



Appendices

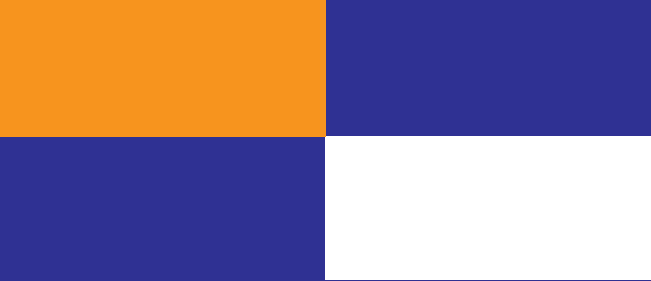
Supporting the Final Advice



Australian Government

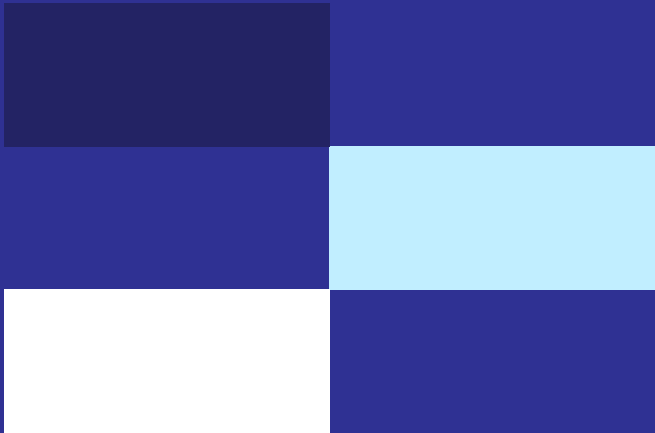
December 2020





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Appendix 1:

Jurisdictional suicide prevention governance

National context

At the national level, the Council of Australian Governments committee structure had oversight of Commonwealth and State and Territory engagement for both mental health and suicide prevention, until the establishment of the new National Cabinet structure. In 2020, a new Australian Federal Relations Architecture was announced. Under the new architecture, mental health and suicide prevention will continue to be discussed at a senior government level, however Commonwealth and States and Territory engagement will be streamlined.

Governance

When looking *across* different Australian jurisdictions, there are varied approaches to suicide prevention and mental health governance and funding arrangements. There is however, significant alignment between mental health and suicide prevention governance and funding approaches *within* most jurisdictions, with many examples of consistent ministerial responsibility, joint strategies and frameworks, aligned agency responsibilities, combined governance committees and similar service delivery agents. That said, there are also examples where suicide prevention and mental health approaches have been separated, most strongly demonstrated in stand-alone suicide prevention strategies and frameworks, and separate governance or advisory committees.

Ministerial oversight

At the Ministerial level, responsibility for suicide prevention is generally placed under Ministerial titles made up of Health, Wellbeing and/or Mental Health. In some cases, First Ministers also carry a level of responsibility for mental health and/or suicide prevention, usually facilitated by a position or committee which reports to the First Minister. In one case the Deputy Premier is also Minister for Mental Health.

Government entities

Health departments in all jurisdictions carry responsibility for both mental health and suicide prevention, with a particular focus on policy and funding of health and medical services. These activities extend into policy and funding of non-clinical services in some health departments including activities focused on community capacity building, wellbeing, and workplace initiatives. Roles of other government agencies vary considerably when looking at the national picture.

A number of states and the Commonwealth also have mental health commissions, with some of these clearly allocated responsibility for driving suicide prevention from a strategic, whole of jurisdiction lens. Commissions are established as independent from Government and generally have roles in suicide prevention research, monitoring, and driving evidence based reform through collaboration and engagement.

Many First Minister agencies have some level of engagement in the mental health and suicide prevention space as members of governance committees or in an advisory function where the First Minister has direct engagement in suicide prevention. Some First Minister agencies also have direct responsibility for managing whole of governments suicide prevention and/or mental health committees.

Finance and Treasury departments also have a role in whole of governments mental health and/or suicide prevention committees in some jurisdictions, although they have limited direct or responsibility for either mental health or suicide prevention. One notable exception is in Victoria where these agencies have been tasked with developing new mental health funding models following the recommendations of the *Royal Commission into Victoria's Mental Health System*.

Some government agencies also have a role in direct service delivery, though jurisdictions tend to use a mix of models. While some agencies provide both policy and deliver services, most outsource to another government agency or to non-government organisations. In some cases government agencies also outsource regional planning and commissioning of services. Primary Health Networks are one example of this arrangement, established by the Commonwealth for this purpose.

Committees/council structure

Jurisdictional committee structures vary quite significantly. Many jurisdictions separate mental health and suicide prevention at least partially within the committee structures. Some do this at a very high level with taskforces, committees and senior advisory roles that report directly to First Minister, while having mental health report to a health/wellbeing/mental health ministry. The Commonwealth, New South Wales and South Australia both provide examples of this (see on page five).

Many jurisdictions have developed whole of governments committee structures, again with varied approaches. While jurisdictions have built structures intended to capture whole of governments action at the jurisdiction level, there are few examples of suicide prevention or suicide prevention committee structures which capture all levels of government - that is, Commonwealth, State/Territory and local government. The Northern Territory is a clear exception to this. Some use committees both at jurisdictional and regional levels to engage the range of stakeholders involved.

Frameworks, plans and strategies

At the national level, the *Fifth National Mental Health and Suicide Prevention Plan* was developed and agreed between the Commonwealth and all State and Territory governments. In addition, all States and Territories have a dedicated suicide prevention plan, strategy or framework which outlines priority areas of action within the jurisdiction. These suicide prevention frameworks vary considerably from those focused primarily on the activity traditionally falling within the 'health' sphere of initiatives, to those which reflect a whole of state government focus, but each aligns with evidence-based practice and is passed on community and service consultations.

At the time of drafting, a number of Australian jurisdictions are in progress of preparing the next iteration of these policy frameworks and strategies, and these will include consideration of a number of significant review activities, including the *Productivity Commission Inquiry into Mental Health*, the *Royal Commission into Victoria's Mental Health System* and the *National Suicide Prevention Adviser's Final Advice* (of which this Appendix is one part).

The Commonwealth, States and Territories have also agreed to the development of a new National Agreement on Mental Health and Suicide Prevention, which will be advanced during 2021.



Commonwealth

Authorising Minister

- Minister for Health with support from the Prime Minister through the National Suicide Prevention Adviser

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- National Suicide Prevention Strategy for Australia's Health System 2020-2023
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- Living is for Everyone (LIFE) Framework
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023
- Defence Mental Health and Wellbeing Strategy 2018-2023
- Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023

Lead Government Entities

- Department of Health
- National Mental Health Commission (*Established as an executive agency under the Public Service Act 1999 and accountable to government through the Health portfolio. The role of the Commission is set out through a Statement of Expectations from the Prime Minister and the Minister for Health*)
- Department of Defence and Department of Veterans' Affairs (veterans)
- Primary Health Networks (initiative)

Governance Committees/Councils

- Australian Federal Relations Architecture (NEW) – National Cabinet Reform Committees - Health Reform Committee
- Suicide Prevention
- Inter-Departmental Committee jointly chaired by the Department of Prime Minister and Cabinet and the Department of Health

Example Programs and Services

- National leadership activity and supports
- Crisis support services
- Suicide prevention services commissioned through Primary Health Networks based on local need
- Suicide Prevention Trials in twelve locations focusing on suicide prevention for priority populations and local need

Australian Capital Territory

Authorising Minister

- Minister for Mental Health

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- ACT Regional Mental Health and Suicide Prevention Wellbeing Plan (2019-24)
- ACT LifeSpan Integrated Suicide Prevention Framework

Lead Government Entities

- Canberra Health Services
- ACT Health Directorate
- Office for Mental Health and Wellbeing

Governance Committees/Councils

- Lifespan pilot reports to the ACT Coordinator General for Mental Health and Wellbeing
- LifeSpan governance includes steering committee of key local stakeholders, with working groups on health services, schools, Aboriginal and Torres Strait Islander suicide prevention, improving public safety and community awareness

Example Programs and Services

- Suicide prevention, intervention and management services
- Youth Aware Mental Health Program in schools
- Training for community, frontline staff in health settings and media
- Safehaven Café (commencing 2021)
- Aftercare services
- Culturally appropriate suicide prevention strategies
- Suicide Prevention Networks
- ACT is planning an Aboriginal and Torres Strait Islander Suicide Prevention, Postvention and Aftercare service
- ACT funds *OzHelp's* Industry and Community Suicide Prevention and Social Capacity Building program

New South Wales

Authorising Minister

- Premier
- Minister for Mental Health
- Minister for Health

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- Strategic Framework for Suicide Prevention in NSW 2018-23

Lead Government Entities

- NSW Ministry of Health
- NSW Mental Health Commission (*Established as an independent statutory agency under the Mental Health Commissions Act 2012 (Act). The Act requires public sector agencies to work cooperatively in providing services and supports to people with a mental illness*)

Governance Committees/Councils

- Towards Zero Suicides Lived Experience Advisory Group supports development implementation and evaluation of initiatives
- NSW Mental Health Taskforce, chaired by NSW secretary of Health and managed by NSW MHB has governance and oversight of suicide prevention policy and programs with executives from across NSW government agencies
- Towards Zero Suicides Implementation Committee, with membership from across suicide prevention sector works to promote whole of governments linkages via NSW Mental Health Taskforce and to support planning and implementation of initiatives
- NSW Suicide Monitoring System technical advisory group with membership from across the suicide prevention sector in NSW, Victoria and the Commonwealth to develop and guide the technical specifications and its application
- Towards Zero Suicide Evaluation Steering Committee

Example Programs and Services

- Towards Zero Suicides Premier's Priority, 15 initiatives including quality improvement in clinical settings, non-clinical alternatives to emergency departments, aftercare and post suicide supports and training for frontline staff
- Zero Suicides in Care—a change management and quality improvement initiative
- Alternatives to emergency department presentations
- Suicide prevention outreach teams enhancement to rural
- Aftercare—psychosocial and non-clinical supports for people after a suicide attempt
- Youth aftercare pilot
- Post suicide support—suicide prevention training in systems outside mental health
- NSW suicide monitoring system
- Supporting local community collaborative local suicide alert system trail
- Building on resilience in Aboriginal communities, community response packages for priority groups
- Community gatekeeper training
- Expanding peer led and peer support programs
- Suicide Prevention Fund 2016-2020 and 2020-2024 supports a range of initiatives across CMO's to support suicide prevention activities in NSW

Northern Territory

Authorising Minister

- Minister for Health

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- NT Suicide Prevention Strategic Framework 2018-2023 and Implementation Plan

Lead Government Entities

- Department of Health

Governance Committees/Councils

- Health led, whole of governments Northern Territory Suicide Prevention Coordination Committee includes senior representation from across NT government agencies, Commonwealth agencies, NT Primary Health Network and Aboriginal Medical Services Alliance Northern Territory
- Northern Territory Regional Network Group leads and coordinates Northern Territory Government effort through Northern Territory Regional Coordination Committees comprising Northern Territory Government agencies, land councils, and local councils

Example Programs and Services

- Suicide prevention education and training activity
- Aftercare services
- Community grants for awareness raising focused on priority vulnerable populations
- Community grants focused on resilience and inclusion and addressing stigma and discrimination
- Support for local networks and community working groups, with opportunities to receive grants to address place based needs developed from local action plans

Queensland

Authorising Minister

- Minister for Health

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- Everylife: The Queensland Suicide Prevention Plan 2019-2029
- My Health, Queensland's future: Advancing health 2026

Lead Government Entities

- Queensland Health
- Queensland Mental Health Commission (*Established under the Queensland Mental Health Commission Act 2013 (Act) as an independent statutory body. The Act also governs the roles of the Commission*)

Governance Committees/Councils

- Queensland Suicide Prevention Plan identifies lead agencies for activity across state government and indicates a cross sector Queensland suicide prevention network would support implementation of the plan

Example Programs and Services

- Aboriginal and Torres Strait Islander youth mental health and suicide prevention programs
- Crisis stabilisation trial
- Safe spaces
- Aftercare services
- Cross-portfolios initiatives

South Australia

Authorising Minister

- Minister for Health and Wellbeing with support provided through the Premier's Advocate

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- South Australian Suicide Prevention Plan 2017-2021
- SA Mental Health Services Plan 2020-25
- Wellbeing SA Strategic Plan 2020-2025

Lead Government Entities

- Department of Health and Wellbeing
- Wellbeing SA

Governance Committees/Councils

- Premier's Suicide Prevention Council (includes Chief Psychiatrist and Chief Executive of Wellbeing SA) reports to Premier via the Premier's Advocate for Suicide Prevention and Community Resilience.
- Issues Groups on Suicide Prevention (heads of all State Government agencies) acts on and implements Council proposals
- Suicide Prevention Networks and Aboriginal Specific Networks in Aboriginal Communities and Mental Health Commissioners (managed by Wellbeing SA)
- Suicide Prevention Statewide Clinical Leadership Group (managed by Department of Health and Wellbeing)

Example Programs and Services

- Suicide prevention training for government, mental health practitioners, community members and non-government organisations
- Postvention for family members impacted by suicide
- Government portal including mental health and suicide prevention policies procedures and services for staff and consumers across all state government agencies

Tasmania

Authorising Minister

- Minister for Health and Wellbeing

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- Rethink 2020
- Tasmania's Suicide Prevention Strategy (2016-2020)
- Youth Suicide Prevention Plan for Tasmania (2016-2020)
- Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)

Lead Government Entities

- Department of Health
- Office of the Chief Psychiatrist

Governance Committees/Councils

- Office of the Chief Psychiatrist has an advisory role to the Minister for Health and Wellbeing
- Tasmanian Suicide Prevention Committee has membership from across the Tasmanian Government (Health led), the community sector, the University Department of Rural Health, Primary Health Tasmania and the Tasmanian Suicide Prevention Network
- Tasmanian Suicide Prevention Community Network, chaired by Relationships Australia (Tasmania) is open to those with an interest from across Tasmania

Example Programs and Services

- Suicide prevention training initiatives, including for building industry
- Establishing integrated approach to suicidal distress
- Aftercare services
- Community suicide prevention forums

Victoria

Authorising Minister

- Minister for Mental Health

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- Victorian Suicide Prevention Framework 2016-25

Lead Government Entities

- Department of Health and Human Services, including Mental Health Reform Victoria
- New approaches to mental health investment being led by Treasury, Finance and Premier and Cabinet

Governance Committees/Councils

- New agency, Mental Health Reform Victoria has been established within the Department of Health and Human Services as a result of the Royal Commission into Victoria's Mental Health System
- Royal Commission recommends creation of a Victorian Collaborative Centre for Mental Health and Wellbeing and an Aboriginal Social and Emotional Wellbeing Centre

Example Programs and Services

- Aftercare services
- Hospital outreach services
- Initiatives focused on priority populations, including veterans

Western Australia

Authorising Minister

- Minister for Health and Mental Health (also holds title of Deputy Premier)

Strategic Policy Framework/s

- Fifth National Mental Health and Suicide Prevention Plan
- Western Australian Suicide Prevention Framework 2021-25 (Framework)

Lead Government Entities

- Western Australia Mental Health Commission

Governance Committees/Councils

- A new governance structure is under development and will support the focus of the four streams: Prevention/Early intervention, Support/Aftercare, Postvention and Aboriginal people. The governance structure aims to bring together experts for each relevant stream from government, non-government agencies, academia and industries. This approach recognises the distinct skillset and expertise required in each of these four different streams. The governance structure and broad membership echos the framework aim that all of the community have a role in suicide prevention

Example Programs and Services

Program activity developed in the four priority streams of:

- Prevention/Early intervention—empowering local people to determine and deliver those methods of suicide prevention that are most appropriate for their community through increased and more accessible localised suicide prevention resourcing (suicide prevention coordinator program)
- Support/Aftercare—improve access to culturally appropriate mental health and SEWB services for people in mental health distress and/or experiencing suicidal ideation
- Postvention—establish clear scope of service and protocols for suicide postvention coordination between existing federal, state and community based services and roles
- Aboriginal people—develop a WA Aboriginal Suicide Prevention Strategy that prioritises a culturally secure SEWB approach with regional streams



Appendix 2:

Mapping of themes and recommendations across major reports and inquiries



The number of and significance of the current recommendations for mental health and suicide prevention reform cannot be ignored. The sheer volume of recommendations, the differing priorities and ways to describe areas of focus can lead to confusion and confound efforts to implement reform. However, when thematically mapped, there are reform themes and directions shared across the various recommendations, with some emerging areas of commonality.

Mapped against the key areas of focus in the *Final Advice*, the reforms being considered here include:

- The *Productivity Commission's Mental Health Inquiry Report*, which focuses on systemic improvement of the mental health and suicide prevention system from an economic perspective
- The *National Mental Health and Wellbeing Pandemic Response Plan* (Pandemic Response Plan), which outlines the priority actions to support better mental health outcomes as part of the government response to COVID-19
- The *National Suicide Prevention Strategy for Australia's Health System: 2020-2023*, which provides a guide to enhancing the suicide prevention activities delivered by the health system

1. Leadership and governance to drive a whole of governments approach

Final Advice

A national whole of governments approach to suicide prevention requires all governments to shift from a health-only approach to a whole of governments approach that can respond earlier in distress and connect people to the range of services they need. Suicide prevention must be authorised the highest levels within governments, with clear roles and responsibilities between the different levels of government and across portfolios. (Recommendation 1 and priority actions 1.1, 1.2, 1.3 and 1.4).

Common Themes

- Enhanced governance arrangements that place responsibility at the highest level, and define responsibilities at all levels of government and across portfolios, to achieve a whole of governments approach.
- National policies that align effort and investment, and support the coordinated implementation and continuous improvement of the mental health and suicide prevention system.
- A national approach that will actually deliver improvements at a regional and local level.

National Mental Health and Wellbeing Pandemic Response Plan	National Suicide Prevention Strategy for Australia's Health System: 2020–2023	Productivity Commission Mental Health Inquiry Report
The Pandemic Response Plan aims to improve the effectiveness of the response by including strong governance and oversight arrangements. This includes having National Cabinet lead the response, having clear responsibilities for governments, and have a coordinated and collaborative approach across and between governments and inclusive of non-government organisations (Priority Area 10).	The Health Suicide Prevention Strategy includes Government leadership that drives structures and partnerships to deliver better outcomes (Priority Foundation 4) and specific actions that support national leadership, including national guidelines and strengthened partnerships (Actions 22, 23 & 24).	The Productivity Commission's Mental Health Inquiry Report recommended improved national leadership through a special council supported by jurisdictional mental health commissions, and strengthened national strategy and agreements that clearly identify roles and responsibilities across health and other portfolios, with enhanced monitoring and reporting for accountability (recommendations 9, 22 & 23).

2. Lived experience knowledge and leadership

Final Advice

If systems and services are to truly meet the needs of people experiencing suicidal distress as well as caregivers and those bereaved by suicide, then lived experience must be actively involved at all stages of suicide prevention action. (Recommendation 2 and priority actions 2.1, 2.2, 2.3 & 2.4)

Common Themes

- Meaningful engagement of lived experience in the co-production of the mental health and suicide prevention system.
- Appropriate governance, processes and support for people with lived experience to enable co-production.

National Mental Health and Wellbeing Pandemic Response Plan

The Pandemic Response Plan aims to strengthen the governance processes and structures (Priority Area 10) by embedding lived experience participation and co-design methodology.

National Suicide Prevention Strategy for Australia's Health System: 2020–2023

The Health Suicide Prevention Strategy describes being co-designed with people with lived experience of suicide and acknowledges the importance of embedding lived experience into the co-design of suicide prevention services.

Productivity Commission Mental Health Inquiry Report

The Productivity Commission's Mental Health Inquiry Report recommends embedding the lived experience of consumer and carers, as well as service providers, into any improvement of the health system with the goal of delivering a person-centred recovery-focused service system (recommendation 4).

3. Data and evidence to drive outcomes

Final Advice

A collaborative and nationally coordinated approach to data, monitoring, evaluation and research is vital to ensure the shift to a whole of governments approach to suicide prevention is meaningful and sustained. We need to shift from looking backwards at suicide data with a long time lag, to collecting and using data in close-to-real time to shape more agile and proactive policy and service delivery. (Recommendation 3 and priority actions 3.1, 3.2, 3.3 & 3.4)

Common Themes

- A more coordinated and strategic approach to data and research to inform decision-making with the agility to provide a timely and localised response to emerging trends.
- A systematic approach to impact evaluation with the use of shared short to long-term outcomes mapped from a program to strategic level.
- A prioritised approach to research that supports the development of evidence for emerging interventions.
- An approach that supports whole of governments through sharing data across portfolios, jurisdictions and from service providers.
- An approach that supports systematic knowledge translation for continuous improvement.

National Mental Health and Wellbeing Pandemic Response Plan

The Pandemic Response Plan aims to strengthen the governance (Priority Area 10) and decision-making by improving the monitoring, evaluation and reporting approach to data and research. Specifically for suicide this includes better data collection to monitor impacts, and support communities with postvention activities (Priority Area 9).

National Suicide Prevention Strategy for Australia's Health System: 2020–2023

The Health Suicide Prevention Strategy aims to strengthen the use of data and evidence to inform the improvement and delivery of suicide prevention services. Specifically this includes a national approach to data that supports timely regional and local responses (actions 18, 19, 20 & 21).

Priority Foundation: Better use of data, information and evidence

Productivity Commission Mental Health Inquiry Report

The Productivity Commission's Mental Health Inquiry Report makes recommendations for the improvement of data collection and use to enhance decision-making, increase the accountability for those responsible for the mental health system, and inform the continuous improvement of the mental health system (recommendation 24).

4. Workforce and community capability

Final Advice

All formal and informal workforces which engage with people or communities experiencing distress must have the capability to provide a compassionate response, relevant to their role. This will require a significant focus on training and professional development to ensure that frontline providers, government agencies and community partners are all enabled and empowered to put compassion at the centre of how they work with people. (Recommendation 4 and priority actions 4.1, 4.2 & 4.3).

Common Themes

- Better define the workforce including the range of support from informal community supports to frontline workers to peer workers to health professionals.
- Better describe how the workforce fits across the spectrum of care, including how it integrates with carers and community supports.
- Support the workforce to build capability to provide a compassionate person-centred trauma-informed recovery-focused response and provide specific training in suicide risk mitigation and safety planning.
- Provide capability building through community and workplace training, tertiary institutions for student health professionals, and through continuous professional development for health professionals.
- Support the workforce through better workplace culture and support, and through mentoring, supervision and continuous professional development.

National Mental Health and Wellbeing Pandemic Response Plan

The Pandemic Response Plan aims to have a strategic approach to the recruitment, training, support and retention of the mental health workforce, governments and non-government organisations cooperating to provide surge capacity for communities in need, building capability in the health workforce to provide services through different service modalities, building capacity in frontline workers to support people in distress to access appropriate care, and better role definitions for peer workers (Priority Areas 8 and 9).

National Suicide Prevention Strategy for Australia's Health System: 2020–2023

The Health Suicide Prevention Strategy aims to enhance the suicide prevention workforce by improving training and capability building across careers and integrating workforces such as alcohol and other drug and peer workers into a multidisciplinary approach (16 & 17).

Priority Foundation: Building and supporting a competent, compassionate workforce

Productivity Commission Mental Health Inquiry Report

The Productivity Commission's Mental Health Inquiry Report aims to strengthen the mental health workforce by improving training and capability building across the career of health professionals, initiatives to increase shortfalls and gaps in the workforce (recommendation 16).

5. Responding earlier to distress

Final Advice

We need to shift from only responding once a suicidal crisis emerges to a more prevention-focused approach that responds early to distress and early in the trajectory towards suicidal behaviour. (Recommendation 5 and priority actions 5.1, 5.2 and 5.3).

Common Themes

- Shared focus on the need for the mental health and suicide prevention system to intervene early in life, early in illness and early at the point of distress.
- Acknowledgement of the need to provide proactive services in the community in environments where people live, work, learn and interact.

National Mental Health and Wellbeing Pandemic Response Plan	National Suicide Prevention Strategy for Australia’s Health System: 2020–2023	Productivity Commission Mental Health Inquiry Report
The Pandemic Response Plan outlines a need for the pandemic response to consider all elements of the mental health, suicide risk, economic and social impact on Australians (Priority Area 5). Specifically the plan seeks to move to an earlier response through bolstering the capability of government frontline workers to respond to distress, increase supports in education and employment services, better link these services and domestic violence and AoD services, and enhance workplace mental health.	The Health Suicide Prevention Strategy acknowledges the importance of ‘up-stream’ causal factors for suicide and the opportunity to strengthen suicide prevention by addressing these factors.	The Productivity Commission’s Mental Health Inquiry Report acknowledges the benefits of intervening early in life, illness and episode, and makes recommendations to strategically focus on child wellbeing (recommendation 5) and supporting the mental health of tertiary students (recommendation 6). It also outlines the role of other portfolios.

6. Connecting people to compassionate services and supports

Final Advice

We need to move from providing isolated and one-off interventions to an integrated system of care that has a focus on providing accessible, coordinated and compassionate services – linking people to the right supports at the right time. (Recommendation 6 and priority actions 6.1, 6.2, 6.3, 6.4 & 6.5).

Common Themes

- General alignment of the priorities and methods to enhance the services provided through the health system, in particular increase in community-based services, and greater provision of digital and telehealth services, with consideration of integrated models of care.
- Acknowledgement of the need to integrate multiple services to support improved access such as helplines with health and community supports, and to support comorbidity and complex case management, such as alcohol and other drug services with mental health services.
- Acknowledgement of the need to provide safe places as alternative to emergency departments, to improve the quality of services in emergency departments and inpatient facilities, and to provide expanded access to aftercare, postvention and bereavement support.

National Mental Health and Wellbeing Pandemic Response Plan

The Pandemic Response Plan aims to improve the access, linkages and resourcing of mental health services to meet the expected needs of people (Priority Areas 1 and 2), enhance the services available to people with complex mental health needs (Priority Area 4), and provide safe spaces and aftercare for people experiencing suicidal crisis (Priority Area 9).

National Suicide Prevention Strategy for Australia's Health System: 2020–2023

The National Suicide Prevention Strategy aims to improve the quality and effectiveness of crisis and postvention services provided by the health system (action 4), including enhanced helplines and digital services (actions 5 & 9), improved emergency department, inpatient and community-care services (actions 7, 8 & 10), and expanded aftercare and bereavement support (actions 6, 11 & 12).

Priority Domains: Building a system of care to change the trajectory of people in suicidal distress & Enabling recovery through post-crisis aftercare and postvention.

Productivity Commission Mental Health Inquiry Report

The Productivity Commission's Mental Health Inquiry Report makes a series of recommendations to improve the quality and accessibility of mental health services (recommendation 10), through easier navigation (recommendation 15), enhanced digital (recommendation 11) and community (recommendation 12) based services, with specific focuses on suicide prevention (recommendation 9), crisis supports (recommendation 13) and comorbidity (recommendation 14).

7. Targeting groups that are disproportionately affected by suicide

Final Advice

Governments must shift from a one-size-fits all approach for suicide prevention to targeted approaches that will reduce suicide attempts and deaths within populations that are disproportionately impacted by suicide. (Recommendation 7 and priority actions 7.1, 7.2, 7.3 & 7.4).

Common Themes

- Acknowledgement that priority populations require targeted mental health and suicide prevention interventions.
- Agreement that Aboriginal and Torres Strait Islander people should have Indigenous governance and leadership to ensure culturally appropriate mental health and suicide prevention interventions.

National Mental Health and Wellbeing Pandemic Response Plan	National Suicide Prevention Strategy for Australia's Health System: 2020–2023	Productivity Commission Mental Health Inquiry Report
The Pandemic Response Plan outlines the need to consider the specific mental health needs and suicide risks of vulnerable populations, including Aboriginal and Torres Strait Islander people, those in aged care, those experiencing domestic violence, people impacted by bushfires, and distressed children. The plan suggests improving the access and quality of services to respond by enhancing the cultural appropriateness of services, building capability in staff to respond with compassion, and ensuring resourcing and linkages across services (Priority Area 6). Specifically for suicide prevention, the plan suggests targeting men, Aboriginal and Torres Strait Islander peoples, older Australians, carers, people from culturally and linguistically diverse backgrounds and Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer plus (LGBTIQ+) people (Priority Area 9).	The Health Suicide Prevention Strategy aims to reduce suicide deaths in Aboriginal and Torres Strait Islander communities through supporting the implementation of a specific Indigenous suicide prevention strategy that will provide for culturally safe and appropriate suicide prevention services commissioned by aboriginal controlled health services (13, 14 & 15). Priority Domain: Community-driven Aboriginal and Torres Strait Islander suicide prevention	The Productivity Commission's Mental Health Inquiry Report identifies Aboriginal and Torres Strait Islander community as needing to be empowered to prevent suicide, through such measures as a renewed Aboriginal and Torres Strait Islander suicide prevention strategy and commissioning of services through Indigenous organisations as a preference (recommendation 9).

8. Delivering policy responses that reduce distress and increase safety

Final Advice

Governments can enhance the work done to support individuals and targeted groups through policy and regulatory leadership to increase safety, reduce the drivers of distress and mitigate risks across new policies. (Recommendation 8)

Common Themes

- Agreement that mental health and suicide prevention services need to go beyond the health portfolio into the social determinants, with relevant portfolios being responsible to develop integrated policies and provide appropriate interventions to mitigate the economic, social and relationship factors that contribute to distress, mental illness and suicidal behaviours.

National Mental Health and Wellbeing Pandemic Response Plan

The Pandemic Response Plan aims to join services together to ensure better coordination and cooperation, including stronger links across the health spectrum of care, as well as between health and other services such as education, welfare, workplaces, employment and aged care facilities (Priority Area 3). Specifically for suicide prevention, this includes justice, child protection, housing and homelessness, alcohol and other drug and financial services (Priority Area 9). This is supported by communication within schools, workplaces and communities to reduce stigma and increase help-seeking for educational, unemployment and financial stress, domestic violence, and alcohol and drug misuse (Priority Area 7).

National Suicide Prevention Strategy for Australia's Health System: 2020–2023

The Health Suicide Prevention Strategy aims to enhance suicide prevention through public education campaigns, community training, and mentally healthy workplaces (actions 1, 2 & 3). The need for cross-portfolio and whole of governments action is described as necessary to support the health-led strategy.

Priority Domain: Supporting individuals and communities to seek help and support others.

Productivity Commission Mental Health Inquiry Report

The Productivity Commission's Mental Health Inquiry Report aims to better support people living with a mental illness to participate socially (recommendation 8) through enhanced psychosocial support (recommendation 17), employment opportunities (recommendation 19) and mentally healthy workplaces (recommendation 7), as well as ensuring there are better support services for families and carers (recommendation 18), with a focus of improving outcomes for people in the housing (recommendation 20) and justice (recommendation 21) areas.



Appendix 3:

Summary National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

This summary was prepared by Gayaa Dhuwi (Proud Spirit) Australia for inclusion in this Report



Aboriginal and Torres Strait Islander (Indigenous) suicide prevention sits within the broader context of strengthening the social and emotional wellbeing (SEWB) of Indigenous individuals, families and communities. As such, the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and Plan* (NATSISPSP) needs to be implemented concurrently with:

- *The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023*, which is a strategic blueprint for strengthening SEWB in addition to transforming the mental health system to work effectively with Indigenous peoples.
- The 2020 National Agreement on Closing the Gap (NCTGA). This includes Outcome Area 14 focused on strengthening SEWB and Target 14, towards zero suicides.
- *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (under development).

A pillar of the NATSISPSP is the inclusion of Indigenous people with lived experience in the co-design, implementation and evaluation of all Indigenous suicide prevention activity. In addition, any suicide prevention strategy or initiative, must be broadly inclusive of Aboriginal and Torres Strait Islander communities and the recommendations contained within the NATSISPSP.

Other pillars, as reflected in the headings of this summary, include:

- Indigenous Governance and Community Leadership of Suicide Prevention Activity;
- Strengthening Supports for Communities, Families and Young People;
- Focus on Priority Groups: Men, Women, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, plus, Sistergirl and Brotherboy (LGBTIQ+SB) and Stolen Generations;
- Transforming Services and Workforces for Indigenous Suicide Prevention; and
- Indigenous Governance in Suicide Prevention Research, Data and Evaluation.

Indigenous governance and community leadership

The following system architecture is proposed:

- A national leadership and governance body for NATSISPSP implementation begins operating on 1 July 2021 within the National Suicide Prevention Leadership and Support Program (NSPLSP). So positioned, it works with other NSPLSP and related bodies and programs to ensure a nationally consistent, quality, lived-experience inclusive approach to Indigenous suicide prevention. It also supports whole of governments activity to that end. This will include national campaigns; development of evaluation frameworks and reporting; the scaling up of successful programs; ensuring suicide prevention in all policies analysis; national map and gap analysis; research promotion and coordination; surveillance and data-gathering, and other activities.
- The body also works through the NCTGA Joint Council on Closing the Gap and social and emotional wellbeing (SEWB) policy partnership to progress whole of governments activity towards zero Indigenous suicides. That is, within the broader context of working to progress all 16 NCTGA outcome areas and particularly those relevant to suicide prevention (e.g., for increasing employment, reducing contact with the criminal justice system, and so on); as well as Priority Reform Area 2 about building the community-controlled health sector, and Priority Reform Area 3 about transforming mainstream services to be responsive to Indigenous peoples. The body also aims to empower Indigenous communities to respond to suicide by:
 - Supporting communities from the national level in practical ways: such as accessing resources, training, and other suicide prevention activity developed or operating at the national level.
 - Providing communities with a national voice to shape the ongoing development of national policy.

- Under the auspice of the National Community Controlled Health Organisation (NACCHO), State and Territory Aboriginal Community-controlled Health Peaks (peaks) are established and funded as regional commissioning authorities (as per the Productivity Commission's report of its Inquiry into Mental Health). Pooled Commonwealth and jurisdictional Indigenous suicide prevention funds will be used by the peaks to commission service and program responses guided by a national commissioning framework. The peaks have long standing relationships with their jurisdictions' communities and community-controlled health services and are well placed to work effectively with them. They are also best placed to interface with State and Territory governments, health departments, and mental health departments.
- Regional Suicide Prevention Networks inclusive of people from target groups are established by the peaks in agreement with a region's communities to develop regional suicide prevention plans. These, in turn, aim to empower communities to plan to respond to suicide while also allowing them to benefit from regional economies of scale and regional map and gap analysis. These networks could include Primary Health Networks and Local Hospital Networks.
- Placing communities in control of suicide prevention activity. In broad terms, the above national commissioning framework does this by positioning:
 - Aboriginal Community Controlled Health Services (ACCHSs) under the auspice of NACCHO as the preferred coordinators and providers of suicide prevention programs and services within communities (and as per NCTGA Priority Reform Area 2); and
 - Aboriginal community-controlled organisations (ACCOs) should be considered in areas where there are no ACCHOs.
- The commissioning framework will ensure that in the absence of ACCHOs and ACCOs, mainstream organisations could be commissioned to coordinate or provide services that meet criteria for operating effectively within Indigenous communities. Guidelines for this would include Indigenous community governance of relevant activity; community engagement; employment of local/ Indigenous staff; culturally safe service delivery; and the transitioning of such to ACCOs over time.
- Community choices for integrated suicide prevention activity. These are not prescribed in the NATSISPSP to ensure communities can make the most appropriate choices for their situations. However, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project's (ATSISPEP) Solutions That Work report's success factors, and the ongoing work of the Centre of Best Practice in Indigenous Suicide Prevention (CBPATISP), is strongly supported.

Strengthening supports for communities, families and young people

The NATSISPSP recognises that Indigenous suicide prevention requires action across the life course and involves whole communities. It also acknowledges that suicide-prevention resources are finite and that, particularly in a whole of governments context, other strategic responses and resources can be leveraged to play a role in Indigenous suicide prevention. In the context of the SEWB framework, investing in a healthy start to life with targeted perinatal and early childhood programs will assist in addressing upstream risk factors that can develop early in life with ongoing early intervention and support for children and families throughout development.

Within the NCTGA, this includes the development of an Indigenous Early Childhood Development Strategy and outcome areas that include significantly reducing rates of Indigenous children in out-of-home care; strengthening home and community safety; promoting school attendance, educational attainment and employment and significantly reducing Indigenous peoples contact with the criminal justice system.

Important suicide prevention-specific elements that NATSISPSP would add to these developments are:

- School programs that address mental health needs and that equip schools/teachers to identify and appropriately refer children and families in distress, and that otherwise provide age-appropriate education in mental health, alcohol and drug use and suicide prevention.

- Building on the strengths of young people, including the cultural determinants of health. Action here builds on existing programs to support indigenous youth and youth lived experience leadership to develop culturally based responses to youth suicide (as per 2019-20 Budget). The Plan particularly supports youth cultural programs (e.g., going on Country, working with Elders) and youth peer-to-peer mentoring and gatekeeper/ natural helper programs as identified by ATSIPEP as successful Indigenous youth suicide prevention activity.
- In communities, families, peer networks and front-line workers (GPs, police, health service, employment, housing and other service workers) are often the first challenged with providing care to people at risk of suicide. The need for support, including by involvement of people with lived experience in co-designing responses and culturally appropriate referral pathways, for gatekeepers and natural helpers as was identified by ATSIPEP as successful Indigenous suicide prevention activity.

Focus on priority groups: men, women, LGBTIQ+SB and stolen generations

While strategic directions are yet to be finalised with these groups, an overarching theme of the consultation roundtables was the need:

- To empower and resource these groups, people with lived experience within these groups, and their organisations to lead and implement suicide prevention activity among their members. For example, among LGBTIQ+SB, to develop resources for parents and others to support young Indigenous people coming out.
- To provide spaces for connection, identity strengthening, belonging and healing outside of mental health system contexts.
- For culture as a key element underpinning responses.
- For SEWB-based services and programs that are 'safe spaces' for these groups including by their representation among staff.

People challenged by contact with the criminal justice system are another priority group identified in the NATSISPSP. While strategic directions are yet to be finalised with stakeholders, continuity of SEWB and mental health care throughout the journey in the justice system provided by ACCHSs, or other services as appropriate, in partnership with prison health services has been proposed as one way forward.

Transforming services and workforces for Indigenous suicide prevention

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023* supports the establishment of a multidisciplinary, team-based SEWB service model for ACCHSs and other services as appropriate. This model was founded on integrated SEWB, health, mental health, and suicide prevention capabilities, and also support access to cultural and traditional healers. For suicide prevention, model elements would specifically include:

- Building stronger relationships support. One of the main proximal challenges to wellbeing associated with Indigenous suicide are problems with partner and family relationships. In particular, this is associated with the suicide of younger Indigenous men. The service model elements would support Indigenous young people to build better partner relationships, seek, and cope with relationship breakdowns.
- Integrated family programs. Indigenous families and children are challenged by a much higher exposure to intergenerational trauma and stressful life events than non-Indigenous families and children. The service model elements would work to heal family trauma and its symptoms, and support families to stay together.
- Youth suicide prevention service capabilities to ensure 24/7 place-based service responses.
- Proactive, place-based after attempt/people challenged by suicide ideation care case management.
- Postvention services for families who have experienced suicide or traumatic bereavement.
- Telehealth and other digital support as appropriate.

Complementing the above, the NATSISPSP Indigenous leadership and governance body will establish an Indigenous stakeholder and lived experience-led co-design process to transform mainstream suicide prevention and related service delivery. Action to transform mainstream services into more culturally safe and responsive service environments should be reflected in renewed National Mental Health Service Standards. The above will include an increased emphasis on Indigenous governance in service partnerships including with:

- Local Hospital Networks and Primary Health Network (or other regional commissioning authority) – commissioned mental health and suicide prevention services.
- headspace; Beyond Blue; SANE; Reach Out; R U OK? and other relevant organisations.
- Residential mental health and custodial settings.
- Hospital emergency departments.
- Postvention services.

To support the above, there should be comprehensive plans to develop and support the participation of Indigenous peoples in the suicide prevention, mental health and wellbeing workforce. Workforce related action should be addressed primarily through the ongoing development of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (under development) and the National Mental Health Workforce Strategy including targets for the Indigenous peer and lived experience workforces and the ongoing development of national workforce standards for Indigenous suicide prevention.

Indigenous governance in suicide prevention research, data and evaluation

To ensure Indigenous governance over all aspects of research, evaluation and data collection, the Indigenous leadership body would also:

- Promote the expansion of Indigenous suicide prevention best practice promotion and research including that undertaken by CBPATSISP within the NSPLSP.
- Support and secure funding for the comprehensive evaluation of Indigenous suicide prevention activity nationwide to continue to expand the evidence base for effective suicide prevention.
- Work in partnership with the National Suicide and Self-harm Surveillance System to ensure Indigenous governance at all levels, and ensure jurisdictions, regions and communities have access to the data and skills needed to make informed decision making about suicide and self-harm in their areas.





Appendix 4:

National Suicide Prevention Taskforce — supports

National Suicide Prevention Taskforce

In 2019, the Prime Minister appointed Ms Christine Morgan as the National Suicide Prevention Adviser (the Adviser) to provide advice on the effectiveness of design, coordination and delivery of suicide prevention activities in Australia.

Ms Morgan's principal role has been to develop advice and deliver on the following:

- *November 2019* – advice on immediate actions to improve the coordination and delivery of suicide prevention activities to inform and complement the Government's Towards Zero initiatives. This was delivered through the Initial Findings provided to the Prime Minister in November 2019.
- *August 2020* – Delivery of the *Interim Advice* with draft recommendations to improve whole of governments coordination and delivery of activities.
- *December 2020* – Delivery of the *Final Advice* with final recommendations.

To support the work of the Adviser, a National Suicide Prevention Taskforce (the Taskforce) was established in August 2019 within the Mental Health Division of the Commonwealth Department of Health, with joint governance provided by the Department of the Prime Minister and Cabinet. The Taskforce is headed by Special Adviser, Dr Jaelea Skehan OAM, who brings extensive experience in suicide prevention implementation and research.

Over its term, Taskforce staffing has comprised, at different times, of secondees from a range of Commonwealth Government agencies including the Department of Health, the Department of the Prime Minister and Cabinet; National Indigenous Australians Agency; Department of Education, Skills and Employment; Department of Defence; Services Australia; Department of Social Services; Department of Home Affairs; Department of Veterans' Affairs; and the National Mental Health Commission.

During 2020, the Taskforce supported the Adviser who was tasked by the Prime Minister to advise on emerging trends and evidence on suicide risk and strategies to prevent suicide in the context of COVID-19, with additional advice commissioned as needed. Notably, regular engagement through the development of the Pandemic Response Plan.

Resourcing

The work of the Taskforce was supported through existing Department of Health appropriations and an additional \$540,000 allocated over two years (2019/20 and 2020/21). Funding provided the National Suicide Prevention Adviser with appropriate subject matter expertise and resourcing to prepare the final advice package. Funding supported the role of the Special Adviser, external consultants, research, consultations including the Towards Zero Suicide forum, the Expert Advisory Group, and on-costs.

Stakeholders

To support the work of the Adviser, the Taskforce has engaged extensively with stakeholders across Australia, including consultations with Commonwealth agencies, State and Territory governments, local government, sector organisations, experts in research and policy, interested individuals and communities. Further details are included in *Appendix 5*.

The Taskforce was responsible for:

- Supporting Ministerial engagement with Commonwealth Ministers and Members of Parliament, on the *Initial Findings*, *Interim Advice* and *Final Advice* to government.
- Procurement of and contract and relationship management of; Consultants commissioned to assist with consultation workshops and analysis; and researchers commissioned to undertake the cross-portfolio and lived experience rapid reviews and evidence checks.
- Liaison, engagement and administrative tasks for all formal meetings (one-on-one, group and workshops) with stakeholders.
- All communication materials and products required in the development and release of the *Initial Findings*, *Interim Advice* and *Final Advice* to government including: media releases; website updates; printing and distribution of reports; and development and management of public surveys.
- All Secretariat functions for the below mentioned Expert Advisory Group and Interdepartmental Committee.

Expert Advisory Group

An Expert Advisory Group (EAG) was established to provide support and expert advice to Ms Morgan and the Taskforce. The EAG includes representatives from across the suicide prevention sector, experts in suicide prevention research, experts in Aboriginal and Torres Strait Islander suicide prevention, and experts from social and community policy associated with suicide prevention, and includes people with lived experience of suicide.

The EAG has been instrumental in the development of the *Final Advice*, as well as the *Initial Findings* and *Interim Advice*, and supporting the Adviser in the role of advising on government policies such as the Pandemic Response Plan. EAG members have provided feedback on commissioned and available research, development of advice and report recommendations, with a view to whole of governments considerations that are pragmatic, compassionate, evidence-based, and can be applied to all government and sector settings.

Membership

The EAG Chair, Ms Lucinda Brogden AM and Deputy Chair, Mr Alan Woodward, are members of the Board of the National Mental Health Commission.

Members of the Expert Advisory Group to the National Suicide Prevention Taskforce

Lucinda Brogden AM
– Chair

Alan Woodward Professor Myfanwy Maple
– Deputy Chair

Nicky Bath Pino Migliorino AM

Stefani Caminiti Nieves Murray

Conjoint Professor Ingrid Ozols AM
Gregory Carter

Professor Helen Professor Jane Pirkis
Christensen AO

Leilani Darwin Glen Poole

Professor Pat Dudgeon Professor Nicholas Procter

Parker Forbes A/Professor Jo Robinson

Graeme Holdsworth Professor Maree
Teesson AC

Suicide Prevention Inter-Departmental Committee

A Senior Executive Band 2 Commonwealth Suicide Prevention Interdepartmental Committee (SPIDC) was established in August 2019 to facilitate input and advice into the development of suicide prevention initiatives across the Australian Government.

The SPIDC was established in recognition of the range of touchpoints that the Australian Public Service (APS) has with vulnerable Australians and the capacity to use its levers to enhance whole of governments coordination through policy and service delivery. During its operation the SPIDC has considered cross-portfolio suicide prevention contributions, better connecting data and evidence, workforce training and presentation from the Productivity Commission and APS mental health capability project.

Membership

The SPIDC membership comprises of senior leaders in the APS portfolio areas, providing the capacity to enhance the national whole of governments coordination of suicide prevention activities.



Appendix 5:

National Suicide Prevention Taskforce — consultations

Consultation with governments, non-government and community stakeholders, including those with a lived experience of suicide has been the cornerstone of the National Suicide Prevention Advisers (the Adviser) Advice to the Prime Minister in 2020.

In the *Initial Findings* and *Interim Advice* presented to government in November 2019 and August 2020, the Adviser emphasised there needed to be a fundamental shift in thinking and approach to suicide prevention.

This shift was towards a new approach to suicide prevention that maximises the reach and effectiveness of governments to genuinely prevent deaths by suicide and suicide attempts, based on not only evidence and lived experience, but through continuous, comprehensive and collaborative consultation.

This Appendix details the consultations undertaken by the Adviser and the National Suicide Prevention Taskforce (the Taskforce) since August 2019 to meet the Adviser's Terms of Reference.

Expert Advisory Group

The Expert Advisory Group (EAG) met seven times throughout 2019 and 2020, provided out of session advice and feedback to the Adviser and Taskforce, and have worked closely with the Adviser to contribute to the advice to Government from the perspective and from their experience in their relevant fields of expertise.

The EAG have consulted on a range of topics that have assisted in the development of the Adviser's advice to Government, including:

- Addressing the social, economic, and cultural factors contributing to suicide risk.
- How to respond to those at risk of, and impacted by suicidal behaviour.
- The importance of data improvement, management and research to support a whole of governments approach.
- Cross-portfolio work and efficiency and effectiveness in the delivery of suicide prevention policy, programs and initiatives.

- A proposed suicide prevention model for Australia to identify common goals, unify actions, understand risk and determine underlying principles for a whole of governments approach.
- Emerging themes and advice relevant to the development of both the *Interim Advice* and *Final Advice* to Government, such as early distress responses, data and evidence, and priorities for suicide prevention research.
- Feedback, input and guidance on the *Initial Findings*, the *Interim Advice* and the *Final Advice* documents before submission to Government.
- Input and feedback on the lived experience research commissioned by the Taskforce.
- Input and feedback into the Taskforce's proposed consultation strategy following the release of the *Interim Advice*.
- Feedback on the *Interim Advice*, including:
 - The most critical national mechanisms to be put in place to support whole of governments action.
 - Requirements of regional structures and coordination to advance whole of governments suicide prevention at a regional and community level.
 - Opportunities to get action on the 'in-principle' recommendations related to health reform, priority populations, workforce development, lived experience and cross portfolio initiatives.

Suicide Prevention Interdepartmental Committee

The Suicide Prevention Interdepartmental Committee (SPIDC) met nine times throughout 2019 and 2020 to provide advice and ongoing support to the Adviser and the Taskforce in the development of the *Final Advice* to Government. This included utilising the expertise of a smaller sub-group within the SPIDC to assess varied policy ideas and approaches, including the decision making tool presented in *Shifting the Focus*.

Topics discussed at the SPIDC meetings have included:

- Commonwealth service touchpoints to identify insights and opportunities for collaboration, including understanding of associated risks.
- Suicide prevention activities and programs and their relevance to the work of the Adviser and the Taskforce in developing advice to Government.

- Consideration of how the range of reviews and inquiries underway and due for release throughout 2020 should be incorporated into any future whole of governments approach to suicide prevention.
 - The suicide prevention implications from Australia's emergency response to the COVID-19 Pandemic and the 2019 Bushfires and the associated economic and social impacts.
 - Ongoing updates and monitoring of the social and economic impacts relating to COVID-19 including extended lockdowns, financial instability from job loss, and the impact of restrictions on priority populations, and potential flow on effects to suicide risk.
 - Briefings on cross-jurisdictional priorities such as housing and homelessness, alcohol and other drugs, the justice system, and out-of-home care.
 - Feedback, input and guidance on the *Initial Findings*, the *Interim Advice* and the *Final Advice* to Government.
-
- The Hon Dan Tehan MP, Minister for Education
 - The Hon Ken Wyatt AM MP, Minister for Indigenous Australians
 - The Hon Michael McCormack MP, Deputy Prime Minister and Minister for Infrastructure, Transport and Regional Development.
 - The Hon Keith Pitt MP, Minister for Resources, Water and Northern Territory
 - The Hon Karen Andrews MP, Minister for Industry, Science and Technology
 - Senator the Hon Linda Reynolds CSC, MP, Minister for Defence
 - The Hon Paul Fletcher MP, Minister for Communications, Cyber Safety and the Arts
 - The Hon Angus Taylor MP, Minister for Energy and Emissions Reduction
 - The Hon Sussan Ley MP, Minister for the Environment
 - Senator the Hon Simon Birmingham, Minister for Finance and Leader of the Government in the Senate.

Ministerial engagement

Beyond continued engagement with the Office of the Prime Minister, the Hon Scott Morrison MP, the Adviser has engaged extensively with Commonwealth Ministers and Members of Parliament, both face-to-face and in writing. Since the Taskforce was established in 2019, the Adviser and the Head of the Taskforce have consulted with the following Ministers to discuss ways for various portfolios to contribute to suicide prevention efforts:

- Senator the Hon Matthew Canavan, Minister for Resources and Northern Australia
- The Hon Darren Chester MP, Minister for Veterans and Defence Personnel
- Senator the Hon Richard Colbeck, Minister for Aged Care and Senior Australians and Minister for Youth and Sport
- The Hon Peter Dutton MP, Minister for Home Affairs
- The Hon Josh Frydenberg MP, The Treasurer
- The Hon Greg Hunt MP, Minister for Health
- The Hon David Littleproud, Minister for Agriculture, Drought and Emergency Management
- The Hon Christian Porter MP, Attorney-General
- The Hon Stuart Robert MP, Minister for the National Disability Insurance Scheme
- Senator the Hon Anne Ruston, Minister for Families and Social Services

These consultations assisted the Adviser and the Taskforce to consider important linkages, cross portfolio priorities and to delve deeper into the mechanisms of how suicide prevention needs to be embedded into a whole of government approach.

Stakeholder engagement

The Taskforce commissioned the expertise of Yellow Edge Consultants to assist with stakeholder engagement in 2019, for the *Towards Zero Suicide Prevention Forum* (detailed further below) and in 2020 following the release of the *Interim Advice*. Yellow Edge synthesised feedback from both consultations from various governments, groups, and individuals participating, through online surveys, written responses, and face-to-face feedback and meetings.

States and Territory governments

The Adviser and Senior Adviser for the Taskforce engaged State and Territory governments throughout the development and prior to submissions of the *Initial Findings*, *Interim Advice* and *Final Advice* to Government. States and Territory representatives were engaged through senior level meetings through workshops, forums and formal committee structures throughout 2019 and 2020, in addition to one-on-one meetings, which also involved State Ministers.

Following the release of the *Interim Advice* in August 2020, the Adviser and the Head of the Taskforce hosted a series of consultation discussions throughout November 2020 with all State and Territory governments. The purpose of the consultations was to get State and Territory feedback relating to 'in-principle' recommendations, ahead of their further refinement for the *Final Advice* to Government, due in December 2020.

State and Territory governments contribute significantly to suicide prevention through their hospital and health systems, investments into sub-acute care, community-based mental health services, new innovative models of care to provide outreach and support in the community and partnerships with Non-Government organisations to deliver suicide prevention services and programs. States and Territories also have primary responsibility for the planning and delivery of other services that are key in a whole of governments and whole of community approach to suicide prevention such as housing, drug and alcohol services, police, justice and corrections, disability services and education. Many of these have a strong regional and local presence.

Consultations with each of the State and Territory governments individually encouraged discussion and feedback on how the *Interim Advice* 'in-principle' recommendations could be applied to state specific suicide prevention activities, whole of governments approaches, and the need for approaches to be flexible enough to cater for differences in and across regions.

In February 2020, the Adviser presented at the Council of Australian Governments, *Deputy Senior Officials' Suicide Prevention Projects* Suicide Prevention Workshop. The meeting discussion touched on various suicide prevention projects in the jurisdictions including after-care and post-discharge services, data mapping, and improving integration with health and non-health services.

Throughout 2020, the Adviser attended Mental Health Principal Committee meetings, which consists of Jurisdictional directors of mental health and related Commonwealth mental health policy senior officials, providing input and advice on priorities for suicide prevention activity, including responses to the COVID-19 pandemic.

The Adviser also consulted the First Deputies Group (FDG) which consists of State and Territory Senior Executive level representation, on the *Interim Advice*. FDG representatives were given the opportunity to provide written advice and have individual consultation sessions during October 2020.

Commonwealth agencies

Commonwealth agency consultation was undertaken at various points throughout the development of the *Interim Advice* and *Final Advice* to Government. The Adviser and Taskforce engaged Commonwealth agencies as not only the decision making agencies responsible for developing policy, legislation and services from a national level, but also because many agencies have significant regional service footprints across Australia.

In addition to Commonwealth agency representation on the SPIDC, and ongoing engagement with agencies during 2020, the Taskforce held a number of consultations throughout October and November 2020 with agencies that were interested in providing feedback to the Adviser in the *Interim Advice*, including feedback on recommendations and priority actions.

Further opportunity was provided to Commonwealth agencies to provide feedback prior to the Final Report being delivered in December 2020. A number of agencies contributed to reviewing and testing the decision making tool, presented in *Shifting the Focus*.

The following agencies were consulted and provided both face-to-face and/or written feedback to the Taskforce:

- Attorney-General's Department
- Australian Federal Police
- Australian Taxation Office
- Australian Public Service Commission
- Department of Agriculture, Water and Environment
- Department of Defence
- Department of Education, Skills and Employment
- Department of Finance
- Department of Health
- Department of Home Affairs
- Department of Industry, Science, Energy and Resources
- Department of Infrastructure, Transport, Regional Development and Communications
- Department of the Prime Minister and Cabinet
- Department of Social Services
- Department of Veterans' Affairs
- National Indigenous Australians Agency
- National Bushfire Recovery Agency
- National Mental Health Commission
- North Queensland Livestock Industry Recovery Agency
- Safe Work Australia
- Services Australia
- The Treasury.

Additionally, there has been a sub-group of agencies the Taskforce has worked closely with throughout the entire advice development process. Agencies such as the Department of Prime Minister and Cabinet, the National Mental Health Commission, Services Australia, the Department of Industry, the Department of Social Services, and the Department of Health have been instrumental in guiding the Taskforce to ensure consultation with stakeholders engages the right people by providing champions within the agencies to assist in this process.

Research

Cross-portfolio Research

To strengthen the evidence of the advice the Adviser provided to Government, the Taskforce in collaboration with the Suicide Prevention Research Fund managed by Suicide Prevention Australia, commissioned a number of rapid review/evidence checks into the current suicide prevention landscape across a range of different topics. Topics of the cross-portfolio research included:

- *The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours: a review of the evidence* – undertaken by the Australian Housing and Urban Research Institute.
- *Interventions to reduce suicidal thoughts and behaviours in people who have had contact with the criminal justice system: A rapid review evidence check* – undertaken by the Justice Health Unit at the University of Melbourne
- *Effective interventions to reduce suicidal thoughts and behaviours among children in contact with child protection and out-of-home care systems – a rapid evidence review* – undertaken by the Institute of Child Protection Studies, Australian Catholic University
- *The role of alcohol and other drugs in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours* – undertaken by the Matilda Centre for Research in Mental Health and Substance Use

The research sought to identify the current landscape of suicide prevention, interventions that have demonstrated a reduction in suicidal thoughts and behaviours, their risk factors or co-occurrence of risk factors, and to provide recommendations on areas and approaches that would have the greatest impact for suicide prevention and to identify opportunities for interventions. Suicide Prevention Australia have made this research publically available.

Lived Experience Research

A lived experience narrative has been at the forefront of the Adviser's agenda in the development of a whole of governments approach to suicide prevention. Ten separate studies were commissioned which included a review of existing research, a large online survey, analysis of public commentary about lived experience of suicide and targeted consultations with identified groups. Further details are included in *Compassion First*.

The Taskforce in collaboration with the Suicide Prevention Research Fund managed by Suicide Prevention Australia, commissioned research to seek a broader view of the tensions and vulnerabilities people experience to inform suicide prevention activities. The lived experience research commissioned in partnership with Suicide Prevention Australia included:

- A report prepared by the Suicide Prevention Research Team at Orygen as a result of conducting consultations with 11 different young people regarding their lived experiences of suicidality and associated help-seeking.
- A rapid review prepared by the Black Dog Institute investigating the perspectives of people with a lived experience of suicide.
- A report prepared by the University of New England exploring how suicide behaviour is experienced. This included how suicide is portrayed through public domains, an online survey to gauge personal experiences, and through those who have completed psycho-educational support groups.
- A report prepared by The Seedling Group and the Lived Experience Centre in collaboration with the Black Dog Institute presenting the findings and outcomes as a result of a number of virtual Yarning Circles held. The virtual Yarning Circles were used to further explore Lived Experience, building upon the existing work being done to better understand Aboriginal and Torres Strait Islanders lived experience of suicide.
- A report prepared by the Cultural and Indigenous Research Centre Australia focusing on people who have attempted suicide or experienced a suicidal crisis and who are from a culturally and linguistically diverse background.

This research was extended following submission of the *Interim Advice* with further studies commissioned by the Taskforce through the Department of Health. This additional research included:

- A report prepared by the University of New England focused on families, caregivers and people bereaved by suicide, examining survey responses and in-depth interviews to investigate caregiver experiences over time.
- A report prepared by the LGBTI Health Alliance, investigating the experiences of people who identified as lesbian, gay, bisexual, transgender or queer via in-depth interviews.
- A report prepared by the Australian Men's Health Forum and the University of Western Sydney detailing the outcomes from in-depth interviews with 12 men with a lived experience of suicide.
- An extension of the study led by Cultural and Indigenous Research Centre Australia focused on people from a CALD background.



The lived experience research provided an evidence base for better understanding the real life implications of suicide on individuals and communities and was used to inform the recommendations set out in the *Interim Advice* and *Final Advice*.

Suicide Prevention Australia has made the initial series of research publically available, with further research commissioned through the Department of Health to be released in 2020.

The Adviser also supported a number of research related activities involving the Department of Health, including: examining the feasibility of strengthening services and supports for people at risk of suicide through a national network of Safe Spaces; analysis of the Australian Government's 12 suicide prevention trials; and an enhanced evaluation of suicide prevention trials across the country, including suicide prevention trials in New South Wales and Victoria, to enhance understanding of effective interventions and inform future suicide prevention decisions.

Suicide prevention sector

The importance of continued engagement with the suicide prevention sector was emphasised in the *Towards Zero* Suicide Prevention Forum (the Forum) held in November 2019. The Forum brought together a range of government, non-government and community stakeholders in a series of workshops.

Representatives that attended the Forum included those from the Aboriginal and Torres Strait Islander community, the LGBTIQ+ community, veterans, young people, business, researchers, suicide prevention experts, all levels of government and people with lived experience of suicide. The Prime Minister, the Hon. Scott Morrison attended the Forum, and the Minister for Health, the Hon. Greg Hunt both attended the Forum.

The purpose of the Forum was to inform the Advisers *Interim Advice* to the Prime Minister, and through shared experience and diverse perspectives coupled with subject matter expertise in the field, a collective effort on the development of key themes to address going forward and practical responses that could be implemented were agreed to.

The *Initial Findings* detail consultations throughout 2019 and in addition to regular and ongoing involvement with sector stakeholders, targeted consultations occurred throughout 2020. These included detailed discussions and feedback sessions during November and December 2020, post the release of the *Interim Advice*.

Feedback was sought on the following key themes:

- The importance of whole of governments working effectively at all levels.
- Implementation and the need for community driven and empowered delivery and local flexibility.
- Regions and the importance of local government and their capacities. Capacity issues for Primary Health Networks could constrain implementation effectiveness.
- Distress and the need to adopt a broad social determinants approach to distress management.
- Data, Research and Evaluation.
- Workforce and the need to build capability across all workforces.
- Lived Experience and the importance of placing this at the centre of all activities.
- Priority populations and the importance of having an equity approach to assisting a wide and potentially overlapping number of priority populations.

In addition to the structured consultation to gain insights and feedback on the Advice being provided to government, the Adviser has taken an active role throughout 2019-20 to engage various stakeholder groups by attending and presenting at summits, conferences and workshops. Principally, the Adviser has sought to highlight the importance of embedding suicide prevention in all parts of the community and to encourage a more open, transparent and compassionate national dialogue on the topic. The Adviser has spoken to groups including the building and construction field, Australasian Research, men's health, and Indigenous round tables.

Gayaa Dhuwi

In recognition of the high rates of suicide for Aboriginal and Torres Strait Islander people, and the need for improved suicide prevention interventions, the Adviser sought and engaged in a number of specific consultations with Aboriginal and Torres Strait Islander people, communities, and leadership groups. Of particular significance and valued input into the Final Report has been the work of the newly established Gayya Dhuwi (Proud Spirit) Australia, and their revised *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* scheduled for release in 2021.

Public consultation

Since the establishment of the Taskforce there has been a number of individuals and organisations that have written directly to provide feedback, subject matter expertise and/or information on personal experience with suicide and the current service system.

All correspondence received by the Taskforce was responded to, some warranting further investigation by the Adviser, and all being considered as an additional feedback loop to the multi-layered consultation approach that was undertaken in the development of all advice to Government.

In the creation of the *Initial Findings*, the Taskforce completed five months of consultations where six Priority Areas were developed. These consultations included those with a lived experience of suicide, Aboriginal and Torres Strait Islander organisations and peoples, youth representatives, sector experts, State and Territory governments, peak bodies, and rural regional and remote communities. This included a review of the evidence for effective suicide prevention strategies, together with current Australian policies and initiatives across all jurisdictions.

There was the opportunity for the public to participate in a survey at two points throughout the process, after the *Initial Findings* were released and more recently post the release of the *Interim Advice*. The recent survey was open for submissions from 16 November until 3 December 2020. The survey sought feedback on the *Interim Advice* recommendations by asking a range of questions relating to specific recommendations, any perceived gaps, the feasibility of implementing the current recommendations, and any key areas of focus required to achieve a whole of governments approach to suicide prevention.

There were 37 responses to the November survey in the period allocated for feedback, this was made up of individuals, community and organisations with just short of half the responses being from individuals.

The survey was promoted through the Health Department website and the Life in Mind website. The Taskforce also encouraged members from the EAG and the SPIDC, and the representatives from the Commonwealth, and State and Territory consultations and the suicide prevention sector to promote survey participation through their relevant networks.



