

# NSW Suicide Prevention Strategy Implementation Plan 2010–2015

Whole of Government Approach



Health

## Strategic direction 1:

### Improving the evidence base and understanding of suicide prevention

#### Outcome 1.1: Understanding of imminent risk and how best to intervene

##### How will we know?

- ✓ Establishment of the whole of community Suicide Prevention Advisory Committee

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Identify and clarify the link between suicide prevention activities and intervention and their impact on, and relevance to the incidence of suicidal behaviours	i. Establish a whole of community advisory committee to provide advice on the development and implementation of suicide prevention policies and programs	Establish and implement whole of community Suicide Prevention Advisory Committee	✓	✓	✓	✓	✓	NSW Health
	ii. Review suicide risk assessment and management policy, and the implementation of the guidelines across NSW Health	Ongoing review of suspected suicides and homicides involving mental health patients through the Critical Incident Review Committee as part of ongoing review of our policies and clinical practices.	✓	✓	✓	✓	✓	NSW Health
		Revise the NSW Health clinical policy for the assessment and management of patients with possible suicidal behaviour to update and support enhanced capacity of clinical staff	✓	✓				NSW Health
		Review custody related training and education material as it relates to the mental health of Aboriginal people	✓	✓	✓	✓	✓	NSW Police

	iii. Regularly monitor activities under the Suicide Prevention Implementation Plan based on indicators of effectiveness, program quality and efficiency, and quantity, to assist in maintaining a current and effective Plan, and build a future evidence base for suicide prevention strategies	Annual reporting and evaluation of the effectiveness of the Suicide Prevention Strategy	✓	✓	✓	✓	✓	NSW Health/ all agencies
		Development of new performance indicators through the Suicide Prevention Strategy to better understand the impact of initiatives	✓	✓	✓	✓	✓	NSW Health/ all agencies
		Develop a complementary suicide prevention action plan targeted for the Aboriginal community	✓	✓	✓	✓	✓	NSW Health/ relevant agencies
		Develop a complementary suicide prevention action plan targeted for the CALD community	✓	✓	✓	✓	✓	NSW Health/ relevant agencies
ii. Improve the evidence base for the early identification and management of people at high risk of suicide	i. Annually review available data on suicide rates in NSW to provide more detailed information about suicide amongst high risk groups and inform initiatives and evaluation	Additional analysis and collection of NSW data on suicide and attempted suicide, on an age appropriate and geographical basis, and among high risk groups where statistically measurable	✓	✓	✓	✓	✓	NSW Health/ other relevant agencies
		Collate data on Aboriginal suicide rates in police custody	✓	✓	✓	✓	✓	NSW Police
		Monitor and investigate suicide deaths of children and young people through annual reporting by The Child Death Review Team	✓	✓	✓	✓	✓	NSW Ombudsman

		Access available data from the Mental Health Drug and Alcohol RCA Review Committee (CIRC) through the Clinical Excellence Commission	✓	✓	✓	✓	✓	NSW Health
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Outcome 1.2: Understanding of whole of community risk and protective factors, and how best to build resilience of communities and individuals								
How will we know?								
✓ Establishment of the whole of community Suicide Prevention Advisory Committee								
Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop a better understanding of the positive and negative impacts of economic, social and environmental influences on suicide and suicidal behaviours	i. Annually review available data on suicide rates in NSW, to provide more detailed information about suicide across time and different demographic groups	Additional analysis and collection of NSW data on suicide and attempted suicide, on an age appropriate and geographical basis, and among high risk groups where statistically measurable	✓	✓	✓	✓	✓	NSW Health/ other relevant agencies

## Outcome 1.2: Understanding of whole of community risk and protective factors, and how best to build resilience of communities and individuals

### How will we know?

- ✓ Establishment of the whole of community Suicide Prevention Advisory Committee

Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
ii. Improve the evidence base for the impact of community capacity and resilience building in the long term prevention of suicide, including in rural and remote communities and/or those adversely affected by climate change or natural disasters.	i. Continue to apply and implement learnings from the NSW Drought Mental Health Assistance Package to improve responses to mental health and suicide risk in rural and remote communities, and those adversely affected by climate change or natural disasters	Implementation of learnings of the Drought Mental Health Assistance Package to improve responses in rural communities	✓	✓	✓	✓	✓	NSW Health
iii. Consider the influence and impact on suicidal behaviours of new technologies/multi-media communication (eg media, internet, MySpace, YouTube, chat rooms, instant messaging).	i. Provide advice on the development and implementation of suicide prevention policies and programs, with special consideration to be given to cyber bullying and the application of education programs in relation to internet use	Establish and implement whole of community Suicide Prevention advisory committee	✓	✓	✓	✓	✓	NSW Health
	ii. Use innovative technology to enhance existing service delivery to at risk groups.	Scope opportunities to link existing services to at risk groups through innovative technology	✓					NSW Health
iv. Improve understanding of the cultural significance of suicide, suicide attempt and self harm and how they can be prevented	i. Use available data on suicide and suicide rates in NSW, and work with partners across at risk groups to develop appropriate	Develop appropriate responses for at risk groups through aligning with relevant plans targeting at risk groups, eg the Multicultural Mental Health Plan (2008-2012)	✓	✓	✓	✓	✓	All agencies

## Outcome 1.2: Understanding of whole of community risk and protective factors, and how best to build resilience of communities and individuals

### How will we know?

- ✓ Establishment of the whole of community Suicide Prevention Advisory Committee

Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
across different cultural and at risk groups.	responses to different cultural and at risk groups	Link with the Transcultural Mental Health Centre, NSW Multicultural Health Communication Service and other relevant agencies/services to consider appropriate responses to different cultural groups	✓	✓	✓	✓	✓	NSW Health
		Continue to support farmers, farming families and farm business through The Drought Support Worker Program targeting rural communities	✓	✓	✓	✓	✓	Industry and Investment NSW
		Analyse the Young People in Custody Health Survey 2009 data to improve understanding of self harm and suicide among this high risk	✓					DJAG (DJJ)
v. Synthesise and strengthen understanding of suicide through incorporation in relevant systematic, longitudinal, multi disciplinary, multi site studies.	i. Use NSW data and evaluation to contribute to national and international studies	Contribute to national and international studies using NSW data and analysis of suicide and attempted suicide	✓	✓	✓	✓	✓	NSW Health/ other relevant agencies

### Outcome 1.3: Application and continued development of the evidence base for suicide prevention among high risk populations

#### How will we know?

✓ Annually published data on suicide rates in NSW on an age and geographical basis, and among high risk groups where statically available

Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop and apply the research and evidence of interventions that work for Aboriginal and Torres Strait Islander communities.	i. Use available data on suicide and suicide risk in Aboriginal communities, together with evaluation of and learnings from existing initiatives to improve understanding of the most effective ways to deliver targeted programs	Support NSW Aboriginal Health and Aboriginal Community Controlled Health Service staff to attend the Aboriginal Mental Health First Aid course.	✓	✓	✓	✓	✓	NSW Health (GWAHS)
		Continue to deliver innovative partnership programs such as the SPLASH program for Aboriginal young people to improve awareness of and attitudes to suicide prevention	✓	✓	✓	✓	✓	NSW Health (GSAHS, GP Division, Aboriginal Medical Service)
ii. Apply the evidence base to identify and address the needs of people bereaved by suicide.	i. Review existing guidelines for dealing with bereavement across health and other government agencies, including pathways to care for those affected by suicide, and appropriate promotions of services	New postvention guidelines for clinicians to guide better responses to bereaved families and communities	✓					NSW Health
iii. Apply the evidence base of interventions to encourage men's help seeking behaviour and emotional openness.	i. Promote and encourage activities to normalise openness and help seeking behaviours, including through building partnerships at a local level	Ongoing funding for a University Chair in Disability Mental Health to improve the evidence base and understanding of effective approaches to suicide prevention	✓	✓	✓	✓	✓	ADHC/ Health
		Promote and encourage initiatives targeting men, eg Men's Sheds, NSW Farmer's Networks	✓	✓	✓	✓	✓	Relevant agencies

iv. Reduce access to means of suicide.	i. Develop protocols across government agencies and relevant organisations for the identification of, and development of appropriate responses to suicide hotspots and emerging environmental factors, including through consultative agreements and incident reviews	Scope options to develop cross agency protocols for development of appropriate responses to hotspots	✓	✓				NSW Health/ other relevant agencies
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<b>Outcome 1.4: Improved access to suicide prevention resources and information</b> How will we know? ✓ Number of 'hits' on suicide prevention resources website, by access to general and subscribed professional areas								
Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Contribute to a centre for the collection and dissemination of quality information and	i. Use NSW data and evaluation to contribute to national and international studies	Contribute to national and international studies using NSW data and evaluation and suicide and attempted suicide	✓	✓	✓	✓	✓	NSW Health/ other relevant agencies

resources in suicide prevention.	ii. Use existing suicide prevention networks, community networks and new e-technologies, to link various community health and non health professions and specialists together to share skills and knowledge, and provide improve coordination of responses and local pathways to care	Establishment of a “Communities of Practice” Framework to be considered at first showcase of innovation on 7 September 2010	✓	✓				NSW Health
	iii. Establish annual whole of government and whole of community showcases for innovative approaches to suicide prevention and resilience building	Annual showcase of innovation (first showcase scheduled for 7 September 2010)	✓	✓	✓	✓	✓	NSW Health

## Strategic direction 2:

### Building individual resilience and the capacity for self help

#### Outcome 2.1 Improved individual resilience and wellbeing

##### How will we know?

- ✓ Proportion of adults with high or very high levels of distress

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop and promote universal programs that build life skills that enhance individual and community resilience	i. Continue to develop and implement early childhood and school based programs which promote resilience and support children and young people to help reduce suicide risk	Continue to develop and implement the Families NSW initiative	✓	✓	✓	✓	✓	NSW Health/DHS (Community Services)
		Continue to develop and implement the School-Link program	✓	✓	✓	✓	✓	NSW Health/DET
		Continue to develop and implement the Supporting Students in the HSC years program	✓	✓	✓	✓	✓	DET
		Continue to develop and implement Aboriginal Maternal and Infant Services	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement Building Strong Foundations for Aboriginal Children, Families and Communities.	✓	✓	✓	✓	✓	NSW Health
	ii. Develop partnerships with key community stakeholders and work collaboratively to establish, promote and implement capacity building activities for the community as a whole.	Expand community based initiatives, such as the Community Drug Action Teams to promote local 'wellness' activities	✓	✓	✓	✓	✓	NSW Health
		Continue to implement the Family and Carer Mental Health program	✓	✓	✓	✓	✓	NSW Health

## Outcome 2.1 Improved individual resilience and wellbeing

### How will we know?

- ✓ Proportion of adults with high or very high levels of distress

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		Collaborate with Suicide Prevention Australia (SPA) to promote suicide prevention and resilience building activities	✓	✓				NSW Health
		Continue to implement the Local Area Command Aboriginal Consultative Committees (LACACC) established in areas with high Aboriginal populations	✓	✓	✓	✓	✓	NSW Police
		Continue to empower targeted communities to provide sustainable, community-based after school, weekend and vacation sport and recreation activities	✓	✓	✓	✓	✓	Communities NSW
ii. Develop and promote mental health and wellbeing programs for the whole community, including those designed to support particular high risk groups or populations.	i. Connect to and align with other frameworks which work to build mental health in the community, including a range of at risk groups.	Link with relevant plans such as the <ul style="list-style-type: none"> <li>• <i>NSW Health Promotion, Prevention and Early Intervention Framework</i> (in development)</li> <li>• <i>NSW Community Mental Health Strategy</i></li> <li>• <i>ACON</i></li> <li>• <i>NSW Health Mental Health, Drug and Alcohol Comorbidity Framework for Action, 2008</i></li> <li>• <i>NSW Aboriginal Mental Health and Well Being Policy</i></li> <li>• <i>NSW Multicultural Mental Health Plan</i></li> <li>• <i>Service Plan for Specialist</i></li> </ul>	✓	✓	✓	✓	✓	NSW Health/ all relevant agencies

## Outcome 2.1 Improved individual resilience and wellbeing

### How will we know?

- ✓ Proportion of adults with high or very high levels of distress

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		<p><i>Mental Health Services for Older People</i></p> <ul style="list-style-type: none"> <li>• <i>Families NSW Supporting Families Early Package</i></li> <li>• <i>NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health Services 2010-2015</i></li> </ul>						
		Continue to develop and implement SAFE START	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement the Children of Parents with Mental Illness (COPMI) program	✓	✓	✓	✓	✓	NSW Health
iii. Provide support to professions that have a key role in suicide prevention or trauma response, to safeguard mental health and wellbeing, enhance service delivery, improve staff retention	i. Develop and build on current partnerships across government and non government agencies and with key professions (including health professionals, law enforcement officers, emergency services personnel, education and social service professionals) to offer targeted education and training, including understanding mental illness, suicide risk awareness and management, and	Provide training and support in the workplace through the Mental Health First Aid (MHFA) Training, including specialised MHFA training for professions which play a key role in suicide prevention or response	✓	✓	✓	✓	✓	All relevant agencies
		Continue to implement the "Understanding Mental Health and Well Being Training Package" to health and community staff working with older people	✓	✓	✓	✓	✓	NSW Health (SSWAHS)

## Outcome 2.1 Improved individual resilience and wellbeing

### How will we know?

- ✓ Proportion of adults with high or very high levels of distress

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
and minimise the likelihood of suicide	support for staff.	Support the ongoing implementation and delivery of the Suicide Prevention for Older People training	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement the State Mental Health Access Line	✓	✓	✓	✓	✓	NSW Health
		Continue to provide support to police officers such as the Employee Assistance program, Peer Support program and Well Check program	✓	✓	✓	✓	✓	NSW Police Force
		Continue Ambulance Services NSW workplace initiatives to provide ongoing support to workers, including the Employee Assistance program, Peer Support program and Stress Management training	✓	✓	✓	✓	✓	NSW Health (Ambulance Service)
		Undertake research to investigate the various management techniques and coping mechanisms used by on-road paramedic to manage the demands of their jobs	✓	✓	✓	✓	✓	NSW Health (Ambulance Service)
		Explore levels of emotional and psychological wellbeing and job satisfaction among on-road paramedics	✓	✓	✓	✓	✓	NSW Health (Ambulance Service)

## Outcome 2.1 Improved individual resilience and wellbeing

### How will we know?

- ✓ Proportion of adults with high or very high levels of distress

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		Continue the Critical Incident and Peer Support Program to support frontline departmental staff dealing with affected stakeholders	✓	✓	✓	✓	✓	Industry and Investment NSW
		Continue implementation of the At Risk Strategy in all NSW correctional centres to support co-operation between custodial, non-custodial and Justice Health staff	✓	✓	✓	✓	✓	DCS/ Justice Health
iv. Foster environments where it is acceptable to express emotions (anxiety, stress, sadness, grief) without a fear of stigmatisation	i. Connect to and align with other frameworks and initiatives that work to enhance social and emotional wellbeing, and equip people with the skills to express and understand emotions.	Continue to implement Elderly Suicide Prevention Network (ESPN)	✓	✓	✓	✓	✓	NSW Health
		Continue to implement screening and referral to psychologists and counsellors at Juvenile Justice Centres	✓	✓	✓	✓	✓	DHS (DJJ)
	ii. Continue to develop and implement programs that raise awareness of suicide prevention and people at risk, encourage help seeking behaviour and challenge the stigma associated with suicide	Continue to develop and implement specialists mental health services for older people (SMHSOP)	✓	✓	✓	✓	✓	NSW Health
		Promote expansion of the 'Postcards from the Edge' intervention across NSW Area Health Services	✓					NSW Health

## Outcome 2.1 Improved individual resilience and wellbeing

How will we know?

✓ Proportion of adults with high or very high levels of distress

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
	iii. Provide whole of community guidelines for dealing with and discussing suicide and attempted suicide within families, schools, workplaces and communities	Develop whole of government, whole of community guidelines for dealing with and discussing suicide	✓	✓				NSW Health
		Work with emergency services agencies to develop appropriate guidelines for dealing with and discussing suicide within the emergency services workforce	✓	✓				NSW Health/ other relevant agencies

## Outcome 2.2 An environment that encourages and supports help seeking

### How will we know?

- ✓ Rate of students who sought help when feeling unhappy, sad or depressed

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop and promote programs that raise awareness of the importance of social and emotional wellbeing, mental disorders and suicide prevention	i. Connect to existing community networks, and in particular those that provide support to high risk groups, building suicide awareness and understanding into their programs	Scope new initiatives such as working with ACON to develop a strategy to address risk amongst GLBT people			✓	✓	✓	NSW Health
	ii. Use school, workplace and community settings to deliver programs that identify and encourage discussion of positive mental health to support help seeking.	Continue to develop and implement Koori outreach options for learning	✓	✓	✓	✓	✓	DET
		Continue to develop and implement Supporting Students in the HSC years	✓	✓	✓	✓	✓	DET
		Continue to develop and implement School and TAFE counselling programs	✓	✓	✓	✓	✓	DET
iii. Use multimedia resources, new technology and innovative settings to promote mental health and resilience and continue to raise awareness of depression and suicide.	Conduct a social marketing campaign targeting common disorders (eg anxiety)	✓	✓				NSW Health	
ii. Develop and promote programs to enhance help seeking behaviour among high risk groups and in	i. Continue to develop and implement programs targeting high risk groups, such as young people, men (in particular rural men), Aboriginal people, GLBT communities, and people from	Continue to develop and distribute resources in mental health and drugs and alcohol and health promotion for TAFE students and staff	✓	✓	✓	✓	✓	DET (TAFE NSW)

## Outcome 2.2 An environment that encourages and supports help seeking

### How will we know?

- ✓ Rate of students who sought help when feeling unhappy, sad or depressed

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
people that are known to be least likely to seek help	some culturally and linguistically diverse communities, partnering with existing programs for these groups, where appropriate							
		Continue to develop and implement the Aboriginal Mental Health Trainee initiative.	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement the Drought Mental Health Assistance Package in rural communities	✓	✓	✓	✓	✓	NSW Health
		Continue to implement the NSW Police Force Self Harm Advisory panel to advise on effective strategies to prevent self harm by member of the NSW Police Force	✓	✓	✓	✓	✓	NSW Police Force
		Continue to provide services such as counselling, information and support through Victims of Crime and Family and Friends of Missing Persons units, where appropriate	✓	✓	✓	✓	✓	DJAG (Victims Services)
	ii. Connect to and align with help seeking mechanisms and approaches established through other frameworks, such as the <i>NSW Aboriginal Mental Health and Wellbeing Policy</i> and the <i>NSW Multicultural Mental Health Plan</i>	Connect and align with help seeking mechanisms established through the <i>NSW Aboriginal Mental Health and Well Being Policy</i> , the <i>NSW Multicultural Mental Health Plan</i> and <i>Men's Health Plan</i> frameworks.	✓	✓	✓	✓	✓	NSW Health/ Relevant agencies

## Outcome 2.2 An environment that encourages and supports help seeking

### How will we know?

- ✓ Rate of students who sought help when feeling unhappy, sad or depressed

Objective	Action	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
iii. Work to destigmatise conditions that contribute to suicide risk with a view to encouraging help seeking behaviour	i. Improve links across government agencies and community groups to improve awareness of and understanding about risk factors for suicide, including mental illness, homelessness, and financial hardship, and provide pathways to appropriate services	Distribution of information under the Homelessness Action Plan about risk factors for homelessness and available services	✓	✓	✓	✓	✓	All relevant agencies
		Promote Victims Services to at risk groups, where appropriate, and further develop initiatives to improve capacity to identify and support clients at risk	✓	✓	✓	✓	✓	DJAG

## Strategic direction 3:

### Improving community awareness, strength, resilience and capacity in suicide prevention

#### Outcome 3.1: Improved community strength and resilience

##### How will we know?

- ✓ Number of well-being focused Community Drug Action Team events
- ✓ Rate of participation in the arts, sport and recreation

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Raise awareness of the characteristics of healthy and resilient communities and support their development.	i. Develop partnerships with key community stakeholders and networks and work collaboratively to raise awareness of the characteristics of healthy and resilient communities, including increased linkages between good mental health and physical health, and with a particular focus on at risk groups	Continue to implement the Schools as Community Centres program	✓	✓	✓	✓	✓	DET
		Expand community based initiatives, such as the Community Drug Action Teams to promote local 'wellness' activities	✓	✓	✓	✓	✓	NSW Health
	ii. Continue to develop and implement programs across life stages and at risk groups that encourage and build healthy and resilient communities, reduce social isolation, and maintain social and family engagement and cultural identity	Continue initiatives through the education system that provide support at transitions points, such as School Link	✓	✓	✓	✓	✓	NSW Health/DET
		Continue to increase awareness of the mental health benefits of keeping physically active and encourage regular participation in sport and recreation, including the use of local sporting role models	✓	✓	✓	✓	✓	Communities NSW
ii. Use mentoring and leadership development programs to promote the development and	i. Continue to resource and support local community groups to run skill development building workshops and activities to build social cohesion and cultural awareness	Liaise with community governance bodies in Two Ways Together Partnership Communities to keep them informed of activities underway. Where appropriate specific activities to be included in	✓	✓	✓	✓	✓	DHS (DAA)

### Outcome 3.1: Improved community strength and resilience

#### How will we know?

- ✓ Number of well-being focused Community Drug Action Team events
- ✓ Rate of participation in the arts, sport and recreation

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
sharing of good practice in local communities.		the Community Action Plans.						
	ii. Establish annual whole of government and whole of community showcases for innovative approaches to suicide prevention and resilience building	Annual Showcase of Innovation (first showcase scheduled for 7 September 2010)	✓	✓	✓	✓	✓	NSW Health
iii. Develop and promote strategies that enable and support groups within local communities to work together on suicide prevention.	i. Use existing suicide prevention networks, community networks and new e-technologies, to link various community health and non health professions and specialists together to share skills and knowledge, and provide improved coordination of responses and local pathways to care	Establishment of a “Communities of Practice” Framework to be considered at first showcase of innovation on 7 September 2010.	✓	✓				NSW Health

## Outcome 3.2: Increased community awareness of what is needed to prevent suicide

### How will we know?

- ✓ Release of community suicide prevention resources

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Educate communities to identify and respond to warning signs, tipping points and imminent risk factors associated with suicide.	i. Continue to develop and implement programs that raise awareness of suicide prevention and at risk people, encourage help seeking behaviour and challenge stigmas associated with suicide	Continue to develop and implement the School-Link program	✓	✓	✓	✓	✓	NSW Health/DET
	ii. Conduct a social marketing campaign to raise awareness of suicide prevention and people at risk, encourage help seeking behaviour and challenge the stigma associated with suicide	Conduct a social marketing campaign targeting common disorders (eg anxiety)	✓	✓				NSW Health
		Development of multimedia resources to target young people and provide support and information for those affected by a suicide/attempt	✓	✓				NSW Health
ii. Work with mainstream and multilingual media to improve community understanding of suicide and suicide prevention and encourage responsible coverage of these issues.	i. Provide whole of government, whole of community culturally appropriate guidelines for dealing with and discussing suicide and attempted suicide with families, schools, workplaces and communities	Develop whole of government, whole of community guidelines for dealing with and discussing suicide	✓	✓				NSW Health
iii. Reduce the stigma and myths surrounding suicide by actively	i. Develop and build partnerships across government agencies, the education system, and community and business groups to encourage	Continue to implement initiatives delivered through the education system such as understanding mental health discussion as part of	✓	✓	✓	✓	✓	DET

## Outcome 3.2: Increased community awareness of what is needed to prevent suicide

### How will we know?

- ✓ Release of community suicide prevention resources

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
communicating the range and complexity of factors that contribute to suicidal behaviours.	active communication of factors that contribute to suicidal behaviour through mental health education	the Personal Development, Health and Physical Education syllabus						
iv. Develop and promote strategies that enable organisations to work together to reduce risk factors and strengthen protective factors in individuals and communities.	i. Continue to implement and champion the work of suicide prevention networks and other community groups, and develop and promote strategies that reduce risk factors and strengthen protective factors in individuals and communities	Continue the implementation of the Elderly Suicide Prevention Network (ESPN)	✓	✓	✓	✓	✓	NSW Health
		Continue to work in partnership with suicide prevention networks (eg Central Coast Suicide Safety Network) and other community groups	✓	✓	✓	✓	✓	NSW Health (NSCCAHS)
		Develop a Memorandum of Understanding between Police and Aboriginal Community Justice Groups to determine roles, responsibilities and working partnerships as required	✓	✓	✓	✓	✓	NSW Police
	ii. Connect to existing community networks and in particular those that provide support to high risk groups, as environments for discussion and raising awareness	Continue to support Older People's Mental Health Suicide Prevention/Mental Health Promotion workers in AHSS	✓	✓	✓	✓	✓	NSW Health

## Outcome 3.2: Increased community awareness of what is needed to prevent suicide

### How will we know?

- ✓ Release of community suicide prevention resources

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		Utilise the Transcultural Mental Health Service and Multicultural Health Communication Service to assist in raising mental health awareness amongst cultural groups	✓	✓	✓	✓	✓	NSW Health/ CRC
		Continue to work with relevant partners in the Farm-Link to support agricultural workers access appropriate information and support when needed	✓	✓	✓	✓	✓	NSW Health/ relevant partners
		Continue to support the role of Senior Psychologists in Community Offender Services in supporting offenders to access services in the community	✓	✓	✓	✓	✓	DJAG (DCS)
		Continue to develop and supports accords with Centrelink to reduce delays in the provision of benefits for eligible offenders, and with Housing to reduce the risk of homelessness for offenders	✓	✓	✓	✓	✓	DJAG (DCS)
		Continue to implement Community Offender Services Programs that provide short term accommodation and interventions for parolees with mental health problems	✓	✓	✓	✓	✓	DJAG (DCS)

### Outcome 3.3: Improved capability to respond at potential tipping points and points of imminent risk

#### How will we know?

- ✓ Number of people who have received workforce mental health awareness training

Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Enable locally based networks and cooperative partnerships to respond effectively to traumatic incidents or significant changes in local circumstances (eg drought, industry closures).	i. Continue to implement initiatives that enhance community awareness of and capacity to respond to traumatic incidents and significant changes in local circumstances, including identifying emerging needs, improving early intervention strategies and pathways to care, reducing stigma and strengthening the role of General Practitioners in networks and services	Continue to implement The Drought Support Worker Program for rural communities	✓	✓	✓	✓	✓	Industry and Investment NSW
ii. Develop materials and provide locally based support to assist staff and volunteers in organisations such as pubs, clubs, cultural and religious centres and recreational and sporting groups, to identify potential suicidal behaviour and to respond effectively.	i. Connect to existing community and suicide prevention networks to promote new pathways to discussion and awareness raising, including through the promotion of appropriate skills training	Expand community based initiatives, such as the Community Drug Action Teams to promote local 'wellness' activities	✓	✓	✓	✓	✓	NSW Health

### Outcome 3.3: Improved capability to respond at potential tipping points and points of imminent risk

#### How will we know?

- ✓ Number of people who have received workforce mental health awareness training

Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
iii. Expand and resource the capacity of schools, workplaces and other relevant settings, to identify and support those at risk.	i. Continue to develop and implement risk assessment frameworks to identify and provide pathways to care and support for those at risk across a variety of community settings, including through education, health, emergency, social, criminal justice, corrective and other relevant services	Continue to implement programs in the corrective service system that identifies and supports those at risk including Mental Health Screening Units, Acute Crisis Management Units and the state-wide Personality and Behaviours Unit.	✓	✓	✓	✓	✓	DJAG (DCS)
		Continue to implement a professional development resource focusing on mental health and risk of suicide to assist TAFE institutes to respond to staff and students with mental health issues	✓	✓	✓	✓	✓	DET (TAFE)
		Promote utilisation of Suicide Prevention for Older People training manual across agencies and community groups	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement shared care approaches through School-Link	✓	✓	✓	✓	✓	NSW Health/DET
	iii.ii Work across government agencies and community groups to improve understanding about risk factors and pathways to care	Disseminate the Aboriginal Mental Health First Aid Guidelines for 'Suicidal Thoughts and Behaviours and Deliberate Self Injury' resource	✓					NSW Health (GWAHS)
		Continue to promote post-release service options for at risk offenders	✓	✓	✓	✓	✓	DJAG (DCS and PG)

**Outcome 3.3: Improved capability to respond at potential tipping points and points of imminent risk**

**How will we know?**

- ✓ Number of people who have received workforce mental health awareness training

Objectives	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
iv. Use the media and other strategies to raise awareness of the risk factors, warning signs and tipping points for suicide.	iv.i Provide whole of government, whole of community guidelines for dealing with and discussing suicide and attempted suicide within families, schools, workplaces and communities	Develop whole of government, whole of community guidelines for dealing with and discussing suicide	✓	✓				NSW Health

## Strategic direction 4:

### Taking a coordinated approach to suicide prevention

#### Outcome 4.1: Local services linking effectively so that people experience a seamless service

##### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Encourage and promote integrated, cross functional, cross agency solutions to locally based suicide prevention activities.	i. Use existing suicide prevention networks, community networks and new e-technologies, to link various community health and non health professions and specialists together to share skills and knowledge, and provide improve coordination of responses and local pathways to care	Establishment of a “Communities of Practice” Framework to be considered at first showcase of innovation on 7 September 2010	✓	✓				NSW Health
		Implement a ADHC/Health MOU to improve coordination of responses and pathways to care	✓	✓	✓	✓	✓	DHS (ADHC)/ NSW Health
ii. Continue to support and promote pathways to care to enable people to access services and inform and improve service responses.	ii. Develop and build on partnerships across government agencies and with key professions at a local level, including through the use of common language across fields, memorandums of understanding, awareness training and the use of diagnosis and referral tools to increase service access and effectiveness	Implement a ADHC/Health MOU to improve coordination of responses and pathways to care	✓	✓	✓	✓	✓	DHS (ADHC)/ NSW Health
		Continue to support service agreements and accords, including post-release integrated service options for at risk offenders	✓	✓	✓	✓	✓	DJAG (DCS)
		Continue to implement objectives in the NSW Police Force Aboriginal Strategic Direction 2007-2011 to improve communication between police and Aboriginal people	✓	✓	✓	✓	✓	NSW Police
		Continue to develop and implement the SAFE START program	✓	✓	✓	✓	✓	NSW Health

## Outcome 4.1: Local services linking effectively so that people experience a seamless service

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		Continue to develop and implement the Families NSW Supporting Families Early Package	✓	✓	✓	✓	✓	NSW Health/DHS (Community Services)
	ii. Continue to roll out new ways to access specialised emergency mental health services at a local level for general health workers, to improve immediate handling of people at risk	Continue to implement the Statewide 24 hour Mental Health Access Line	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement Psychiatric Emergency Care Centres	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement the Rural Mental Health Emergency Care Program	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement the Community Mental Health Emergency Care Program	✓	✓	✓	✓	✓	NSW Health
		Negotiate and implement a Housing and Mental Health Agreement between key government agencies	✓	✓	✓	✓	✓	DHS (Housing NSW)
iii. Develop and promote client centred, shared case management approaches to suicide prevention in local	i. Continue to develop and implement cross agency client centred initiatives, including improved assessment practices with a particular focus on at risk groups	Continue to implement the Housing, Accommodation and Support Initiative	✓	✓	✓	✓	✓	NSW Health

## Outcome 4.1: Local services linking effectively so that people experience a seamless service

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
communities.								
iv. Strengthen the capacity for families, schools, workplaces, pubs, clubs and sports, recreational and social groups to identify quickly and respond effectively to indicators of potential suicidal behaviour.	i. Work across government agencies and community groups to improve understanding about risk factors and pathways to care	Continue Ambulance Services NSW workplace initiatives to provide ongoing support to workers, including the Employee Assistance program, Peer Support program and Stress Management training	✓	✓	✓	✓	✓	NSW Health (Ambulance Service NSW)
		Continue to develop and implement the Triple P Parenting Program	✓	✓	✓	✓	✓	Relevant agencies
	ii. Continue to develop and implement early childhood and school based programs that promote resilience and support children and young people to help reduce suicide risk	Continue to develop and implement Aboriginal Maternal and Infant Services	✓	✓	✓	✓	✓	NSW Health
	iii. Conduct a social marketing campaign to raise awareness of suicide prevention and people at risk, encourage help seeking behaviour and challenge the stigma associated with suicide	Conduct a social marketing campaign targeting common disorders (eg anxiety)	✓	✓				NSW Health

## Outcome 4.1: Local services linking effectively so that people experience a seamless service

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
	iv. Provide whole of government, whole of community culturally appropriate guidelines for dealing with and discussing suicide and attempted suicide within families, schools, workplaces and communities	Develop whole of government, whole of community culturally appropriate guidelines for dealing with and discussing suicide	✓	✓				NSW Health
	v. Develop and build partnerships across government agencies, the education system, and community and business groups to encourage active communication of factors that contribute to suicidal behaviour through mental health education	Utilise the Transcultural Mental Health Service and Multicultural Health Communication Service to assist in raising mental health awareness amongst cultural groups	✓	✓	✓	✓	✓	NSW Health
	vi. Continue to implement initiatives to enhance community awareness of and capacity to respond to traumatic incidents and significant changes in local circumstances, including identifying emerging needs, improve early intervention strategies and pathways to care, reducing stigma and strengthening the role of General Practitioners in networks and services	Continue to implement the Youth Mental Health Services model	✓	✓	✓	✓	✓	NSW Health

## Outcome 4.1: Local services linking effectively so that people experience a seamless service

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
v. Develop practical tools for information sharing, including shared service agreements, dealing with privacy and confidentiality requirements and barriers, developing local data and outcome measures, and joint service/client protocols.	i. Continue to develop and implement cross government service agreements to improve identification of people at risk and facilitate pathways to care	Develop a common assessment tool for services working with homeless people to identify their support and accommodation requirements and risk factors	✓	✓	✓	✓	✓	DHS (Housing NSW)
	ii. Promote and support joint care plans, case conference and collaborative working arrangements, including sharing of risk assessment and care plans	Work with the Common Approach to Assessment Referral and Support (CAARS) Taskforce, under the auspice of the National Child Protection Framework, in developing common assessment approaches	✓	✓	✓	✓	✓	DHS (Community Services) / All relevant agencies
vi. Promote and support linkages between community based and clinical initiatives in suicide prevention.	i. Continue to develop and implement risk assessment frameworks to identify and provide pathways to care and support for those at risk across a variety of community settings, including through education, health, emergency, social, criminal justice, corrective and other relevant services	Develop and implement a future ADHC/Health MOU to facilitate greater coordination of services to increase access and effectiveness	✓	✓	✓	✓	✓	DHS (ADHC)/ NSW Health

### Outcome 4.1: Local services linking effectively so that people experience a seamless service

#### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
	ii. Use existing suicide prevention networks, community networks and new e-technologies, including the development of, to link various community health and non health professions and specialists together to share skills and knowledge, and provide improved coordination of responses and local pathways to car	Establishment of a “Communities of Practice” Framework to be considered at first showcase of innovation on 7 September 2010	✓	✓				NSW Health

### Outcome 4.2: Program and policy coordination and cooperation, through partnerships between governments, government agencies, peak and professional bodies and non government organisations

#### How will we know?

- ✓ Number of ‘hits’ on suicide prevention resources website, by access to general and subscribed-professional areas
- ✓ Number of referrals to the Employee Assistance Program

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop cross government mechanisms to improve the integration of health, housing,	i. Develop and promote innovative new cross government responses to issues affecting at risk groups, including training for relevant workers to identify risk factors, improved pathways to care, and	Consolidate joint case management within Juvenile Justice Centres and Justice Health Community Integration Teams for high risk detainees leaving Juvenile Justice’s custody	✓	✓	✓	✓	✓	NSW Health (Justice Health)/ DHS (DJJ)

**Outcome 4.2: Program and policy coordination and cooperation, through partnerships between governments, government agencies, peak and professional bodies and non government organisations**

**How will we know?**

- ✓ Number of 'hits' on suicide prevention resources website, by access to general and subscribed-professional areas
- ✓ Number of referrals to the Employee Assistance Program

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
community, justice, employment and other policy and programs, for better suicide prevention.	cross agency collaboration, focused in particular on at risk groups, including those experiencing significant change in their lives	Continue the Work and Development Order (WDO) two year pilot scheme to support at risk groups to mitigate debt of fines owed to the State Debt Recovery Office by accessing treatment and other relevant support services in lieu of paying debts, thereby reducing financial and emotional stress and connecting with appropriate services	✓					DJAG/SDRO
ii. Support and improve linkages and cooperation between governments, academic institutions, non government organisations (NGOs), peak and professional bodies, to support information sharing and reduce duplication of effort.	i. Use existing suicide prevention networks, community networks and e-technologies, to link various community health and non health professions and specialists together to share skills and knowledge, and provide improved coordination of responses and local pathways to care	Establishment of a "Communities of Practice" Framework to be considered at first showcase of innovation on 7 September 2010	✓	✓				NSW Health
iii. Design and implement resources and	i. Continue to implement appropriate risk management training and guidance for relevant staff across	Continue to implement the Framework for Suicide Risk Assessment and Management for	✓	✓	✓	✓	✓	NSW Health

**Outcome 4.2: Program and policy coordination and cooperation, through partnerships between governments, government agencies, peak and professional bodies and non government organisations**

**How will we know?**

- ✓ Number of 'hits' on suicide prevention resources website, by access to general and subscribed-professional areas
- ✓ Number of referrals to the Employee Assistance Program

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
tools (eg shared care guidelines, protocols and evaluation tools for professionals, multidisciplinary teams and service providers) to support coordinated community service provision.	the health system, and within other relevant human services agencies, including adapted assessment tools for particular needs, such as youth services, other health services and social services	NSW Health staff						
iv. Address the information needs of different professional and community groups concerned with suicide prevention.	i. Use existing suicide prevention networks, community networks and new e-technologies, to link various community health and non health professions and specialists together to share skills and knowledge, and provide improved coordination of responses and local pathways to care	Establishment of a "Communities of Practice" Framework to be considered at first showcase of innovation on 7 September 2010	✓	✓				NSW Health

## Outcome 4.3: Regionally integrated approaches

### How will we know?

- ✓ Establishment of the whole of community Suicide Prevention Advisory Committee

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Actively engage local government in suicide prevention.	i. Work with local councils in the development and implementation of their Community Strategic Plans and Delivery Programs to incorporate the approach of, and actions under the Suicide Prevention Strategy wherever possible	Provide web based advice about suicide prevention to local councils	✓	✓				DPC (Div of Local Government)
ii. Strengthen local capacity, particularly in rural, remote and regional areas by supporting sharing of practice and experience across agencies involved in community and emergency services.	i. Continue to implement initiatives to enhance local community capacity in rural areas, including by using existing suicide prevention networks, community networks and new e-technologies, and identifying emerging needs, improving early intervention strategies and pathways to care, reducing stigma and strengthening the role of General Practitioners in networks and services	Expand community based initiatives, such as the Community Drug Action Teams to promote local 'wellness' activities	✓	✓	✓	✓	✓	NSW Health
		Continue to work with relevant partners in the Farm-Link to support agricultural workers access appropriate information and support when needed	✓	✓	✓	✓	✓	NSW Health/ relevant partners
iii. Develop shared service agreements, local data and service metrics, joint service protocols and joint client assessments.	i. Work across government agencies to deliver appropriate responses to local issues, including locally relevant risk factors, hotspots, and access to means of suicide	Continue to develop and implement a cross government initiative to reduce the risk and incidence of suicide on the rail system	✓	✓	✓	✓	✓	NSW Health/ Transport NSW (RailCorp)

**Outcome 4.4 Streamline NSW Health, Ambulance Service of NSW and NSW Police responses to suicide attempts and suicide**

**How will we know?**

- ✓ NSW Suicide Prevention Strategy reflected in the reviewed Memorandum of Understanding for Mental Health Emergency response
- ✓ NSW Suicide Prevention Strategy be added as a standing agenda item for the NSW Inter Departmental Committee for Mental Health

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Work through the NSW Inter Departmental Committee for Mental Health to improve NSW Health, Ambulance Service of NSW and NSW Police response to emergency mental health events	i. Reflect the NSW Suicide Prevention Strategy in the reviewed Memorandum of Understanding – Mental Health Emergency response	Review Memorandum of Understanding – Mental Health Emergency response to reflect the NSW Suicide Prevention Strategy	✓	✓				NSW Health/ relevant agencies
	ii. Include the NSW Suicide Prevention Strategy as a standing agenda item for the NSW Inter Departmental Committee for Mental Health	Review NSW Inter Departmental Committee for Mental Health to include NSW Suicide Prevention Strategy as standing agenda item	✓	✓	✓	✓	✓	NSW Health/ relevant agencies

## Strategic direction 5:

### Providing targeted suicide prevention activities

#### Outcome 5.1: Improved responsiveness to hotspots and environmental factors

##### How will we know?

- ✓ Cross-government consultation on action to be taken on access to means of suicide and environmental factors

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop mechanisms for early identification of, and responses to suicide hotspots and environmental factors	i. Develop protocols across government agencies and relevant organisations for the identification of, and development of appropriate responses to suicide hotspots and emerging environmental factors, including through consultative agreements and incident reviews	Develop a cross government initiative to reduce the risk and incidence of suicide on the rail system, including cross agency consultation protocols to improve early identification of, and responses to means of suicide	✓	✓	✓	✓	✓	Transport NSW (RailCorp)/NSW Health
		Develop a cross agency initiative to scope a shared approach to manage the risk of suicide at high risk locations	✓	✓				NSW Health/ other relevant agencies
	ii. Provide whole of government, whole of community guidelines for dealing with and discussing suicide and attempted suicide within families, schools, workplaces and communities	Develop whole of government, whole of community guidelines for dealing with and discussing suicide and attempted suicide	✓	✓				NSW Health
ii. Develop strategies and services to address hotspots and environmental factors.	i. Work across government agencies and relevant organisations to develop appropriate responses and pathways to care, particularly for at risk groups, for those at transition points in life, and in situations where access to means of suicide is increased	Develop a cross government initiative to reduce the risk and incidence of suicide on the rail system, including cross agency consultation protocols to improve early identification of, and responses to means of suicide	✓	✓	✓	✓	✓	Transport NSW (RailCorp)/NSW Health

## Outcome 5.2: Improved access to a range of support and care for people feeling suicidal

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs
- ✓ Rate of students who sought help when feeling unhappy, sad, or depressed

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Contribute to the development of and promotion of innovative programs to reach those in high risk populations who traditionally do not access health services.	i. Continue to develop and implement programs targeting high risk groups who traditionally do not access health services, including linking with other programs and community settings, and by developing partnerships with organisations in contact with those populations	Continue to develop and implement Health/Community Services partnerships in place for children in out of home care	✓	✓	✓	✓	✓	NSW Health/DHS (Community Services)
		Continue the Work and Development Order (WDO) two year pilot scheme to support at risk groups to mitigate debt of fines owed to the State Debt Recovery Office by accessing treatment and other relevant support services in lieu of paying debts, thereby reducing financial and emotional stress and connecting with appropriate services	✓					DJAG/SDRO
		Promote Victims Services to at risk groups, where appropriate, and further develop initiatives to improve capacity to identify and support clients at risk	✓	✓	✓	✓	✓	DJAG
		Continue to assist in increasing the participation of at risk groups in sport and recreation	✓	✓	✓	✓	✓	Communities NSW

## Outcome 5.2: Improved access to a range of support and care for people feeling suicidal

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs
- ✓ Rate of students who sought help when feeling unhappy, sad, or depressed

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		Continue to implement the 'Mate helping Mate' program for farmers and other drought initiatives targeting at risk groups	✓	✓	✓	✓	✓	Industry and Investment NSW
		Continue to deliver innovative partnership programs such as the SPLASH program for Aboriginal young people to improve awareness of and attitudes to suicide prevention	✓	✓	✓	✓	✓	NSW Health (GSAHS, GP Division, Aboriginal Medical Service)
ii. Make services highly visible and approachable.	i. Connect to existing community networks, and in particular those that provide support to high risk groups, to improve pathways to help and provide ongoing support	Implement programs for at risk groups transitioning to community settings	✓	✓	✓	✓	✓	DJAG
		Implement the Justice Health Community Integration Teams for high risk detainees leaving Juvenile Justice's custody.	✓	✓	✓	✓	✓	NSW Health (Justice Health)/ DHS (DJJ)
		Utilise the Transcultural Mental Health Service and Multicultural Health Communication Service to assist in raising mental health awareness amongst cultural groups	✓	✓	✓	✓	✓	NSW Health

## Outcome 5.2: Improved access to a range of support and care for people feeling suicidal

### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs
- ✓ Rate of students who sought help when feeling unhappy, sad, or depressed

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
iii. Support people with mental illness and related problems who are at risk of suicide.	i. Use evidence based intervention across a range of settings to identify people with mental illness and related problems who are at risk of suicide as early as possible	Continue initiatives that support clinicians and other front line workers to respond to people at high risk of suicide, including the Framework for Suicide Risk Assessment and Management for NSW Health staff, Youth Mental Health Service Model and Elderly suicide prevention workers.	✓	✓	✓	✓	✓	NSW Health
	ii. Work across government to facilitate greater coordination of services, to increase service access and effectiveness, and help people with a mental illness improve their quality of life and participate in community, increasing resilience and avoiding the risk of readmission to inpatient care	Implement additional initiatives such as Mental Health First Aid training (MHFA) for non mental health specialists	✓	✓	✓	✓	✓	All relevant agencies
iv. Improve bereavement counselling and support services for people affected by suicide.	i. Continue to distribute resources to support those affected by suicide, including information on dealing with grief and loss, contact numbers for community support groups and information on what happens after a suicide death	Develop and implement the Aboriginal Workforce Training (Grief and Loss component) Program.	✓	✓				NSW Health
		New postvention guidelines for clinicians to guide better responses to bereaved families and communities	✓					NSW Health

### Outcome 5.2: Improved access to a range of support and care for people feeling suicidal

#### How will we know?

- ✓ Number of referrals to mental health and drug and alcohol services from GPs and other community programs
- ✓ Rate of students who sought help when feeling unhappy, sad, or depressed

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
		NSW Police Force will continue to provide referral information to appropriate counselling services for family of a death related to suicide or where the death is reported to the Coroner	✓	✓	✓	✓	✓	NSW Police
	ii. Work across government to provide appropriate bereavement counselling and support services in communities which may be particularly affected by suicide, including schools, workplaces, families and among Aboriginal communities	Continue Ambulance Services NSW program that provide ongoing support to workers, including the Employee Assistance program, Peer Support program and Stress Management training.	✓	✓	✓	✓	✓	NSW Health (Ambulance Service NSW)

### Outcome 5.3: Systemic, long term, structural interventions in areas of greatest need

#### How will we know?

- ✓ Annual whole of government and whole of community showcases for innovative approaches to suicide prevention and resilience building

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Identify communities in which suicide and suicidal behaviour is prevalent, and proactively develop	i. Continue to implement initiatives to enhance local community capacity in at risk areas, including rural areas and Aboriginal communities, identifying emerging needs, improving early intervention	Support NSW Aboriginal Health and Aboriginal Community Controlled Health Service staff to attend the Aboriginal Mental Health First Aid course.	✓	✓	✓	✓	✓	NSW Health (GWAHS)

### Outcome 5.3: Systemic, long term, structural interventions in areas of greatest need

#### How will we know?

✓ Annual whole of government and whole of community showcases for innovative approaches to suicide prevention and resilience building

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
strategies and services that address the underlying causes and contributing factors.	strategies and pathways to care, reducing stigma and strengthening the role of General Practitioners in networks and services	Development of multimedia resources to target young people and provide support and information for those affected by a suicide/attempt	✓	✓				NSW Health
	ii. Work across government agencies to share knowledge and build resilience and opportunity among at risk groups, including through education and training, and community networks	Work with agencies to progress ideas from 'Showcase of Innovation' forum and 'Frontline emergency workers' forum (to be held in September 2010)	✓	✓	✓	✓	✓	NSW Health
ii. Provide and resource mentoring and support for high risk groups and communities, to enable them to undertake effective suicide prevention activities.	i. Develop resources and support structures for at risk groups, including through community networks and self help programs	Continue to deliver TAFE NSW qualifications in mental health and drug and alcohol	✓	✓	✓	✓	✓	DET (TAFE NSW)
		Host Frontline workers emergency services forum	✓					NSW Health

## Outcome 5.4: Reduced incidence of suicide and suicidal behaviour in the groups of highest risk

### How will we know?

- ✓ Annually published data on suicide rates in NSW on an age and geographical basis, and amongst high risk groups where statistically measurable

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Support interventions for groups identified as high risk. This includes men aged 20-54 and over 75, men in Aboriginal and Torres Strait Islander communities, people with a mental illness, people with substance use problems, people in contact with the justice system, people who attempt suicide, people in rural and remote communities, gay and lesbian communities, some culturally and linguistically diverse communities and people bereaved by suicide.	i. Continue to develop and implement cross agency client centred initiatives, including improved assessment practices with a particular focus on at risk groups	Work with agencies to ensure that protective frameworks/plans incorporate suicide as a risk factor and include strategies and responses to suicide risk.	✓	✓	✓	✓	✓	All agencies
		Continue to screen persons brought into police custody for suicide risk, including recording information of people who are in custody for the first time, people who identify as Aboriginal, intoxicated people, people using medication, people with mental health issues and people with a record of suicide attempts	✓	✓	✓	✓	✓	NSW Police
		Continue to deliver innovative partnership programs such as the SPLASH program for Aboriginal young people to improve awareness of and attitudes to suicide prevention	✓	✓	✓	✓	✓	NSW Health (GSAHS, GP Division, Aboriginal Medical Service)
	ii. Work across the community with non government organisations to develop and promote specific suicide prevention programs for at risk groups	Promote the 'Postcards from the Edge' initiative targeting those at risk and building connectedness	✓					NSW Health

## Outcome 5.4: Reduced incidence of suicide and suicidal behaviour in the groups of highest risk

### How will we know?

- ✓ Annually published data on suicide rates in NSW on an age and geographical basis, and amongst high risk groups where statistically measurable

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
ii. Develop effective and sustainable interventions for groups and communities where suicidal behaviours are prevalent, by encouraging ownership and active involvement.	i. Continue to implement and champion the work of suicide prevention networks and other community groups to develop and promote strategies that reduce risk factors and strengthen protective factors in individuals and communities	Expand community based initiatives, such as the Community Drug Action Teams to promote local 'wellness' activities	✓	✓	✓	✓	✓	NSW Health
iii. Develop and promote mental health and wellbeing programs in occupational groups whose members are subject to frequent traumatic events (e.g. Police, Emergency Services).	i. Develop and build on current partnerships across government and non government agencies and with key professions (including health professionals, law enforcement officers, emergency services personnel, education and social service professionals) to offer targeted education and training, including understanding mental illness, suicide risk awareness and management, and support for staff	Continue to implement the Critical Incident and peer Support program to provide immediate one on one response to front line staff dealing with people at risk	✓	✓	✓	✓	✓	Industry and Investment NSW
		Host Frontline workers emergency services forum	✓					NSW Health
		Continue Ambulance Services NSW workplace initiatives to provide ongoing support to workers, including the Employee Assistance program, Peer Support program and Stress Management training	✓	✓	✓	✓	✓	NSW Health (Ambulance Service NSW)
	ii. Continue to provide immediate response, support and counselling services across relevant government agencies, including Police, Emergency Services and	Continue to provide support to police officers such as the Employee Assistance program, Peer Support program and Well Check program	✓	✓	✓	✓	✓	NSW Police

## Outcome 5.4: Reduced incidence of suicide and suicidal behaviour in the groups of highest risk

### How will we know?

- ✓ Annually published data on suicide rates in NSW on an age and geographical basis, and amongst high risk groups where statistically measurable

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
	Correctional Services	Develop and implement psychological screening assessments as part of triennial health assessment of paramedics within Ambulance Services NSW	✓	✓	✓	✓	✓	NSW Health (Ambulance Service NSW)
		Continue to implement referral of those at risk to the Forensic & Mental Health psychologist (FMHP) for support and case management advice. Availability of FMH psychologist to be expanded to Western NSW	✓	✓	✓	✓	✓	DHS (DJJ)
iv. Provide support to the caring professions to minimise the likelihood of suicide amongst carers and clinical professionals.		i. Continue to provide and strengthen clinical support and employee assistance for clinical professionals and those providing mental health services in other relevant settings	Continue to implement programs in the corrective services system that identify and support staff at risk	✓	✓	✓	✓	✓
		Improve the early identification of employees at risk through the provision of Mental Health First Aid Training or equivalent to managers in the Ambulance Service	✓	✓	✓	✓	✓	NSW Health (Ambulance Service NSW)

## Outcome 5.4: Reduced incidence of suicide and suicidal behaviour in the groups of highest risk

### How will we know?

- ✓ Annually published data on suicide rates in NSW on an age and geographical basis, and amongst high risk groups where statistically measurable

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
	ii. Provide funding to non government organisations and Area Mental Health Services for the education, support and participation of families and carers, to improve outcomes for people with a mental illness and improve the wellbeing of families and carers, including improved health and quality of life, reduced distress and isolation, improved family relationships, and greater access to services	Continue to implement the Family and Carer Mental Health Program	✓	✓	✓	✓	✓	NSW Health
		Align with the <i>NSW Carers Action Plan 2007-2012</i> to enhance care of the individual and utilise knowledge and expertise of family/carers to support individual care	✓	✓	✓	✓	✓	All relevant agencies
	iii. NSWPF officers provide referral information to the Coroner's counselling services when managing family at a completed suicide	Follow up with Coroner's Court about their provision of bereavement counselling services to families affected by suicide	✓	✓	✓	✓	✓	NSW Police

## Outcome 5.5: Improved understanding, skills and capacity of front line workers, families and carers

### How will we know?

- ✓ Number of people who have received workforce mental health awareness training

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Improve procedures for the immediate management of suicide.	i. Work across government agencies and community groups to improve the understanding, skills and capacity of front line workers, including clinical professionals, Emergency Services, and families and carers to respond to suicide, including improved pathways to care and support	Implement new initiatives to provide training and support in the workplace through the Mental Health First Aid (MHFA) Training, including specialised MHFA training for professions which play a key role in suicide prevention or response	✓	✓	✓	✓	✓	All relevant agencies
		Continue to implement programs in the corrective service system that identifies and supports those at risk including Mental Health Screening Units, Acute Crisis Management Units and the state-wide Personality and Behaviours Unit	✓	✓	✓	✓	✓	DJAG (DCS)
		Establish Aboriginal support groups to assist Aboriginal people taken into custody	✓	✓	✓	✓	✓	NSW Police
	ii. Regularly review practice following Root Cause Analysis to identify, respond and improve procedures	Agencies to implement existing policies	✓	✓	✓	✓	✓	All agencies
ii. Implement guidelines and support tools to improve the understanding and skills of front line workers who routinely interact	i. Continue to implement relevant guidelines and training for front line workers (including clinical staff, Emergency Services, and those working with other high risk groups) to identify and manage suicide risk and facilitate pathways to appropriate care	Continue to implement initiatives to provide training and support in the workplace through the Mental Health First Aid (MHFA) Training, including specialised MHFA training for professions which play a key role in suicide prevention or response	✓	✓	✓	✓	✓	All relevant agencies

## Outcome 5.5: Improved understanding, skills and capacity of front line workers, families and carers

### How will we know?

- ✓ Number of people who have received workforce mental health awareness training

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
with high risk groups, to identify and respond rapidly to suicide warning signs, tipping points and imminent risk factors.		Promote the 'Cultural competence in working with suicidality and interpersonal trauma' learning resource through AHSs and other relevant sectors	✓	✓	✓	✓	✓	NSW Health
iii. Provide education and information for consumers and carers involved with at risk individuals and groups to enable them to identify and respond rapidly to suicidal behaviour.	i. Provide funding to non government organisations and Area Mental Health Services for the education, support and participation of families and carers, to improve outcomes for people with a mental illness and improve the wellbeing of families and carers, including improved health and quality of life, reduced distress and isolation, improved family relationships, and greater access to services	Continue to implement the Family and Carer Mental Health Program	✓	✓	✓	✓	✓	NSW Health
iv. Develop and resource discharge planning, clinical handover and transition to community care and support that recognises the increased risk to individuals at and after discharge.	i. Work across government agencies to facilitate greater coordination of services at transition points, including intensive case management for high need individuals where appropriate	Work with government agencies to establish linkages based on the NSW Health 'Standard Principles and Procedures for Transfer of care from Inpatient Health Services'	✓	✓	✓	✓	✓	NSW Health
		Continue to develop and implement through-care initiatives to support offenders released from correctional centres	✓	✓	✓	✓	✓	DJAG (DCS)

## Outcome 5.5: Improved understanding, skills and capacity of front line workers, families and carers

### How will we know?

- ✓ Number of people who have received workforce mental health awareness training

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
v. Educate and inform professionals, service providers, families and community organisations in the provision of safe and secure care environments for people at risk.	i. Connect to existing professional and community networks, and in particular those that provide support to high risk groups, building suicide awareness and understanding into their programs, including targeted education and training, understanding mental illness, suicide risk awareness and management, and support for staff, where appropriate	Review police related content in the <i>NSW Aboriginal Mental Health Policy</i>	✓	✓	✓	✓	✓	NSW Police
		Continue to implement the Drought Support Worker Program to support farmers, farming families, rural business and communities to deal with impacts of drought	✓	✓	✓	✓	✓	Industry and Investment NSW
vi. Provide access to training programs at undergraduate, post graduate and vocational levels. Wherever possible, these should be multidisciplinary and cross agency.	i. Develop and build on current partnerships across government and non government agencies and with key professions (including health professionals, law enforcement officers, emergency service personnel, education and social service professionals) to offer targeted education and training, including understanding mental illness, suicide risk awareness and management, and support for staff	Continue to deliver TAFE NSW qualifications in mental health and drug and alcohol	✓	✓	✓	✓	✓	DET (TAFE NSW)
		Continue to deliver Mental Health Intervention Team training to 10% of NSW Police Force staff by 2015	✓	✓	✓	✓	✓	NSW Police
		Continue to implement training in Mental Health First Aid and support the development of short refresher and e-learning versions of such to assist trained staff to maintain a competence	✓	✓	✓	✓	✓	DJAG (DCS)
		Implement specialist training and support initiatives for Community Services casework staff to increase knowledge and skills around mental health and awareness of referral pathways.	✓	✓	✓	✓	✓	DHS (Community Services)

## Strategic direction 6:

### Implementing standards and quality in suicide prevention

#### Outcome 6.1: Improved practice, standards and shared learning

##### How will we know?

- ✓ Annual whole of government and whole of community showcases for innovative approaches to suicide prevention and resilience building

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Promote national standards specific to suicide prevention.	i. Establish a whole of community advisory committee to provide advice on the development and implementation of suicide prevention policies and programs	Establish and implement whole of community suicide prevention advisory committee	✓	✓	✓	✓	✓	NSW Health
ii. Disseminate evidence to underpin practice.	i. Use existing suicide prevention network, community networks and new e-technologies, to link various community health and non health professions and specialists together to share skills and knowledge, and disseminate evidence	Develop Communities of Practice web portal	✓	✓				NSW Health
		Continue funding for University Chair in Intellectual Disability Mental Health	✓	✓	✓	✓	✓	DHS (ADHC)
iii. Identify the skills and training required to work effectively in suicide prevention.	i. Implement regular assessment for health staff against suicide risk assessment and management competencies	Assessment of NSW Health staff in implementing the NSW Suicide Risk Assessment and Management for NSW Health staff policy	✓	✓				NSW Health

## Outcome 6.2: Improved capabilities and promotion of sound practice in evaluation

### How will we know?

- ✓ Publication of an evaluation framework for the Suicide Prevention Strategy

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Promote systematic evaluation of suicide prevention initiatives.	i. Review suicide risk assessment and management policy, and the implementation of the guidelines across NSW Health	Ongoing review of suspected suicides and homicides involving mental health patients through the Critical Incident Review Committee	✓	✓	✓	✓	✓	NSW Health
ii. Promote the role of evaluation and research in expanding the evidence base of suicide prevention and assist in continuously improving practices.	i. Use networks across government agencies, non government organisations, academic and community networks, and through e-technologies, to promote evaluation methods and results and communicate new approaches to suicide prevention	Link to networks to analyse, promote and disseminate best practice in suicide prevention, including through the Senior Officers Group on Mental Health, Mental Health Priority Taskforce and local Suicide prevention networks	✓	✓	✓	✓	✓	All relevant agencies
		Develop Communities of Practice web portal	✓	✓				NSW Health
iii. Develop and promote robust and accountable evaluation models and processes.	i. Evaluate the Strategy, linked to key performance indicators, to provide the basis for future suicide prevention strategies in NSW	Commission and publish an independent evaluation of the Strategy linked to key performance indicators			✓	✓	✓	NSW Health

iv. Improve the capacity to undertake sound evaluations	i. Regularly review activities under the Suicide Prevention Implementation Plan based on indicators of effectiveness, programs quality and efficiency, and quantity, to assist in maintaining a current and effective Plan, and build a future evidence base for suicide prevention strategies	Annual reporting on implementation of the Suicide Prevention Strategy	✓	✓	✓	✓	✓	NSW Health
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**Outcome 6.3 Systematic improvements in the quality, quantity, access and response to information about suicide prevention programs and services**

**How will we know?**  
 ✓ Establishment of whole of community Suicide Prevention Advisory Committee

Objective	Actions	Activities	Timeframe					Lead Agency
			2010/11	2011/12	2012/13	2013/14	2014/15	
i. Develop and maintain timely, robust and transparent reporting systems to ensure that information on suicide programs is available.	i. Review implementation of the Strategy quarterly through cross government meetings of the Senior Officers' Group on Mental Health	Quarterly reporting on implementation of the Suicide Prevention Strategy	✓	✓	✓	✓	✓	NSW Health
	ii. Report to Cabinet annually on the implementation of the Strategy through progress reports to the justice and Human Services Chief Executive Officers' Cluster and the Minister Assisting the Minister for Health (Mental Health)	Annual reporting on implementation of the Suicide Prevention Strategy	✓	✓	✓	✓	✓	NSW Health
	iii. Report to the Australian Health Minister' Conference annually on progress against each of the Strategic Directions, with this information ultimately reported to COAG	Annual reporting on implementation of the Suicide Prevention Strategy	✓	✓	✓	✓	✓	NSW Health