



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

**PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE  
FUNDING POOL PROGRAMME GUIDANCE**

**REGIONAL APPROACH TO SUICIDE PREVENTION  
2019**

## Introduction

Primary Health Networks (PHNs) are required to support efforts to reduce suicide in the Australian community through promoting a systems-based regional approach to suicide prevention in partnership with Local Hospital Networks (LHNs) and other local stakeholders. As part of this approach PHNs are required to plan and commission services to address the needs of people at risk of suicide, including Aboriginal and Torres Strait Islander people, and to give priority to ensuring follow-up care and support is available to people in the period following a suicide attempt. PHNs are also well-placed to promote the capacity of primary care services to respond to individuals at risk of suicide.

PHNs should consider other Primary Mental Health Care Flexible Funding Pool programme guidance in association with this document, including the PHN Guidance on Aboriginal and Torres Strait Islander Mental Health Services.

### PHNs are expected to:

- **Plan for integrated, systems-based suicide prevention activity**, in partnership with LHNs and other local organisations through development of a joint regional mental health and suicide prevention plan, and associated service mapping and needs analyses;
- **Commission community based suicide prevention activities** based on priorities emerging from regional planning and needs assessment processes;
- Undertake planning and commissioning of community-based suicide prevention activities for **Aboriginal and Torres Strait Islander** people that are integrated with drug and alcohol services, mental health services and social and emotional wellbeing services;
- Promote access to **follow-up** services to individuals who have self-harmed or attempted suicide, including through *The Way Back Support Service* initiative, and work to ensure there is agreement for responsibility for provision of this care; and
- **Share and apply learnings** from trials of system-based approaches to suicide prevention.

## Context

Since PHNs first assumed a key role in planning and commissioning suicide prevention activities at a regional level as part of the Mental Health Care Flexible Funding Pool, there have been a number of developments which influence and further support this role. The Australian Government's overall approach to suicide prevention continues to involve:

- A systems-based regional approach to suicide prevention led by PHNs in partnership with LHNs and other local organisations;
- National leadership and support for population level suicide prevention activity;
- Refocused efforts to prevent suicide in Aboriginal and Torres Strait Islander communities; and
- Joint commitment in partnership with states and territories to prevent suicide and ensure that people who have attempted suicide are given effective follow-up support.

A priority area of the Fifth National Mental and Suicide Prevention Plan (the Fifth Plan) is to develop integrated, whole of community approaches to suicide prevention including:

- A system-based approach to suicide in line with the eleven elements of suicide prevention derived from the World Health Organisation (WHO) Preventing Suicide: Global Imperative (see below);
- The importance of collaboration between PHNs and LHNs to support consistent and timely follow-up after a suicide attempt;
- The imperative for Aboriginal and Torres Strait Islander suicide prevention; and
- Regional planning and partnerships to lay the groundwork for integrated suicide prevention activity and service improvement.

The following initiatives underway in this context are of relevance to PHN responsibilities.

**Trials** - Trials of system-based approaches to suicide prevention, funded by Commonwealth and State Governments, are underway in many regions to promote a collaborative, integrated approach to suicide prevention, and a number of PHNs are involved in them. These trials will help to inform best practice at a regional level, as their experiences are shared.

**National projects** - The Australian Government continues to fund a number of national suicide prevention projects under the *National Suicide Prevention Leadership and Support Program*. Details of these projects, which include postvention support, population level awareness initiatives and centres of best practice, are documented in the PHN Project Resource on this topic (See Useful Resources).

**Follow-up care** - To address the imperative of the Australian Government and Fifth Plan for consistent follow-up care, additional funding for coordinated aftercare services to individuals who have attempted suicide has been provided to a number of PHNs through expansion of *The Way Back Support Service*, developed by Beyond Blue. This service supports people over the first three months after an attempted suicide.

**Assessing risk of harm** – *The National PHN Guidance on Initial Assessment and Referral for Mental Health Care*, provides a number of assessment domains to aid initial assessment of the severity of problems of individuals presenting for mental health services. Domain 1 offers support to PHNs in assessing risk of harm to self or others and focuses on examining suicidality, self-harm behavior, and deterioration of mental state and self-neglect.

## Why is this a priority activity for PHNs?

Suicide remains the leading cause of death among people aged 15-44 years. According to the Australian Bureau of Statistics, there were 3,128 deaths registered in 2017 that were recorded as suicides.<sup>1</sup> This is equivalent to 12.6 deaths per 100,000 population. The total number of suicide deaths has been trending upward over the last decade. The number of deaths is 9.1% higher than for the previous year (2,866 in 2016) and a third (33.6%) higher than at the beginning of the decade (2,341 in 2008). In addition to the premature loss of life, suicide can have a profound and lasting negative impact on families, workplaces and communities.

Although the individual causes of suicide are complex, there are well recognised risk and protective factors which can be addressed to prevent suicide. Previous reviews and reports have highlighted the lack of coordination in suicide prevention programs, and duplication between Commonwealth and state and territory efforts. There is a particular imperative to improve follow-up for people who seek help for suicidal behaviours, especially in the high risk period following a suicide attempt, and to address the current inconsistency and ambiguity in responsibility for providing this follow-up care which sometimes exists. There is also an imperative to address the higher rates of suicide in priority groups, including Aboriginal and Torres Strait Islander people, LGBTIQ, young people, older males and people from culturally and linguistically diverse (CALD) backgrounds.

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<sup>1</sup> Australian Bureau of Statistics, Causes of Death, Australia 2017.

## What is a systems-based approach to suicide prevention?

Suicide prevention is a complex issue. Causes of suicidal behaviour can stem from a complex mix of factors such as adverse life events, social and geographical isolation, socio-economic disadvantage, mental and physical health, lack of support structures and individual levels of resilience. It follows that efforts to reduce suicide must also be multi-faceted.

In addition to clinical services, a range of cross-sectoral and population level activities have been shown to assist in reducing suicide rates as outlined in the below 11 elements of the *WHO Preventing suicide: A global imperative*. The Fifth Plan commits all governments to a systems-based approach which focuses on these elements:

1. **Surveillance** - increase the quality and timeliness of data on suicide and suicide attempts.
2. **Means restriction** - reduce the availability, accessibility and attractiveness of the means to suicide.
3. **Media** - promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media.
4. **Access to services** - promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.
5. **Training and education** - improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
6. **Crisis intervention** - ensure that communities have the capacity to respond to crises with appropriate interventions.
7. **Post-vention** - improve response to and caring for those affected by suicide and suicide attempts.
8. **Awareness** - establish public information campaigns to support the understanding that suicides are preventable.
9. **Stigma reduction** - promote the use of mental health services.
10. **Oversight and coordination** - utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours.<sup>2</sup>

**Figure 1** – Key Elements of a Systems-Based Approach from WHO Preventing Suicide: A Global Imperative.

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<sup>2</sup> The Fifth National Mental Health and Suicide Prevention Plan, p.24

PHNs play an important role in suicide prevention through mental health service provision as well as through specific targeted suicide prevention activities. The provision of primary mental health services, under other priority areas of activity for PHNs under the Mental Health Flexible Funding Pool, is an extremely important means of identifying and providing treatment for individuals who may be at risk of suicide. People with untreated mental illness are at heightened risk of suicide. Connecting people with services at all levels of the stepped care spectrum is a vital element of a regional suicide prevention strategy. Targeted mental health services for people identified as at risk of suicide is also vital – including providing follow-up support for people who have attempted suicide.

## What is expected of PHNs?

As outlined above, PHNs have a significant role to play in suicide prevention through the provision of primary mental health care services. The Department expects that all commissioned organisations and service providers deliver services that are attuned to the importance of detecting and managing risk of harm (as outlined above). Furthermore, PHNs are required to ensure that appropriate referral pathways are embedded in services, particularly referral to crisis support. In addition to mental health service provision the Department has the following suicide prevention specific expectations:

### Joint planning with LHNs for integrated, systems-based suicide prevention

The development of a joint regional mental health and suicide prevention plan in partnership with LHNs and other key stakeholders is an important step in establishing a coordinated, systems-based approach to suicide prevention. It is through these partnerships that strong communication and integration will enable a coordinated, systems-based approach to suicide prevention.

As part of this planning process, PHNs should work with LHNs to:

- Establish collaborative arrangements to support integrated action;
- Map suicide prevention providers and other relevant services;
- Identify needs of priority populations within regions;
- Ensure there are clear and unambiguous arrangements for follow-up after a suicide attempt.

The joint planning process should facilitate co-design of services and activities with stakeholders, including people with lived experience, Aboriginal and Torres Strait Islander communities, other priority population groups specific to regions and emergency services agencies. Additionally, PHNs should engage with non-health sectors and services including housing, employment services, and education.

Part 3 of *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs)* provides further detail on expectations of Commonwealth and State Governments for planning for suicide prevention.

### Commissioning community-based suicide prevention activities

PHNs are expected to continue their role in commissioning community-based suicide prevention activities. Commissioning should be informed by priorities emerging from needs assessments and regional planning processes and should where possible target groups and individuals at risk of suicide. The evidence base for commissioning is being enriched through trials of system-based approaches to suicide prevention. PHNs should draw from

best practice available within these trials. PHNs should also monitor and review the effectiveness of initiatives they have previously commissioned to help inform planning and commissioning. The Best Practice Hub (<https://suicidepreventionhub.org.au/programs>) is available to assist PHNs in relation to the evidence base of programs and services. Where possible, robust, outcomes based evaluations should be sought.

Whilst PHNs are not expected to commission activities against all 11 of the elements identified in the WHO's systems based approach, this should help to guide PHNs in identifying gaps within their region.

PHNs should ensure that there are no duplications in function between Commonwealth, State and NGO activities to create efficient allocation of resources. The co-commissioning of activities with LHNs is encouraged where this results in the most effective use of workforce and resources. Co-commissioning should not result in the PHN assuming a role for funding services previously funded by the state or territory.

In commissioning suicide prevention services, or reviewing or changing commissioning arrangements it will be extremely important to ensure continuity of care for any individuals at risk of suicide who are receiving a direct clinical service. For instance where a service is transitioning from one provider to another, or where an activity may be de-commissioned, it will be important to ensure that individuals at risk of suicide are connected with new service arrangements.

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

People with lived experience of suicide are defined as those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, or been bereaved by suicide.<sup>3</sup>

People with lived experience can provide valuable insights into suicide prevention initiatives and can help to guide suicide prevention planning, treatment, and education, as well as contribute to improved care and enhanced safety to reduce suicide attempts and deaths. Their involvement can also help to reduce the stigma of suicide.

Appropriately trained lived experience speakers can enhance community understanding of suicide and its impacts. To ensure that the delivery of information is safe and appropriate, and to promote duty of care, lived experience speakers and representatives should generally be accessed through agencies and programs that have clear structures around training and supporting those who have lived experience. It is also important that people with lived experience involved as representatives or speakers have support by way of a safe forum to share knowledge and experience and to promote self-care.

Further information on engaging people with lived experience is available from Roses in the Ocean and from the Life in Mind<sup>4</sup> website – see Useful Resources.

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<sup>3</sup> <http://rosesintheocean.com.au/lived-experience>

<sup>4</sup> Best Practice Hub, <https://suicidepreventionhub.org.au/programs>

## **Planning and commissioning community-based suicide prevention activities for Aboriginal and Torres Strait Islander people, integrated with mental health or alcohol and other drug services.**

An integral part of the role of PHNs in suicide prevention is also to specifically identify and work with Aboriginal and Torres Strait Islander communities, within their region, that are at heightened risk of suicide. PHNs should support the planning and implementation of culturally based suicide prevention activities as guided by the goals and actions of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* and the *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)* and the *Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention*.

PHNs are expected to engage Aboriginal and Torres Strait Islander communities in the co-design of services. In addition, consideration of cultural governance issues will be important. This includes, for example, ensuring the cultural safety of Aboriginal and Torres Strait Islander people working with PHNs, culturally respectful partnerships and embedding cultural governance in commissioning arrangements. Further information on cultural governance, provision of a culturally sensitive and trauma informed workforce and on commissioning services for and with Aboriginal and Torres Strait Islander people, is provided in the separate PHN guidance document on Aboriginal and Torres Strait Islander Mental Health Services and in the useful resources cited below.

PHNs are expected to liaise with local Aboriginal and Torres Strait Islander people and organisations, Aboriginal Community Controlled Health Services and mainstream service providers to help plan, integrate and target local mental health and suicide prevention funding. This should include liaison with services which may be involved in management of risk factors for suicide to plan referral pathways and support early identification of suicide risk (e.g. domestic violence or alcohol and other drug services). PHNs are expected to ensure that commissioned services include a focus on children and young people who may be at risk of suicide and links to services which support them.

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

## **Promoting access to follow-up services to individuals who have self-harmed or attempted suicide**

PHNs have an important role to play in promoting and in some circumstances commissioning improvements of follow-up support for individuals who have self-harmed or attempted suicide. This support is particularly needed during the transition to community care after discharge from hospital, or following presentation to a community based specialist or primary care service after a suicide attempt. There is strong evidence that people are most at risk of suicide during the handover points between interventions and require additional person-centred care and support. Conversely there is evidence that the provision of follow-up care and maintaining connection with people over the period after an attempt can reduce these risks. Unfortunately systematic follow-up is not yet consistently provided to this group of people often because of ambiguity in responsibility, or lack of clear referral pathways.

Joint regional planning with LHNs offers an important opportunity to ensure there are clear roles and responsibility in provision of follow-up care, and that referral pathways between acute services and primary care or follow-up care are well established and supported. PHNs should work with LHNs and other relevant organisations to ensure there are no gaps or ambiguities in follow-up services, and to facilitate links between discharge services and relevant primary mental health care services where appropriate. It is not envisaged that PHNs alone are responsible for commissioning all such services. Co-commissioning services with LHNs may also be possible.

The Government will fund selected PHNs to roll out Beyond Blue's The Way Back Support Service in their region, providing outreach, follow-up care and practical support to people after a suicide attempt. Those PHNs receiving this funding would be expected to liaise closely with Beyond Blue, LHNs and primary care service providers to implement new services and ensure they are appropriately promoted within the community.

Whilst this expectation focuses significantly on the follow-up care of consumers, PHNs should also play a role in advocating for better support of people presenting to services with suicidal feelings in a way which addresses barriers to help seeking such as stigma and provides an improved experience. Consultation with people with lived experience of suicide can help to inform these efforts in particular.

## Performance indicators

The following performance indicator for PHNs is listed in the PHN Primary Mental Health Care Schedule in relation to suicide prevention:

- App-3 Proportion of people referred to PHN-commissioned services due to a recent suicide attempt or because they are at risk of suicide followed up within 7 days of referral.

## What flexibilities do PHNs have?

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

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

PHNs should not assume responsibility for services which have previously been funded by an LHN, or which currently receive funding from another source for the same purpose. This is to avoid duplication of funding arrangements.

## Useful resources

### **National Suicide Prevention Leadership and Support Program - Project Information for Primary Health Networks**

Provides information for PHNs on a range of national projects designed to reduce deaths by suicide across the Australian population, and among at risk groups and to reduce suicidal behaviour.

Website: [www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental\\_Tools](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools)

### **Life in Mind**

Life in Mind is a national communication strategy to connect organisations and communities to the latest information, activities, resources and research and is funded under the National Suicide Prevention Leadership and Support Program. The LIFE (Living is for Everyone) Framework resources on suicide prevention are also available through the

Website: <https://www.lifeinmindaustralia.com.au/>

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

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

Website: <https://www.blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/an-evidence-based-systems-approach-to-suicide-prevention.pdf?sfvrsn=0>

### **Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks.**

This guide has been developed by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention in partnership with the Black Dog Institute. The guide is intended to support PHNs as they implement integrated approaches to suicide prevention in Aboriginal and Torres Strait Islander communities, recognising that Indigenous suicide deaths are associated with different factors than those of the non-Indigenous population.

Website: <https://www.blackdoginstitute.org.au/docs/default-source/lifespan/implementation-framework-11th-september-laid-out-pdf.pdf?sfvrsn=0>

## **Mindframe**

Mindframe aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian media. Mindframe provides access to evidence-based information and guidance to support the reporting, portrayal and communication about suicide and mental illness.

Website: <https://mindframe.org.au/>

## **headspace schools**

headspace Schools is a suicide post-vention program, which assists Australian school communities to prepare for, respond to and recover from the death of a student by suicide. It is part of a suite of headspace programs developed to promote mental health and support young people aged 12-25 dealing with difficult issues in their lives.

Website: <https://headspace.org.au/schools/headspace-in-schools/>

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

AISRAP aims to promote high quality research, clinical practice, and education for the prevention of suicidal behaviour in Australia. AISRAP includes the National Centre of Excellence in Suicide Prevention, which provides advice around evidence-based best practices and evaluation in suicide prevention, to support Australian Commonwealth Departments, non-government agencies, academics and community groups in their respective initiatives in the field of suicide prevention.

Website: <https://www.griffith.edu.au/griffith-health/australian-institute-suicide-research-prevention>

## **Suicide Prevention Best Practice Hub**

Suicide Prevention Australia (SPA) provides national leadership for the suicide prevention sector. SPA has developed the Suicide Prevention Hub as an on-line resource to support PHNs and program planners to make evidence-based decisions when planning and commissioning suicide prevention activities at a local and regional level. Through the Hub, organisations may be eligible for mentoring support to build capacity in program design and/or evaluation.

Website: <https://suicidepreventionhub.org.au/>

## **Communities Matter – A Toolkit for community-driven suicide prevention**

A toolkit to support community based suicide prevention developed in partnership between the Mental Health Commission of NSW and Suicide Prevention Australia.

Website: <https://communitiesmatter.suicidepreventionaust.org/about>

## **Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks.**

This guide has been developed by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention in partnership with the Black Dog Institute. It is intended as a companion document to the *Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities* guide, with the aim of assisting PHNs working with Aboriginal and Torres Strait Islander communities to co-design and co-implement integrated approaches to suicide prevention.

Website: <https://www.blackdoginstitute.org.au/docs/default-source/lifespan/signed-final-cultural-framework-guide-v4.pdf?sfvrsn=0>

## **Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention**

The Centre aims to reduce the causes, prevalence and impact of suicide on Indigenous individuals, families and communities by identifying, translating and promoting the adoption of best practice in Indigenous specific suicide prevention activity, including that which is found in new and emerging domestic and international research. Activities of the Centre include supporting the development of suicide prevention activity tailored to specific community needs, providing evidence based information and advice, and building the capacity of Primary Health Networks (PHNs), Aboriginal and Torres Strait Islander organisations and Indigenous communities to take action in response to suicide and self-harm in their immediate region.

Website: [www.indigenous.uwa.edu.au/indigenous-research/Centre-for-Best-Practice](http://www.indigenous.uwa.edu.au/indigenous-research/Centre-for-Best-Practice)

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

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

Website: [www.health.gov.au › Home › Education and Prevention › Mental Health](http://www.health.gov.au › Home › Education and Prevention › Mental Health)

## **The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report, 2016**

The Report summarises the evidence-base for what works in Indigenous community-led suicide prevention, including responses to the social determinants of health that are 'upstream' risk factors for suicide. It also presents tools to support Indigenous Suicide Prevention activity developed by ATSISPEP.

Website: <https://www.atsispep.sis.uwa.edu.au/>

### **The Gayaa Dhuwii (Proud Spirit) Declaration**

Provides a renewed call by Aboriginal and Torres Strait Islander people for linking mental health, social and emotional wellbeing, suicide prevention and substance misuse services

Website: [https://www.mentalhealthcommission.gov.au/.../gayaa-dhuwi-\(proud-spirit\)-declaration.](https://www.mentalhealthcommission.gov.au/.../gayaa-dhuwi-(proud-spirit)-declaration.)

### **The National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023**

Website: <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

### **The National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 – 2026.**

Website: <https://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-crf>

## Data Sources

1. Causes of Death, Australia - [Australian Bureau of Statistics](#)

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

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

Causes of Death, Australia, 2017 was released on 26 September 2018.

2. Data sets – [Department of Health](#)

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

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

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