, TAS, VIC, SA, NT and ACT. There are 12 teams nationwide, including a national online Team. Here, activities, learning experiences and socialisation can easily be accessed and scaled across the land.

Additional information for PHNs

BUA is open to collaborating, supporting and partnering with professional organisations to increase the positive impact we can all have on this important community who have served our country and community.



Australian Government

Department of Health, Disability and Ageing

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Provided by Buddy Up Australia



YouTurn Limited – StandBy Support After Suicide

What is Standby Support After Suicide?

StandBy Support After Suicide (StandBy) is a suicide postvention program providing support to individuals and communities bereaved and impacted by suicide. StandBy is a program of Youturn and is delivered nationally, with local teams located across Australia.

StandBy provides support to people who have been bereaved or impacted by a death by suicide at any time, regardless of when their loss occurred, or whether they knew the person who died by suicide including:

- Individuals, families and friends
- Witnesses
- First responders and service providers
- Schools, workplaces and community groups

StandBy is accessible seven days a week, nationally via 1300 72 72 47 where a person requiring support will be offered free face-to-face and/or telephone support at a time and place that is best for each individual.

What type of postvention service offerings does StandBy provide?

The StandBy program offers a range of postvention services to individuals, groups and communities, including:

- **Individual and groups support sessions:** free face-to-face and/or telephone support session with a StandBy worker to discuss grieving and bereavement, provide psychoeducation to normalise these experiences, and develop a plan that identifies the supports an individual needs. Individual support is followed by structured follow ups - including at one week, three months, at one year and two years.
- **Coordinated connection to local supports:** Connecting individuals to the services and supports they need. This is enabled through comprehensive service mapping and local connections with other organisations.
- **Suicide bereavement counselling:** A virtual service delivered by skilled counsellors and group facilitators that provides tailored and evidence based counselling support to individuals. This type of support is currently available to individuals residing in Victoria, New South Wales, Queensland and the Northern Territory.
- **Lived experience peer support:** One to one support delivered by a peer worker with lived experience of suicide bereavement that provides individuals with compassionate support underpinned by mutuality of experience and shared understanding. This type of support is currently available to individuals residing in Victoria, New South Wales, Queensland and the Northern Territory.
- **After-hours phone support (1300 727 247):** Free phone support available to individuals 7 days a week between 6am-10pm. Calls received after 10pm are directed to the Suicide Callback Service or alternatively can leave a message requesting a return call. People in the deaf and hard of hearing community can also access this support through SMS on 0428 842 041.
- **Workshops:** Community workshops designed to raise awareness, develop connections, and strengthen the community's capacity to support people bereaved and impacted by suicide. Workshops are tailored to a range of intended audiences including frontline workers, community members and individuals who support children and young people.



- **Toolkits:** Toolkits to support suicide response planning and inform decision making. Toolkits are available for workplaces and leaders responding to a suicide that occurs at a public site. Toolkits can be accessed online via: <https://standbysupport.com.au/resources/#toolkit>
- **Support packs:** Information resources that provide practical guidance to individuals impacted by suicide. Resources cover a range of topics and can be accessed online via: <https://standbysupport.com.au/resources/>

StandBy is guided by local advisory groups – which includes community stakeholders as well as those with Lived Experience. Nationally StandBy is informed by a National Lived Experience Advisory Group and a National Representative Group.

How can StandBy help PHNs?

StandBy can support PHNs by assisting with postvention planning and providing community advice on readiness for undertaking suicide prevention training as part of a postvention response. StandBy utilises collaborative leadership with other national postvention services, offering local and tailored community workshops and education programs to increase awareness of suicide and suicide bereavement, thereby enabling communities to support one another. These workshops are for service providers and professionals on specific topics as required.

What is the geographical footprint of StandBy?

StandBy is a National program, aligning with all 31 Primary Health Networks. Established national partnerships and free connection support means the program has national capability to support anyone impacted by a suicide death, no matter their location.

Additional information for PHNs

StandBy continue to utilise the NSPLSP grant funds for the service model enhancements including:

- Peer enhancement (peer support)
- Provision of suicide bereavement counselling, bereavement group supports to people and communities bereaved and impacted by suicide
- Development of postvention support services for Aboriginal communities in Northern Territory

StandBy is Quality Innovation Performance Limited (QIP) Accredited as an organisation. Implemented by Suicide Prevention Australia and assessed by independent, not-for-profit accreditation provider, QIP, the Suicide Prevention Accreditation Program supports organisations to deliver safe, high-quality, and effective suicide prevention and postvention programs.

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Provided by YouTurn Limited



Wesley Community Services Ltd – Wesley Lifeforce Suicide Prevention Networks

What is Wesley Lifeforce Suicide Prevention Networks?

A Network is the coming together of people and organisations, a voluntary collaboration of local people working together to influence specific suicide prevention outcomes – a community action group, referred to as networks as they network people together and are linked across the country to other LifeForce suicide prevention groups. Wesley LifeForce Suicide Prevention Program's aim is to support identified high-risk communities (both place based and identity based) to develop localised suicide prevention initiatives that reduce suicide at a local level. Identity based groups refers to groups of people who are recognized as having a higher rate of suicide than the general population (the social determinants) such as First Nations people, older men, young people, LGBTQI. Communities are, as noted in the LIFE framework, empowered to develop appropriate suicide prevention strategies at grass-roots level.

How can Wesley Lifeforce Suicide Prevention Networks help PHNs?

Wesley LifeForce Suicide Prevention Networks have a whole of government, community and population reach into at risk populations and communities. Wesley Mission (Wesley) supports 132 Networks nationally including 70 in regional and remote Australia, with 85.4% of Network members identifying as having a lived experience of suicide. Wesley works to build resilience and reduce suicide within communities impacted by events that increase the risk of suicide. This includes economic, community, social or culturally traumatic events, and natural disasters. Networks are established in fire and flood affected areas of QLD, NSW and VIC.

What is the geographical footprint of Wesley Lifeforce Suicide Prevention Networks?

Wesley Lifeforce Suicide Prevention Networks are national.

Additional information for PHNs:

In 2019, Wesley Mission commissioned The University of Melbourne's Centre for Mental Health to evaluate its Wesley LifeForce Suicide Prevention Networks service.

'Noting it's the only community-led suicide prevention program available nationally, and the only program internationally to be recognised in published literature'.

The evaluation findings include,

- active collaboration and cross-promotion with organisational partners were found to be mutually beneficial. Providing opportunities for information sharing, as well as financial and in-kind support.

impacts on service providers include:

- increased awareness of suicide prevention services amongst community members
- increased confidence and capacity to assist people at risk of suicide
- inclusion of people with a lived experience in suicide prevention
- improved linkages with services and referral pathways.

The Universities longitudinal analyses of national suicide data showed that on average, the introduction of Wesley LifeForce Networks reduced the suicide rate by seven per cent. This pattern of effects was most pronounced nine months following a Networks establishment. With a significant reduction of 17 per cent in suicide rates.

Network members bring volunteers from across our community with some ministerial advisors from local, state, and federal members' offices actively engaged.



Wesley LifeForce has ongoing university partnerships conducting suicide prevention research and benchmarking in local communities. Staff conduct background reports for each location which may support PHNs identify service gaps.

Wesley LifeForce supports Wesley LifeForce Networks with:

- advice and guidance about the community suicide prevention network model
- regular support (via telephone, email, video conference and face to face)
- designated Suicide Prevention Coordinator (SPC) support
- provision of Network establishment 'seed funding'. Provided by the Australian Government Department of Health and Aged Care
- support and facilitation of Network and community meetings, and strategic planning workshops
- support in planning activities and events
- registration to the annual Wesley LifeForce Networks' conference and other forums
- Wesley LifeForce Suicide Prevention Training workshops, and access to other training and capacity building workshops to establish and sustain your Network
- governance support
- marketing kits
- opportunity to promote local stories nationally
- support with grants seeking and writing
- memorandum of Understanding (MOU) agreement with Wesley LifeForce
- guidance to obtain an Australian Business Number (ABN), and support to consider the application for charity status through Australian Charities and Not-for-profit's Commission (ACNC) and Deductible Gift Recipient (DGR)
- access to most recent suicide statistical data for local and regional area
- referral to public liabilities insurance provider (discount rates for Networks)

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Provided by Wesley Community Services Ltd



Roses in the Ocean – National Safe Spaces project

What is the Community-led Safe Spaces project?

Roses in the Ocean will establish 19 Community-led Safe Spaces in communities providing accessible non-clinical peer led alternatives to emergency departments for people in distress, struggling with suicidal thinking and at risk of suicide. This group is an essential focus for suicide prevention services criterion but includes many people who are hesitant or unwilling to access the mental health system, or have had negative experiences seeking support through emergency departments, acute mental health services and general practice. By providing a warm, non-clinical environment where people can access the support of trained Peer CARE Companions with lived experience (LE) of suicidal crisis, this project will provide a new type of service largely unavailable in most communities. The Community-led Safe Spaces service model has emerged from the co-design outputs of over 30 safe space co-design processes. They are then further designed through local community consultation, are community run by a volunteer working group, and staffed by volunteer Peer CARE Companions.

Roses in the Ocean's role:

- Support the establishment of local Working Groups
- Establish community partners to support sustainability
- Facilitate local consultation to localise the Service Model developed from national co-designs over the past 5 years
- Provide extensive Operational Guidelines and support in necessary customisation
- Train the volunteer Peer CARE Companions
- Provide weekly mentoring and fortnightly Community of Practice sessions for working groups for the first six months and then monthly
- Conduct Group Co-reflection sessions for volunteer Peer CARE Companions
- Auspice Community-led Safe Spaces if required over a 2-3 -year period whilst they prepare to be independent
- Auspiced spaces are included under Roses in the Ocean insurances
- Support to develop governance structures, policies and procedures
- Support spaces to transition to independence and become part of National Community-led Safe Spaces Network

Community-led Safe Spaces welcome anyone experiencing emotional distress, suicidal distress or crisis, many of whom experience underlying psychosocial risk factors for suicide. It is critical to have non-clinical alternatives for people experiencing these risk factors given most risk factors for suicide cannot be effectively addressed in emergency departments or acute mental health services. Amongst this group, particular emphasis will be placed on increasing access for communities in regional, rural, and remote locations.

Community-led Safe Spaces are intended to have a whole-of-population focus while also being sensitive to local needs. By adapting to prioritise the demographics of local communities including key populations at greater risk such as young people, men, older people, Aboriginal and Torres Strait Islander people and LGBTIQ+ community members, we increase the likelihood of people accessing support.

The [Safe Spaces Narrative Report](#) released by Beacon Strategies, and the accompanying [Discussion Paper from Roses in the Ocean](#) in December 2021 highlight the need for the addition of the non-clinical peer led Tier 4 model outlined in the National Safe Spaces Network model. Tier 4 Community-led Safe Spaces ensure



co-design outputs informed by people with LE are honoured, and the volunteer, community focused model provides a highly cost-effective vehicle for large scale establishment. Roses in the Ocean conducted a pilot of Community-led Safe Spaces in four sites across Australia in 2021, the evaluation of which is informing this project.

How can the Community-led Safe Spaces project help PHNs?

The introduction Community-led Safe Spaces within a PHN region provides the opportunity for collective ownership of a key component of the broader suicide prevention system currently being developed, recognising that the current mental health system is only one part of the solution. They represent another choice and option for people in emotional distress of suicidal crisis, which can be established in a cost effective, sustainable way that meets community needs as identified by community members.

Community working groups will build relationships throughout community as they develop connection pathways for guests of their Community-led safe Space, creating opportunities for increased collaboration and understanding between service providers, and easier and more streamlined access to support for community members.

What is the geographical footprint of the Community-led Safe Spaces project?

[Please keep up to date with this project on our website.](#)

Three national expressions of interest have now been conducted to identify interested communities in regional, rural and remote areas and where appropriate identify key local populations that require particular focus. For example, Community-led Safe Spaces in refugee resettlement areas or where there are large populations of unemployed young people would indicate a need to specifically engage these communities in the design of the services. Locations are chosen through a rigorous selection process against specific criteria addressing issues such as community readiness and appetite for this type of community-led service, an established working group who have invested some time in preparatory work in identifying suitable venues and identified community buy-in for the concept.

You can view all current Community-led Safe Spaces [here](#).

Tranche 3 will see up to an additional six communities establish their own Community-led Safe Space.

Additional information for PHNs:

About Roses in the Ocean:

We are Australia's national LE of suicide organisation providing innovative, highly collaborative leadership within the suicide prevention sector, for people with LE of suicide, communities, sector organisations and government. We provide sophisticated LE of suicide expertise in developing and delivering best practice and evidence generating training and skill development, engagement, integration, co-design and co-production, LE and peer workforce development. Roses in the Ocean has been at the forefront of development of non-clinical alternatives to emergency since proposing a National Safe Spaces Network to Government in 2018. We have led the co-design of 28+ non-clinical alternatives to emergency in recent years and discussed the Safe Spaces concept widely over a significant time period with the Australian Government and state and territory governments, local health districts and Primary Health Networks.

How PHNs can support and participate in this initiative:

PHNs can assist any Community-led Safe Spaces in their region by facilitating connections for local working groups chosen to establish a Community-led Safe Spaces in this project, and ensuring they are included in local/ regional events, collaboratives and planning activities.

There is an introductory webinar available also on the Expression of Interest webpage.



Australian Government

Department of Health, Disability and Ageing

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Youth Insearch – Tackle Rural and Regional Youth Suicide with Youth Insearch Lived Experience Workforce

What is Tackle Rural and Regional Youth Suicide with Youth Insearch Lived Experience Workforce?

Starting in July 2022 and now extended to June 2027, this pilot project aims to develop and deliver an evidence-based suicide prevention service targeting at-risk populations and communities, with the goal of reducing suicidal behaviours and incidences.

Overseen by 3.0FTE Social Workers, Youth Insearch will pilot the development of a youth (18-30 years of age) lived experience workforce which will consist of six Peer Workers across six communities in Victoria, NSW and Queensland. This pilot will integrate lived experience (peer work) and clinical support (social work) to provide young people with support that is safe, effective and centric to their needs. Being a place-based model in the six pilot communities, support is provided meeting the needs of young people on their time, turf and terms.

Young people are provided with peer-led support which includes:

- **Individual Support:** providing 1:1 support to young people with supervising Social Workers providing intake assessment, quarterly clinical surveys, and risk assessment/intervention to young people and Peer Workers providing support interventions including support, advocacy, follow-up and network meetings.
- **Weekend Workshops:** a two-day peer-facilitated program which unpacks, and addresses traumas experienced by young people, with support from Youth Insearch Social Workers and Peer Workers.
- **Weekly Support Groups:** facilitated by Youth Insearch Social Workers and Peer Workers, these groups provide weekly support to young people in their community, helping them set and achieve goals which assist their connection and support.

Peer Workers will have a Certificate IV in Mental Health and Peer Work or equivalent, and required to undertake Intentional Peer Support training upon commencement with Youth Insearch. Peer Workers and Social Workers will also be trained across an Open Dialogue intervention approach in order to effectively facilitate groups and undertake network meetings. The pilot will also include a robust evaluation to understand outcomes and impact as follows:

- **Outcomes Evaluation:** University of Sydney will lead Participatory Action Research evaluation on the pilot to understand the outcomes this model achieves across young people across suicide risk, mental health and psychological distress.
- **Avoided Cost Model:** Latitude Network will undertake an Avoided Cost Model evaluation to understand the health cost benefit savings this pilot achieves to understand the broader outcome benefits.

How can Tackle Rural and Regional Youth Suicide with Youth Insearch Lived Experience Workforce help PHNs?

Youth Insearch can engage and offer cross-referral and support existing funded services commissioned by the PHNs in the regions the pilot is operating. In addition, Youth Insearch is open to extending the pilot through individual commissioning with PHNs both within the pilot's geographical reach and PHNs in adjoining regions.

Additional offerings available to PHNs include

- Recruiting and implementing qualified Social Workers into the regional areas



- Place-based development of lived experience youth peer intervention in communities and region
- Building the capacity of a lived experience network in communities and region.
- Data input from service deliveries into ReferHealth

What is the geographical footprint of Tackle Rural and Regional Youth Suicide with Youth Insearch Lived Experience Workforce?

The communities that this pilot will be delivered over the three years will be as follows:

- Victoria: 1FTE Social Worker and 2.0FTE Peer Support Trainees located across the East Gippsland and Wellington regions
- New South Wales: 1FTE Social Worker and 2.0FTE Peer Support Trainees located across the Shoalhaven region.
- Queensland: 1FTE Social Worker and 2.0FTE Peer Support Trainees located across the Bundaberg and Gladstone regions.

Social Workers and Peer-Workers live in or near the communities they will service to ensure they have a deep understanding of local needs and context. in the context of program delivery to ensure that the needs of the young people and the communities in which are being serviced are understood well.

Additional information for PHNs

For young people who engage in our programs on average:

- 90% of participants reduce their suicide risk with an average reduction of 40%
- 51% improve employment outcomes
- 90% improve training/school outcomes
- 80% improve their wellbeing and sustain this beyond 6 months.

According to a peer-reviewed research evaluation undertaken by the University of Sydney (Moensted, 2021) on Youth Insearch programs revealed three overarching strengths which support the effectiveness of the program, and subsequently the change possible for participants. These are:

- Foregrounding young people's strengths and wishes
- Utilising peers as change agents, and
- Changing young people's environments.

For young people who engage with the Youth Insearch program for 90-days on average results include a:

- 37% reduction in psychological distress, from severe which indicates the potential presence of a significant mental illness to the mild range, as measured by the Kessler-10 (K10)
- 35% reduction in suicide risk, from high to low risk as measured by the Suicide Behaviours Questionnaire – Revised (SBQ-R)
- 38% reduction in criminal behaviour and offending, as measured by the Australian Self-Reported Delinquency Scale (ASRDS)

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Provided by Youth Insearch



The Healthy Communities Foundation – National Rural and Remote Suicide Prevention Program

What is the National Rural and Remote Suicide Prevention program?

The program aims to help support communities to take action to tackle the growing suicide crisis in rural and remote Australia. This will be through multiple different angles to help support local communities with a core focus on Aboriginal and Torres Strait Islander, LGBTQI+, young people, male and farmer communities.

Community consultation was at the forefront of the development of the foundations of the project after The Healthy Communities Foundation was successful in securing the grant. This allowed project staff to identify need, relevance and gaps to ensure the project serviced the community. The four main areas identified as the core focus by each community was:

1. Education for the whole community about mental health
2. Community empowerment and support to reduce the stigma around mental health
3. Trained health professionals in mental health
4. Increase in services on offer

In partnership with the rural and remote communities and the National Rugby League, NSW Rugby League, Black Dog Institute, Rural Health Connect, ACON and Suicide Prevention Australia we to provide the following services:

5. **Crisis Support Program** – A free crisis support program that consumers can self-refer to or other services can refer to that provides a tailored program to the unique needs of the individual when they are experiencing a person crisis. This program does NOT require consumers to have a mental health diagnosis just that they have experienced some sort of personal crisis that has impacted their mental wellbeing such as thoughts of suicide, domestic violence, financial stress, homelessness, grief etc. which are predisposing factors to suicide. This service is delivered by a multidisciplinary approach including Credentialed Mental Health Nurses, Mental Health Social Workers, Peer Support Workers and Aboriginal Wellness Workers.
6. **Community Education and Training** – Our team provides free community training to upskill local rural communities in suicide prevention and mental health. This assists in reducing stigma, upskilling local community members and starting the conversation around suicide. By providing free training it empowers local communities to do their part in reducing suicide. We provide ASIST/I-ASIST, SafeTalk/SafeYarn, Mental Health First Aid, Youth Mental Health First Aid and My Toolbox to Wellbeing. Our community education is also extended to our partnership with NRL and NSWRL to provide rural and remote schools and communities with access to education delivered by ex-RL players on resilience, positive mental health, stress and the importance of reaching out for help when you need it.
7. **Rural workforce upskilling in Suicide and Mental Health** – we focus on upskilling people in local communities to be able to provide a holistic and evidence based practice. We fund training through Black Dog Institute to upskill health professionals living and working in rural and remote communities in Suicide prevention and mental health. To build on this we work with ACON to provide LGBTQI+ specific training to increase awareness and inclusivity in the providing services in rural and remote communities. Lastly we give health professionals in our team who live and work in rural and remote Australia the opportunity to upskill and provide quality mental health and suicide prevention services to their communities such as cert IV in mental health for the Aboriginal Health Workers, Certificates in Mental Health for Nursing and social work and Cert IV in Peer Support for our Peer Support workers.



How can the National Rural and Remote Suicide Prevention program help PHNs?

The National Rural and Remote Suicide Prevention program will collaborate with a range of providers available in rural and remote communities, communicate with the communities on what services are already available and work with providers to identify gaps that the program can potentially fill to decrease suicide rates, reduce mental health stigma, and increase mental health awareness in rural and remote communities.

The program would like to work with PHNs and support the Mental Health services that the PHN funds and help build up the capacity of these services through resources and funding in the gaps identified by the communities, PHNs and service providers.

What is the geographical footprint of the National Rural and Remote Suicide Prevention program?

This program currently covers Western NSW, Hunter New England NSW, Murrumbidgee NSW, South Coast NSW, Gippsland VIC and Western QLD.

We have a total team of 12 staff working on our Crisis Support Program delivering services in our hybrid model (face to face and telehealth) to those in need.

To date we have undertaken over 400 crisis interventions with people living in rural and remote NSW, QLD and VIC.

We have a team of 3 staff providing community engagement and training and have delivered training to over 4000 people across rural and remote NSW.

Additional information for PHNs:

As an organisation and project, we would like to collaborate with PHNs to deliver the program across rural and remote communities to ensure the success of the program and support provided to rural and remote communities.

We understand that each community is unique and individual and would love to work with you and tailor the program to suit the needs of each community and would value your insight into the gaps present in this space.

This program has seen a representation (being the same primary reason for referral and escalation) rate to Emergency services and GP clinics of <2%. This has been reported to be because they have easy access to a service that meets their needs without a mental health diagnosis, when they need to. The program is currently going through an independent external evaluation run by Charles Sturt University, due to be completed in December 2024, to review the model of care and implementation of the program.

The program is currently accredited under the National Suicide Prevention Standards (NSPS) and the National Standards for Mental Health Services (NSMHS).

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Provided by The Healthy Communities Foundation



Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Uti Kulintjaku – Clear Thinking

What is Uti Kulintjaku?

Ngangkari are the traditional healers of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) lands in the remote western desert of Central Australia. Ngangkari have looked after people's physical and emotional health for thousands of years. The NPY Women's Council Ngangkari Program supports ngangkari to continue their work in communities, clinics, and hospitals. Uti Kulintjaku is an award-winning initiative of the Ngangkari Program that supports mental health understanding. Led by ngangkari and senior Anangu, Uti Kulintjaku encourages deeper conversations about mental health and healing for Anangu and people working in Aboriginal health and related services. Uti Kulintjaku means to listen, think, and understand clearly. 'Uti Kulintjaku is a new way, using the old way, and bringing it into the new world.' (Rene Kulitja).

*Anangu are people of the NPY region

How can Uti Kulintjaku help PHNs?

- Providing resources in Pitjantjatjara and Ngaanyatjarra that offer PHN members culturally grounded ways of promoting Anangu wellbeing and assisting Anangu in managing distress.
- Providing professional development, in-service training and education sessions on understanding and supporting Anangu mental health and using Uti Kulintjaku resources with clients.
- Availability of Ngangkari healers and Irmangka Irmangka traditional medicine.
- Making digital resources, such as guided meditations and ebooks, readily available to PHNs.

What is the geographical footprint of Uti Kulintjaku?

This project covers the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands, which spans remote South Australia, Western Australia, and the Northern Territory, covering 350,000 square kilometres and encompassing 26 remote communities and homelands.

Anangu live in many other parts of Australia, too. This project's footprint, therefore, may extend beyond the central desert to other regions and cities, most notably regional South Australia, and Adelaide. Most of our resources also include English, so may be appropriate for First Nations people in other regions as well.

Additional information for PHNs

- [NPY Women's Council YouTube Chanel](#) with video resources of some of our meditations and resources
- Ngangkari Program page on the [NPY Women's Council \(npywc.org.au\)](http://npywc.org.au) website featuring resources available through the [online shop](#) and our ebook [Tjanima Tjukurpa](#)
- Uti Kulintjaku [Summary Report 2018 Evaluation](#)

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Provided by Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council

