

Tasmanian **Suicide Prevention** Strategy

2023 – 2027

Compassion
and
Connection

Mental Health, Alcohol and Drug Directorate
Department of Health



Help is available

Talking and reading about suicide can be distressing. If you're worried about how you're feeling and need help, please use the below services to access support. If life is in danger, call **Triple Zero (000)**. You can also talk to a counselling service, or employee assistance provider (EAP).

Tasmanian Support Services

A Tasmanian Lifeline

1800 98 44 34

Phone counselling service for psychological distress. 8am to 8pm.

www.lifelinetasmania.org.au

Mental Health Families & Friends Tasmania

03 6228 7448

Phone support and referral for families and friends supporting someone with their mental ill health.

9am-5pm weekdays.

www.mhfamiliesfriends.org.au

Access Mental Health

1800 332 388

Tasmanian phone service for mental health support, triage and referrals.

9am to 10pm 7 days.

National Support Services

Lifeline

13 11 14

24/7 phone and online counselling for Australians experiencing emotional distress.

www.lifeline.org.au

StandBy Support After Suicide

1300 727 247

24/7 suicide prevention counselling service.

www.standbysupport.com.au

Suicide Call Back Service

1300 659 467

24/7 phone counselling service for people at risk, concerned about someone at risk, or bereaved by suicide.

www.suicidecallbackservice.org.au

MensLine Australia

1800 789 978

24/7 National phone support and online counselling for men.

www.mensline.org.au

13YARN

13 92 76

24/7 phone support for Aboriginal and Torres Strait Islander people.

www.13yarn.org.au

QLife

1800 184 527

Phone and webchat LGBTI peer support for people wanting to talk about a range of issues. 3pm to 12am, 7 days.

www qlife.au/resources/chat

Open Arms – Veterans & Families

Counselling

1800 011 046

24/7 face-to-face, phone and online counselling.

www.openarms.gov.au/get-support/counselling

Beyond Blue

1300 22 4636

24/7 phone support & online chat service.

www.beyondblue.org.au

Kids Helpline

1800 55 1800

24/7 phone support and online counselling for young people aged 5 to 25.

www.kidshelpline.com.au

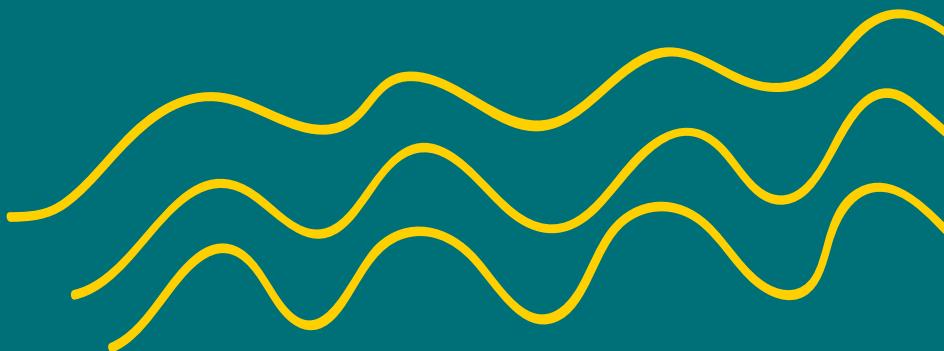
Headspace

24/7 online counselling for young people aged 12 to 25.

www.headspace.org.au



**'What this person
did was to 'see'
me. It made
an enormous
difference.'**



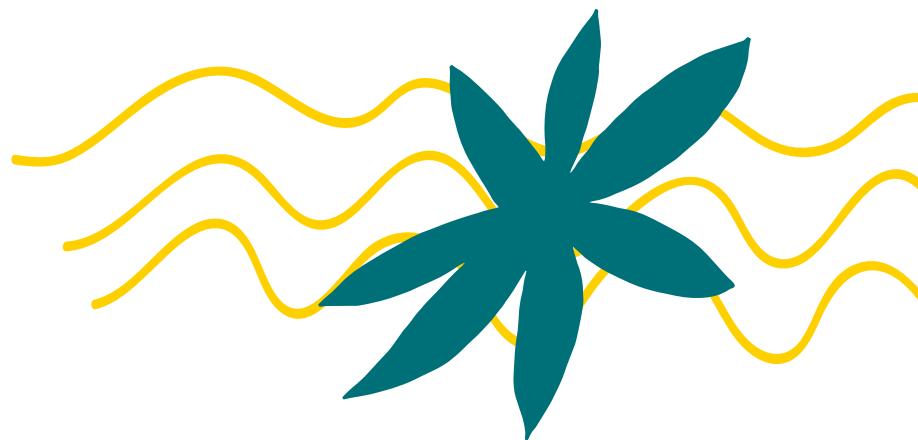


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Acknowledgement

We acknowledge Tasmanian Aboriginal people as the traditional and continuing custodians of the Land, Sea, Waterways and Sky of Tasmania and pay respect to Elders past and present.

We acknowledge all people in Tasmania who have a lived experience of suicide, including those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal distress and/or been bereaved by suicide. Their knowledge is essential in the design and delivery of suicide prevention in Tasmania, and they have provided critical input into this strategy.

Thank you to the many organisations, service providers and community members in Tasmania who shared their experiences and expertise to help shape this strategy. This includes the Tasmanian Suicide Prevention Committee and the Tasmanian Suicide Prevention Community Network as well as individuals and organisations representing the unique needs of communities in Tasmania. The strategy was developed by a cross-sector working group in Tasmania with the support of an advisory group and Everymind.

We look forward to working with all agencies and all people who care about and want to contribute to suicide prevention in Tasmania to deliver this third Tasmanian Suicide Prevention Strategy.

A message from the Premier

The impact of suicide is personal and deeply felt, affecting almost every Tasmanian and their community at some point in time.

Elevating suicide prevention along with mental health to a Premier's priority makes clear our Tasmanian Government's commitment to improving the wellbeing of all Tasmanians.

The pain and isolation that people experience when they are living with suicidal distress, or affected as a family member or friend, can only be countered by working together to build a more compassionate and more connected community where people get the support they need, when they need it.

To do this, we must bring together all levels of government, all agencies, and all people across the Tasmanian community. Suicide prevention as a Premier's priority will allow us to do this. It provides an opportunity for better collaboration, a more connected approach, and greater accountability.

I would like to thank our lived experience contributors for their personal and insightful opening words. This reinforces the fundamental value in ensuring that our policies, programs, and supports are informed by people who have first-hand knowledge of suicide and suicidal distress. Their expertise through lived experience will drive positive system change.

I give my deepest thanks to the hundreds of people from all corners of Tasmania who have contributed to the development of this strategy. I also thank the strategy's Project Control Group for their guidance and leadership. It is your collective knowledge and experience which has shaped the strategy and it is your willingness to work together that will ensure that all Tasmanians feel safe and supported, connected to care, with hope for the future.

I also acknowledge the contributions of the Tasmanian Suicide Prevention Committee (TSPC). The TSPC was established in 1993 and its members have worked tirelessly in their efforts to increase suicide literacy in Tasmania, to better understand suicide data, and to support a population health approach to suicide prevention. Your efforts, along with those of the Tasmanian Suicide Prevention Community Network, will ensure that the new Premier's Mental Health and Suicide Prevention Advisory Council has a solid foundation from which to extend suicide prevention efforts across the community, the service system and government.

We will continue to work closely with Primary Health Tasmania, our Rethink 2020 partners, and we welcome new partners as we work together to implement actions over the next five years. There is an opportunity for every person, every community, every school, every workplace and every service to play a role. We can all take action to support and understand each other, to be kind to each other, to reach out to others in times of distress, and to connect people to the support that will work best for them.

We developed this strategy together, we will act together, and we will make a difference together.



Jeremy Rockliff MP
Premier
Minister for Mental Health and Wellbeing

A message from Tasmanians with lived experience

We, as a group, were invited to contribute to this document from a lived experience perspective. This is the first time a lived experience foreword has been included in a Tasmanian suicide prevention strategy. We were asked to think about what compassion and connection means to us. This is something that we are grateful to have had the opportunity to do and we share the following personal insights that we hope will help add a human context to the strategy.

Everyone can experience suicidal distress and suicidality at any time and for so many different reasons. It can be short-term or lifelong. It can come and go. Whatever the circumstances, the way our community supports those of us experiencing distress must adapt and change to meet the demands of our ever-changing world. The key to this is perhaps to really see the person and understand the uniqueness of our situation or experience.

Every individual, every community, every service can show compassion. When we're experiencing a crisis, it is so hard having to retell our story but it's just as hard sometimes to find the words to tell people what is happening in our minds. Every time we feel unheard, unseen or ignored, it diminishes us, and we feel like we are a commodity, not a person. **People need to truly be seen.**

People need to reach in when a person can't reach out. Connecting with people can be as simple as asking someone, 'how are you going?' or making eye contact at a reception desk. Some people won't or can't reach out for help, and this is where a community becomes important. Support from within a community, whether it is a sporting club or a local community organisation, is critical to the ongoing care for people dealing with suicidal distress and suicidality. But our communities need more support.

Support and education for family and friends has to continue after the person receiving care leaves a service. Our family and friends are often the first to notice signs of distress. Often, we, as family and friends, don't know what to do or where to go for help. We need continuing support, both for our own self-care, but also in learning how we can best care for those we love.

Barriers need to be removed or minimised. Not being able to get an appointment for weeks or even months ahead; not having the money to go to the doctor; having to meet criteria before you can access a service; having low literacy; in particular, little health literacy; having to travel distances to get help – these are some of the many barriers we face in finding a way to survive. We need to be able to access services at the right time and that meet our needs. **Not everyone needs to go to a hospital but where else do you go?**

For a long time, there has been stigma around suicide and some people have a fear of talking about it, especially with children. We need to talk to our children and young people about preventing suicide and give them the tools to help them cope and adapt as they grow.

The workplace can be difficult for people in distress. Outdated attitudes can all contribute to an isolating environment that may put people at risk. Employers who create safe and compassionate workplaces with training and support available for workers will benefit from having a positive workforce.

Having an authentic lived experience voice involved in all suicide prevention activities is vital. It will ensure we have meaningful change around how we deal with this complex issue. We need frank and honest discussions that lead to effective actions to reduce suicide in our communities – because **if you feel lonelier in the service, then what is the point of the strategy?**

Angela, Lindsay, Mark, and Rahnee



'When I first became unwell, people used to cross the street to avoid speaking to me. Now they cross to talk to me. Social stigma prevents help getting to the right people.'

Our language matters

The language we use is important as it can have various meanings for different people. It can empower people, engage audiences and encourage action. It can also alienate, stigmatise and harm.

We acknowledge in developing this strategy that individuals make sense of their experiences in different ways and will have their own preferences about language. We have made every effort to use inclusive and respectful language, but we are aware that the terms we have used may not fully describe the lived experience of suicide for all people.

Some clinical language can be distressing to people and the use of overly technical language can exclude people with lived experience and the broader community. Given the diverse audience for this strategy, we have attempted to use plain English throughout. We have also described key terms within the document or included them in the list of definitions in the Appendix.

<p>People with lived experience bring unique knowledge and expertise to our suicide prevention work in Tasmania. When we refer to lived experience of suicide, we mean:</p> <ul style="list-style-type: none">- any person who has experienced (or is currently experiencing) suicidal thoughts or has lived through a suicide attempt- any person who has cared for someone else who is experiencing suicidal distress- any person who has been bereaved by suicide.	
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Using safe and inclusive language is helpful

Issue	Problematic	Preferred	
Presenting a suicide as a desired outcome	'successful suicide' 'unsuccessful suicide'	✗	'died by suicide' 'took their own life'
Associating suicide with crime or sin	'committed suicide' 'commit suicide'	✗	'took their own life' 'died by suicide'
Sensationalising suicide	'suicide epidemic'	✗	'increasing rates' 'higher rates'
Language glamourising a suicide attempt	'failed suicide bid' 'suicide bid'	✗	'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term 'suicide'	'political suicide' 'suicide mission'	✗	don't use the term 'suicide' out of context



Key resource

Tasmanian Communications Charter
- speaking for suicide prevention (tascharter.org)

Our strategy on a page

Our vision

A compassionate and connected community working together to prevent suicide in Tasmania



The change we want to see:

Reduced suicides
Reduced suicide attempts
Improved wellbeing

Across the whole population, regardless of age, gender, location, place of employment or cultural identity

We will deliver our vision through our five priorities

- 1 Enabling collective action to prevent the onset of suicidal behaviour and respond early to distress
- 2 Delivering compassionate and connected services that meet people's needs
- 3 Empowering our people and communities to lead suicide prevention action
- 4 Developing a skilled, supported and sustained workforce in Tasmania
- 5 Enhancing whole-of-government mechanisms to coordinate our approach

We will be guided by our principles

- Embedding lived experience knowledge in the design, delivery and evaluation of our work
- Empowering communities to plan and coordinate actions that meet specific needs
- Ensuring that compassion and connection are central to our approach
- Taking a strengths-based approach that builds on Tasmanian knowledge and resources
- Broadening our approach beyond health services to reach more people
- Using data and evidence to guide our work

We will facilitate action through our enablers

- Elevating mental health and suicide prevention to a Premier's priority in Tasmania
- Enhancing governance arrangements to enable an accountable and coordinated approach
- Developing and reporting publicly on implementation plans
- Taking a continuous improvement and robust monitoring and evaluation approach

What people can expect

Reduced suicides and suicide attempts	Through the delivery of the Tasmanian Suicide Prevention Strategy (the strategy), we want to see a sustained reduction in suicide deaths which will, in turn, reduce the impact felt across our communities. We also want to see a significant and sustained reduction in suicide attempts. This means a shift towards prevention and early intervention across settings to ensure we are not waiting for someone to experience a suicidal crisis before support is provided.
Improved wellbeing	We want to see improvements in wellbeing for individuals and communities by drawing together actions within the strategy, along with other related strategies, so that people feel connected and that their life matters. We recognise that wellbeing will mean different things to different people and that a focus on increasing protective factors and providing the right types of support will be required.
A focus on the whole population	Our approach seeks to ensure improvements are experienced across the whole population as well as across all genders, ages, regions, cultures and workplaces in Tasmania. This also includes improvements for people with lived experience of suicide. We will need to improve the timeliness and specificity of our data to track our progress.

How we will get there

What we will do	We will implement evidence-based actions that have an equal focus on preventing the onset of suicidal behaviour (Priority 1) and ensuring compassionate and connected supports are available for all those who need them (Priority 2).
Who we will work with	We will take action to empower people with lived experience of suicide and our communities across Tasmania to lead suicide prevention action (Priority 3) and focus on developing and supporting our workforces (Priority 4).
How we will get there	We will build a more coordinated and more accountable system for suicide prevention in Tasmania, drawing together the skills and capabilities of all agencies, services and partners, with the best available data and evidence (Priority 5).

Our approach in Tasmania

This is the third Tasmanian Suicide Prevention Strategy. Our approach builds on past work and brings together our people, communities, services, and governments.

The strategy outlines our plan for reducing suicides and suicide attempts and for increasing wellbeing across our population. We recognise that suicide is not inevitable and effective suicide prevention requires an equal focus on preventing the onset of suicidal distress while also ensuring that all people experiencing or impacted by suicidal behaviour receive the supports that they need when they need them.

This will require a whole-of-community, whole-of-service-system and whole-of-government response. That is why we consulted with more than 600 community members and key stakeholders to inform the development of this strategy and first implementation plan.

Who we heard from

Between June and October 2022, we heard from people across Tasmania about what suicide prevention means to them and the preventive actions they want to see. We listened to:



Tasmanians with a lived experience of suicide

People with personal experience of suicidal distress and suicide attempts, those who have provided care and support to friends and family, and people bereaved by suicide.

Our workforce and other thought leaders

People working and/or volunteering across our health and community-based services and programs. This included those working to deliver prevention, early intervention, aftercare and postvention programs, as well as academics and policy advisers.

Communities and population groups

People contributing to community suicide prevention networks, as well as individuals and organisations that spoke to the specific needs of Tasmanian Aboriginal people, LGBTIQ+ people, people from culturally and linguistically diverse backgrounds, Australian Defence Force personnel and veterans, adult and older men, and young people.



What we heard

The people of Tasmania, and other stakeholders, shared their knowledge and experiences via an online survey, social media feedback, thought-leader interviews, community-based workshops, and feedback on a consultation draft of the document. Six key recommendations emerged.

	Prevent and respond early to distress	We need to focus on prevention and early intervention across all settings, including actions to increase protective factors and reduce distress.
	Enhance the services we provide	We need a full range of connected services, programs and support that are affordable and accessible for all people across Tasmania.
	Compassion is key to our approach	We need a compassionate approach across all settings so that when people reach out for support, they are listened to without judgement.
	Strengthen our communities	We need our communities to be empowered to plan and respond to suicide and its impacts. This includes tailored responses to meet specific community needs.
	Build and support our workforce	We need our suicide prevention responses to focus on developing, growing and supporting our workforce so people in distress receive person-centred care.
	Improve the way we implement and evaluate	We need effective implementation, ongoing evaluation and quality improvement processes to help us know and understand what works and for whom.

What we did

We drew together the key themes from our consultations with data from Tasmania and the results of an evidence and policy review to develop a draft strategy. The draft strategy was released for public consultations and was further refined – setting the priorities and actions included in the third strategy. There was consistent support through evidence, data, and consultations for a multifaceted approach that focused on prevention, intervening early, more compassionate support and with an investment in our people, our communities, our workforces and our data.

Where we have been and where we are going

This strategy has been developed to build on our previous approach and draw together the best available evidence with the strengths and resources of the Tasmanian community. It connects with national and state reforms in mental health and suicide prevention to deliver a coordinated response that brings together all agencies, services, and communities. It represents a joint approach across our government agencies, our primary health network, our agencies and services and our community networks.

Tasmania's Suicide Prevention Strategy 2010–2014

The first strategic framework and action plan had a focus on establishing sound governance arrangements for suicide prevention in Tasmania and on building community capacity.

The Tasmanian Suicide Prevention Committee and the Tasmanian Suicide Prevention Community Network contributed significantly to the delivery of this strategy.

Tasmanian Suicide Prevention Strategy 2016–2020 (extended to 2022)

Extensive consultation was conducted to develop a second strategy for Tasmania that was released in combination with a Youth Suicide Prevention Plan and a Suicide Prevention Workforce Development and Training Plan. This strategy focused on creating a more coordinated and responsive support system, empowering young people and families, building the workforce and implementing public health approaches. The Tasmanian Suicide Register was established at this time and education and training was delivered across Tasmanian workforces. Primary Health Tasmania (Tasmania's primary health network) was established in 2016 and contributed significantly to regional suicide prevention approaches and the development of new service models. Primary Health Tasmania implemented the Tasmanian component of the National Suicide Prevention Trial in 2017.

Tasmanian Suicide Prevention Strategy 2023–2027

This third strategy builds on and extends previous work to enable a whole-of-community, whole-of-service-system and whole-of-government approach in Tasmania. This strategy was developed following the most extensive consultation process ever undertaken in Tasmania, setting a new focus for coordinated action while building on our current approach. It takes into consideration the new national arrangements for suicide prevention, including the critical role of Primary Health Tasmania. The third strategy will be supported by more detailed implementation plans, with Implementation Plan 1 (January 2023–June 2024) to be released in early 2023.



Building on our current work and strong foundations

There has been significant work to progress coordinated suicide prevention across the period of the second Tasmanian Suicide Prevention Strategy. This includes:

- building the capacity of communities to implement suicide prevention action plans, including ongoing operation of the Tasmanian Suicide Prevention Community Network
- establishing the Tasmanian Suicide Register to ensure access to a detailed dataset informing suicide prevention policy, planning and research
- supporting communities to understand and safely talk about suicide through the development of the Tasmanian Communications Charter and training programs
- reviewing and installing suicide prevention measures at locations known as places where people have died by suicide and developing whole-of-government communication protocols
- rolling out the Connecting with People suicide mitigation approach to more than 1,000 people in priority workforces and groups to support effective and compassionate care
- establishing aftercare services for people who have experienced suicidal distress and/or survived a suicide attempt
- advancing the development of a peer workforce in Tasmania
- planning, delivering and evaluating regional system-based approaches to suicide prevention across three communities in Tasmania as part of the National Suicide Prevention Trial
- delivering early intervention programs for people in remote and rural parts of the state, as well as people from culturally and linguistically diverse backgrounds
- ongoing development of an integrated response to people in suicidal distress through the Tasmanian Mental Health Reform Program, including designing new models of care – this approach has led to initiatives such as PACER (Police, Ambulance and Clinician Early Response), Mental Health Hospital in the Home, Safe Havens for people experiencing suicidal distress, and Mental Health Integration Hubs.

**'Compassion is
the verb or action
of empathy.'**

What we know about suicide and suicide prevention

Suicidal behaviour is deeply personal and distressing and can emerge because of a range of factors that have occurred in a person's life. We need to take a comprehensive approach and support people early.

Drawing on our data

In the past 10 years, more than 800 people in Tasmania have died by suicide.¹ Many more people either attempt suicide, live with suicidal thoughts, or are impacted as a family member or friend. Drawing on recent national data,² we know that suicidal behaviour will affect almost every Tasmanian family, setting and community at some point.

16.7%	of people have had serious thoughts about suicide
7.7%	of people have made a suicide plan
4.8%	of people have attempted suicide
38%	of people have been close to someone who attempted suicide or died by suicide

Data drawn from the Tasmanian Suicide Register³ for the period 2012–2018 provide details about people who have died by suicide and some of their experiences. It shows that many people accessed a range of services, both within and beyond the health sector, providing an opportunity to extend our approach.

78%	were male	59%	lived outside Hobart
65%	were not in a relationship at the time of death	23%	lived in Tasmania's most disadvantaged areas
64%	had at least one previous diagnosis of a mental illness	47%	accessed mental health care in the six weeks prior to their death
55%	lived with alcohol or substance use issues	36%	had alcohol in their system at the time of death
48%	had contact with police, courts or corrections in their lifetime	36%	were employed, 16% unemployed, 19% retired/pensioner and 19% unable to work
55%	were separated from a partner	48%	had experienced abuse or violence
38%	were isolated (physical/social)	35%	experienced financial stress

Our understanding of factors associated with suicidal behaviour in Tasmania must deepen over time through data collected regularly from ambulance services, hospitals, government and non-government services and a range of other agencies such as education, employment, housing, and justice.



**'Compassion is
the one thing that
can help to fill
the hole that has
been left, while still
remembering and
loving the person
who has gone.'**

Understanding suicidal behaviour

Suicidal thinking can occur at any time that someone's experiences and circumstances combine in a way that makes them feel shamed, disconnected, or hopeless about the future. The factors that contribute to suicidal distress can be social, personal, financial or arise from other stressors in a person's life. They can also vary between people and within an individual over time. Some of the factors that can contribute to suicidal behaviour across the life span are summarised below.⁴

Children	Many risks can emerge in childhood, including sexual, verbal, psychological and physical abuse, and exposure to family violence. Some children experience trauma during migration and/or are impacted by bereavement.
Young people	Adolescence and early adulthood are often a time of first onset of mental health and alcohol and other drug issues. Young people can also experience study and work stresses, and challenges with family and peer-based relationships.
Adults	Adults experiencing suicidal distress may experience a change in their mental health and/or alcohol and other drug use and/or significant life stressors such as relationship breakdown, family violence, legal and child custody issues, workplace stresses, injury or illness, unemployment and financial distress.
Older people	High rates of suicide occur among older men; however, risk factors can be quite different and often include limitations on daily functioning due to illness, disability or chronic pain, social isolation, grief and bereavement.
Transitions and points of disconnection	Suicide risk can increase during key transitions or points of disconnection, including: <ul style="list-style-type: none">- disengagement and transition from school, TAFE or university- change in work status due to unemployment, illness or injury- divorce or a change in family structure- discharge from hospital following a suicide attempt- discharge from the Australian Defence Force- release from a correctional facility.
Other population risk factors	A range of other risk factors have been identified, including: <ul style="list-style-type: none">- intergenerational trauma- cultural taboos about suicide- stigma, homophobia and transphobia, racism- disadvantage, inequality and poverty- ineffective treatment for mental illness, alcohol and other drug issues or prior suicidal behaviour- access to means of suicide or information online- exposure to suicide of family/peers or through media.
Transition from thoughts to behaviour	There can be distinct factors that transition someone from thinking about suicide to acting on suicidal thoughts. These include: <ul style="list-style-type: none">- a prior suicide attempt and/or history of self-harm- increased alcohol and other drug use- history of physical abuse or violence- exposure to suicidal behaviour of others (including through the media)- risk-taking or impulsive behaviour- occupational exposure to death or physical pain- access to lethal means and/or knowledge of suicide methods.

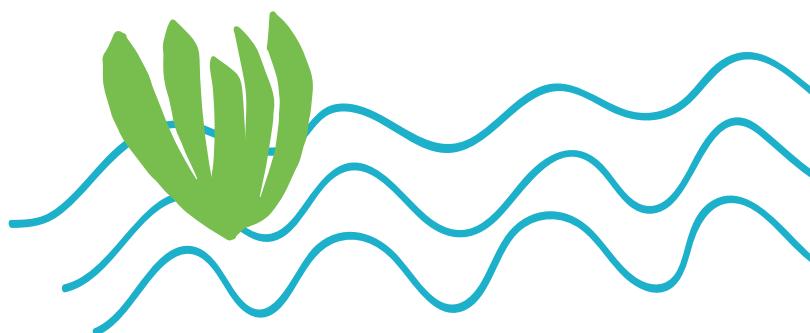
A framework for suicide prevention

Given the complexity of factors that can contribute to suicidal behaviour, the most common approach to suicide prevention planning is to ensure a range of complementary initiatives are implemented. These initiatives target the whole community and those at increased risk of, and those impacted by, suicidal behaviour. The priorities outlined in this strategy have been designed to build on actions in Tasmania across the domains of wellbeing and prevention (Priority 1), intervention and postvention (Priority 2) and the critical enablers for success (Priorities 3 and 4).

Stream	WELLBEING	PREVENTION
Domain	Promotion of wellbeing	Preventing the onset of suicidal behaviour
Population	Whole population, groups in the community or individuals	Whole population, groups or individuals with higher risk
Definition	Interventions to enhance social, emotional, economic and spiritual wellbeing and quality of life, for whole populations and people with lived experience	Interventions focusing on reducing risk factors and enhancing protective factors in whole communities (universal interventions) or groups known to be at increased risk (selective interventions)
Example activities	Addressing social determinants such as housing and financial security, education and employment Addressing trauma Building resilience in early childhood and families Reducing isolation Mentally healthy schools, workplaces and sports clubs Reducing inequalities and discrimination	Reducing population risk factors Community education about suicide Reducing access to means Safe media reporting and communication Programs to empower, support and build skills in groups at higher risk Responding early to distress Targeted interventions at points of vulnerability (e.g. relationship breakdown, job loss, release from prison) Interventions for communities facing adversity Interventions for at-risk workforces
Enablers	Lived experience leadership; connected and supported communities with localised planning and delivery; a compassionate and skilled workforce across all services and agencies; data and evidence to inform planning and delivery of suicide prevention actions; coordinated whole-of-government response	

Adapted from Everymind (2015) Prevention First: A Framework for Suicide Prevention

INTERVENTION	POSTVENTION
Intervening early and effectively to reduce suicide	Lowering the impact of suicide
Individuals experiencing suicidal distress or who have attempted suicide	Individuals and communities affected by suicide
Evidence-based and compassionate support for individuals showing early signs of suicidal distress (indicated interventions) and interventions to lower the severity of a suicidal crisis and following a suicide attempt (aftercare)	Interventions focusing on supporting individuals, families and communities affected by a suicide death
Immediate and effective services for people experiencing a suicidal crisis, along with their family, friends and caregivers Improved care coordination for those accessing multiple agencies and services Improved access to safe spaces and alternatives to emergency departments Routine aftercare with non-clinical and clinical supports Collaborative safety planning Access to peer-to-peer supports Supports for families and other caregivers	Universal and proactive responses for those impacted and bereaved by suicide Critical postvention response plans and services for schools, workplaces and communities Improved data to identify and respond to potential clusters of suicidal behaviour Reducing stigma and discrimination



Working together

Suicide prevention is a responsibility that is shared by all agencies, services, workforces, and all people across Tasmania. Working together, listening to each other and building on our strengths is key.

Lived experience leadership

People with lived experience are key partners in the delivery of the strategy and will be at the centre of everything we do in Tasmania to prevent and respond to suicidal behaviour. This is the only way to ensure that the improvements we are making together are delivering on the connected and compassionate approach that people have asked for.

Genuine inclusion means bringing in the collective voices of people with lived experience to all stages of planning, delivering and evaluating actions under the strategy. We need to engage and listen to people, include people in decision-making processes and commit to co-design and co-production of new services and initiatives.

It is important that we provide opportunities for people with a diversity of experiences – people who have lived or are living with suicidal thoughts, people who have attempted suicide, family and friends, as well as people bereaved by suicide. We must also consider diversity across our state and include Tasmanian Aboriginal people, men, young people, older people, LGBTIQ+ people and people from culturally and linguistically diverse backgrounds.

Keeping people at the centre of what we plan and deliver

Our people and communities across Tasmania must be central to planning and priority setting in suicide prevention. This includes:

- **Enabling coordination and decision-making to occur at the local level to meet community needs.** Suicide prevention action is best coordinated, resourced and delivered in the communities where people live, work, learn and connect with others. The diversity and the capacity of the community will inform the types of supports needed and the way in which they should be delivered.
- **Targeted approaches for populations in Tasmania.** Some genders, age groups and workplaces, as well as communities identified through culture, identity or geography, are either over-represented in our suicide and suicide attempt data, or they do not currently have equal access to services and supports. A deeper understanding of the unique needs of particular populations and understanding that a person can be affected by more than one vulnerability at the same time, will enable us to improve the design and delivery of supports to better meet people's needs. We know that further work is needed to fully understand the needs of particular population groups in Tasmania, and we are fully committed to engaging with people – along with organisations who work with and for them – to ensure we continue to build our understanding.

Inviting all sectors, services, and communities to play a role

Everyone has a role to play in suicide prevention, but not everyone's role is the same. We need to connect all parts of our community, service system and government to better support people and progress actions under the strategy.

Our people with lived experience	Play a critical role in suicide prevention leadership, informing priority setting and policy development, co-designing new services and programs, delivering services as part of a lived experience workforce and/or community networks.
Our suicide prevention community networks	Coordinate and deliver local action against locally designed community action plans, promote cross-sector collaboration, share information and empower people across communities to talk about suicide and take action.
Our service providers	Deliver a range of services and supports to people across a broad spectrum – from prevention and early intervention programs, crisis support, aftercare, therapeutic approaches, and psychosocial supports and actions to support families, friends and communities impacted by suicide.
Our researchers and data custodians	Collect, analyse and translate data and research evidence to inform suicide prevention priorities and to enable us to better understand the impact of our services and supports.
Our Tasmanian Government	Invests in suicide prevention through a range of government agencies and funded services. This includes hospitals and health services, emergency services, child and community services, and action across justice, housing, education and employment.
Our primary health network (Primary Health Tasmania)	Plans and delivers coordinated regional suicide prevention approaches in partnership with our government, services and communities. It commissions specific suicide prevention and other primary care services and programs.
Our local government in Tasmania	Provides local community services across 29 local government areas, with a key role in community infrastructure and spaces, community connection and cohesion, and understanding local needs.
The Australian Government	Develops a range of suicide prevention and related strategies and policies, funds national programs, digital and crisis services and regional action through primary health networks.
The National Suicide Prevention Office	Leads the development of a national suicide prevention strategy, a suicide prevention workforce strategy and an outcomes framework that can be applied over time in Tasmania.
National organisations	Deliver national prevention, intervention, and postvention services, as well as community education, campaigns, and research that can benefit communities in Tasmania. They collaborate with local services and communities to deliver suicide prevention action where opportunities exist.
Our peak bodies	Represent a range of community-managed organisations and services, play a key role in stigma reduction and advocating for and delivering mental health and suicide prevention reform in Tasmania.

A connected approach

Extending our approach beyond health services

Reducing suicide and connecting more people to supports is a whole-of-community, whole-of-service-system and whole-of-government issue. No individual, community, service, or government department can do it alone. While health and mental health services will continue to play a key role in suicide prevention, a broader and more connected response is needed through:

- collective action across multiple agencies and sectors
- a whole-of-population approach that fosters social connection, builds hope and addresses the social and economic factors that may increase vulnerability to suicide
- increased coordination across multiple sectors to ensure the actions of one agency or service do not contradict, or work against, the efforts of others
- co-located or linked approaches so that people can access multiple supports at the same time.

Primary Health Tasmania and the Department of Health, Tasmania are already working together on mental health, alcohol and other drug and suicide prevention priorities for Tasmania. This will be strengthened under the strategy, but we will also widen that approach to include broader partnerships. Our Tasmanian data shows that many people who died by suicide accessed a range of services, both within and beyond the health sector, in the lead-up to their death. There is an opportunity to enhance the current services provided, while also extending our approach so that early compassionate responses can be provided at multiple points.

Connecting our prevention and response actions

A ‘working together’ approach is integral to address some of the factors that influence and increase suicide risk and therefore more effectively prevent suicide. Within this strategy we have focused on the areas specific to suicide prevention. We understand, however, that there needs to be strong connection with other strategies – those existing and those developed during the life of this strategy – to identify action that will also contribute to the prevention of suicide. This includes strategies focused on our children and young people, our mental health and alcohol and other drug strategies and frameworks, and those that outline relevant actions across other domains of life.



Linking with national reform and funded programs

Preventing suicide is a national priority, with significant reform occurring across all governments and across diverse sectors. The suicide prevention priorities for Tasmania have been designed with and for our local communities, but there is an imperative to ensure that all available resources are coordinated in a way that benefits our people. This means:

- collaborating with the National Suicide Prevention Office and other jurisdictions in the development of a national suicide prevention strategy, national workforce strategy and an outcomes framework that can be applied in Tasmania to enhance our work and reduce duplication
- ensuring that nationally funded programs and services deliver outcomes for Tasmanian people in a transparent way and are coordinated alongside our local approaches
- sharing relevant data across jurisdictions to ensure we have the best available data and evidence to inform our approach
- connecting other Tasmanian reforms and priorities to this work, including our mental health reform initiatives, the Mental Health Act Review Implementation Project, the redesign of primary and tertiary health services in Tasmania, and the development of new promotion, prevention and early intervention frameworks for mental health and alcohol and other drugs for the state.



**'If you build
strength in the
person you're
talking to, you
build strength
in yourself.'**

Taking action on our priorities

Our priorities have been developed following extensive consultation in Tasmania and a review of available evidence and data. They set the strategic direction of the Tasmanian Suicide Prevention Strategy between 2023 and 2027.

There is significant suicide prevention action occurring in Tasmania across agencies and across communities. Much of this work will continue and complement the strategic priorities set for 2023–2027. In setting our priorities, the people and communities within Tasmania have been central to our considerations. We know that some genders, age groups and workplaces, as well as communities identified through culture, identity or geography, are either over-represented in our suicide and suicide attempt data or they do not currently have equal access to services and supports. Rather than including separate priorities and plans for each group, we have taken a more integrated approach that allows us to identify and respond to the range of factors contributing to suicidal behaviour across and within groups in Tasmania. Through the implementation plans, there is an opportunity for clear actions to be taken within these priority areas, with a commitment to co-design with communities and organisations in Tasmania.

Our priorities explained

Enabling collective action to prevent the onset of suicidal behaviour and respond early to distress	While each experience of suicide is unique, a broader approach is needed to have the greatest impact on improving wellbeing, reducing population risk factors and being able to respond early. People will encounter times of disconnection and unique stressors as they move through life. This presents multiple opportunities to provide proactive supports.
Delivering compassionate and connected services that meet people's needs	Our services need to be visible, accessible, and safe for all people. They need to include supports that meet the different needs of the people accessing them, such as our young people, men, Tasmanian Aboriginal people, LGBTIQ+ people, culturally and linguistically diverse people and Australian Defence Force personnel and veterans. A compassionate service system means that no matter when or where a person makes contact, they are connected to the supports they need.
Empowering our people and communities to lead suicide prevention action	People with lived experience of suicide, our communities and particular population groups in Tasmania are central to the planning and delivery of suicide prevention action. A focus on co-designing solutions that can be delivered in and with communities is crucial.
Developing a skilled, supported and sustained workforce in Tasmania	Every contact a person has with a service is an opportunity for a compassionate response that connects them to the right supports. Our workforces providing this care are more likely to respond with compassion when they have the knowledge and skills they need and where they are working in organisations that promote their wellbeing.
Enhancing whole-of-government mechanisms to coordinate our approach	Coordinated action across all levels of government and across agencies is required, drawing on the strengths of local relationships and available data. This will increase transparency and accountability to the people of Tasmania.

1

Enabling collective action to prevent the onset of suicidal behaviour and respond early to distress

What we heard

There is a need to address the social, cultural and economic determinants of wellbeing.

Actions that reduce population risk and enhance protective factors are needed.

There is an opportunity to provide support to people when adverse life events or challenges occur.

Our messaging and communicating about suicide matters.

What we need to do

Implement broader public health and cross-agency approaches to enhance population protective factors and reduce factors that contribute to distress.

Connect our prevention action across strategies to ensure a good start to life and early development of social and emotional skills.

Design policies that support people when adverse life experiences can make them more vulnerable.

Build capability across government agencies to enable a suicide prevention lens to be applied to new policies and initiatives.

Reduce access to means through regulation and partnerships with local governments.

Promote communication that reduces harm and stigma.

Priorities for 2023–2027

Priority actions	Types of activity
ACTION 1.1: Support government agencies in Tasmania to apply suicide prevention considerations to their policies.	<ul style="list-style-type: none">- Building capability across government agencies to understand suicide prevention and apply a suicide prevention lens to new policies and programs.- Establishing a cross-agency working group to develop, implement and review processes and supports that enable new policies to include suicide prevention responses.

ACTION 1.2: Cross-sector action on prevention to address key risk and protective factors.	<ul style="list-style-type: none"> - Taking an integrated approach to prevention, considering linkages between the Tasmanian Suicide Prevention Strategy and other strategies/programs, including our Child and Youth Wellbeing Strategy, Rethink 2020, the Tasmanian Mental Health Reform Program, the Tasmanian Drug Strategy, the Closing the Gap Tasmanian Implementation Plan and the Healthy Tasmania Five-Year Strategic Plan. - Creating mentally healthy schools, workplaces and communities across Tasmania. - Promoting a healthy start to life and increasing supports to children and families. - Increasing community connection and reducing isolation, particularly at times of vulnerability.
ACTION 1.3: Cross-agency action to identify and provide supports at points of disconnection.	<ul style="list-style-type: none"> - Reviewing data, evidence and capabilities to set priorities and consider supports for people who are: recently unemployed or unable to work; experiencing housing stress or are in insecure housing; experiencing a relationship breakdown or conflict; in contact with, or transitioning out of, the justice system; transitioning out of the Australian Defence Force; being supported through the child protection system. - Establishing a cross-agency working group that can work with other organisations and people with lived experience to co-design support options to be implemented and evaluated.
ACTION 1.4: Promote best-practice reporting and communication about suicide in Tasmania and take action on stigma.	<ul style="list-style-type: none"> - Enhancing access to training and tools that support the implementation of the Tasmanian Communications Charter. - Building skills in young people to communicate safely about suicide, including online. - Partnering with the national Mindframe program to plan and deliver training and supports to media and other organisations in Tasmania. - Implementing actions to address stigma and discrimination in Tasmania.
ACTION 1.5: Implement cross-agency actions to reduce access to means of suicide.	<ul style="list-style-type: none"> - Reviewing available suicide and suicide attempt data to identify means restriction priorities. - Implementing suicide prevention measures and communication protocols to reduce suicides at locations known as places where people have died by suicide. - Co-designing solutions with communities to reduce access to means of suicide.

2

Delivering compassionate and connected services that meet people's needs

What we heard

Services can be fragmented and difficult to access and navigate.

People need a range of service options available from early intervention to ongoing care.

Our services are currently crisis-driven and require the person to 'reach out'.

People prefer compassionate, community-based options.

Families, friends and caregivers need tailored and immediate supports.

What we need to do

Establish timely and effective supports that are available for anyone experiencing suicidal distress.

Provide a range of connected services and supports, including early responses to distress, crisis intervention, aftercare and ongoing care.

Increase service integration and co-location to make it easier for people to access all the services they need in a person-centred way.

Evaluate and then scale up service models that support psychosocial needs and care coordination. This includes aftercare and Safe Havens.

Improve service access and supports for families, friends and caregivers.

Ensure setting and community-wide postvention and bereavement support for people impacted or bereaved by suicide.

Priorities for 2023–2027

Priority actions	Types of activity
ACTION 2.1: Increase the availability, accessibility and quality of aftercare services in Tasmania to support people following a suicide attempt or suicidal crisis.	<ul style="list-style-type: none">- Reviewing, extending and improving referral pathways to ensure more people get support.- Ongoing evaluation to assess outcomes for people accessing these services, including suitability for particular populations.- Increasing access to aftercare services and supports across all regions of Tasmania.

ACTION 2.2: Expand the availability of community-based models of care for people experiencing suicidal distress.	<ul style="list-style-type: none"> - Extending the capacity of Mental Health Integration Hubs and Head to Health Centres and Satellites to provide support for people in suicidal distress, including linkages with other social and community supports. - Evaluating Safe Havens and safe spaces currently planned for southern Tasmania and developing a plan to implement additional services across our state. - Improving service models and accessibility for a range of population groups in Tasmania, including for young people, LGBTIQ+ people, and men. - Building on the lived experience of our suicide peer workforce and ensuring these workers are integrated across the service system. - Supporting government and non-government organisations to embed people with lived experience of suicide into their workforce and governance structures.
ACTION 2.3: Provide coordinated supports for families, friends and caregivers impacted by suicidal behaviour.	<ul style="list-style-type: none"> - Providing tailored education and supports for family, friends and caregivers of people who are experiencing suicidal distress, have attempted suicide or been bereaved by suicide. - Integrating support for family, friends and caregivers into the health and other service systems. - Ensuring postvention and bereavement support services are available to Tasmanians who need them. - Improving data availability over time so that it can be used in real time to identify communities that may need a proactive response.
ACTION 2.4: Design, deliver and evaluate an early distress response service for Tasmania.	<ul style="list-style-type: none"> - Reviewing service models developed by other jurisdictions designing and trialling early distress responses. - Co-designing a service for Tasmania that addresses gaps in the current service system, including the opportunity to connect with people outside of health services.



'Suicide prevention is not just a health issue – it's a societal issue.'

3

Empowering our people and communities to lead suicide prevention action

What we heard

People with lived experience are central to planning and priority setting.

Community or place-based approaches are preferred but better coordination is needed.

There are opportunities to tailor approaches so we can better support groups at increased risk.

What we need to do

Build mechanisms to support lived experience leadership and involvement in suicide prevention planning and delivery.

Better coordinate and support community-driven approaches to suicide prevention, drawing on each community's strengths and targeting specific needs.

Provide further opportunities for connection, networking and collaboration across communities.

Deliver immediate and ongoing support when people and communities are responding to adverse events.

Priorities for 2023–2027

Priority actions	Types of activity
ACTION 3.1: Support people with lived experience of suicide to contribute to priority setting, program design, and delivery of suicide prevention in Tasmania.	<ul style="list-style-type: none">- Involving people with lived experience of suicide on the newly established Premier's Mental Health and Suicide Prevention Advisory Council.- Implementing support structures, training and supervision for lived experience of suicide workers in Tasmania (paid and volunteer).- Co-designing new suicide prevention initiatives and evaluations with people who have lived experience of suicide.- Supporting government and non-government organisations to embed people with lived experience of suicide into their workforce and governance structures.- Adding the recruitment and development of lived experience workers into commissioning of services (where this is appropriate).

<p>ACTION 3.2: Further enhance the capacity of communities to implement suicide prevention community action plans.</p>	<ul style="list-style-type: none"> - Implementing revised structures, supports and knowledge-sharing opportunities to extend the reach and impact of the Tasmanian Suicide Prevention Community Network. - Evaluating current community and place-based action plans across Primary Health Tasmania and the strategy to develop a common framework and shared evaluation measures for ongoing work. - Ensuring adequate community-based supports for rural communities, particularly those experiencing adversity. - Increasing the role of local governments in community suicide prevention planning and connecting local government initiatives and resources to the approach.
<p>ACTION 3.3: Take targeted actions for particular groups in Tasmania who may be at increased risk of suicide.</p>	<ul style="list-style-type: none"> - Using each implementation plan across the five years of the strategy to prioritise and deliver activities that meet the needs of particular population groups in Tasmania – this may include Tasmanian Aboriginal people, young people, people from culturally and linguistically diverse backgrounds, men, Australian Defence Force personnel and veterans, LGBTIQ+ people and culturally and linguistically diverse people. - Establishing two cross-agency working groups under the Premier's Mental Health and Suicide Prevention Advisory Council to progress immediate actions across community and service settings focused on young people and men. - Implementing national strategies and recommendations for particular groups in Tasmania, including those focused on Aboriginal and Torres Strait Islander people, Australian Defence Force personnel and veterans, and LGBTIQ+ people. - Identifying and targeting industries and workplaces with higher rates of suicide and partnering with national and local service providers to implement actions.

'Connection is about developing more ways to decrease social isolation'



4

Developing a skilled, supported and sustained workforce in Tasmania

What we heard

Regardless of where people present in distress, they need a compassionate response.

There has been good progress in delivering training across Tasmania, but this needs to be scaled up with additional workforce supports.

Workforce supports need to include a focus on cultural safety.

What we need to do

There is an opportunity to better support people who are vulnerable to suicide by ensuring the workforce in Tasmania is skilled and supported to provide a compassionate response.

There must be an investment in scaling up the delivery of contemporary and evidence-based training, supported by internal policies, supervision and practical supports.

Our workforce needs support to work effectively with particular communities and populations.

Our workforce is important to us, so developing and retaining the workforce must be a priority.

Priorities for 2023–2027

Priority actions	Types of activity
ACTION 4.1: Scale up the delivery of contemporary and evidence-based risk mitigation education, training and tools to support clinical, non-clinical and emergency services staff across Tasmania.	<ul style="list-style-type: none">- Ensuring that safety planning is an essential part of our service response, supported by training and supervision.- Planning, delivering and evaluating education and training for:<ul style="list-style-type: none">• clinical and health workforces, including GPs, mental health workers, alcohol and other drug workers, staff working in emergency departments and health hubs• emergency services and first responders• staff working in non-clinical or community-based services such as aftercare services and services providing psychosocial supports.

<p>ACTION 4.2: Co-design and deliver education and training across workforces that builds capability to better engage and work with particular population groups.</p>	<ul style="list-style-type: none"> - Identifying and/or co-designing relevant training that supports working with and engaging men, young people, Tasmanian Aboriginal people, people from culturally and linguistically diverse backgrounds, LGBTIQ+ people, Australian Defence Force personnel and the veteran community (and others as identified). - Using the implementation plans to identify priority workforces and to plan, implement and evaluate education and training.
<p>ACTION 4.3: Increase the capacity of alcohol and other drug services in Tasmania to provide integrated support for clients experiencing suicidal distress.</p>	<ul style="list-style-type: none"> - Delivering additional training, supervision and guidelines to support staff working in government and non-government alcohol and other drug services. - Ensuring there are clear referral pathways between alcohol and other drug services to clinical services, aftercare services and other suicide prevention supports for clients in suicidal distress.
<p>ACTION 4.4: Develop a suicide prevention workforce plan for Tasmania, drawing on the national suicide prevention workforce strategy.</p>	<ul style="list-style-type: none"> - Working with the National Suicide Prevention Office and Tasmanian organisations to identify key actions to implement in Tasmania. - Monitoring and reporting on staff recruitment, retention and wellbeing in Tasmania. - Implementing mentally healthy workplace practices across Tasmanian agencies and services, with a focus on health services.

5

Enhancing whole-of-government mechanisms to coordinate our approach

What we heard

There is an opportunity to better coordinate suicide prevention actions across government agencies, Primary Health Tasmania and other organisations.

Communities and services need timely data and evidence to inform their approach.

What we need to do

Revise governance arrangements in Tasmania to support coordinated action across all levels of government and across agencies, drawing on the strengths of local relationships.

Share and use Tasmanian data on suicide, self-harm and key risk factors to set priorities and respond to emerging concerns.

Increase our focus on implementation and accountability.

Connect the work of the National Suicide Prevention Office to our work in Tasmania.

Priorities for 2023–2027

Priority actions	Types of activity
ACTION 5.1: Implement new governance arrangements for coordinating and monitoring suicide prevention action under the Tasmanian Suicide Prevention Strategy.	<ul style="list-style-type: none">- Establishing the new Premier's Mental Health and Suicide Prevention Advisory Council, ensuring cross-agency, academic, community and lived experience participation.- Linking the new Premier's Mental Health and Suicide Prevention Advisory Council to new and existing suicide prevention policy positions via the Executive Leadership Group.- Appointing a suicide prevention coordinator within the Department of Health, Tasmania to work with a regional suicide prevention coordinator in Primary Health Tasmania.- Developing and reporting against detailed implementation plans, with transparent reporting on actions, outcomes and challenges.- Annual reporting against the strategy's implementation plan.

ACTION 5.2: Enhance the availability and real-time use of suicide and self-harm data in Tasmania.	<ul style="list-style-type: none"> - Identifying and analysing relevant data from the Tasmanian Suicide Register, Ambulance Tasmania, Tasmanian hospital and health services and other agencies. - Developing minimum datasets that can be used by all funded Tasmanian programs and services. - Reviewing data regularly through the Executive Leadership Group and the Premier's Mental Health and Suicide Prevention Advisory Council to inform proactive prevention and response activities. - Working across agencies and Primary Health Tasmania to identify other data sources needed to inform agile decision-making and responses.
ACTION 5.3: Ensure that other relevant reform initiatives and funded programs connect with and support suicide prevention priorities and actions in Tasmania.	<ul style="list-style-type: none"> - Using detailed implementation plans to: <ul style="list-style-type: none"> • connect action across all of the current and emerging Premier's priorities in Tasmania and mental health reform initiatives under Rethink 2020 – Tasmania's strategic plan for mental health. • work with the National Suicide Prevention Office and other jurisdictions to connect priorities under the National Suicide Prevention Strategy to the Tasmanian Suicide Prevention Strategy and implement the national outcomes framework for suicide prevention services and programs. • work with the Australian Institute of Health and Welfare to ensure adequate data sharing across jurisdictions to inform national and statewide priorities. • work with the Australian Government and national service providers to review and improve Tasmanian access to nationally funded programs and services. • co-plan and co-deliver our initiatives across Tasmanian Government agencies and Primary Health Tasmania.

'We need to not just be guided by but be led by lived experience.'



Our enablers

We need to make suicide prevention a priority in Tasmania and ensure that we have the right mechanisms in place to deliver an effective and coordinated approach.

Making suicide prevention a Premier's priority in Tasmania

Tasmanian governments have made significant investments in suicide prevention, yet too many Tasmanian lives are lost to suicide each year and too many Tasmanians are not getting the supports they need early enough. We must shift from a health-only approach to a whole-of-community, whole-of-service-system and whole-of-government approach.

To bring all parties together and establish the mechanisms required, mental health and suicide prevention will be established as a Premier's priority, with joint leadership from the Department of Premier and Cabinet and the Department of Health, Tasmania. This involves leading the development of innovative solutions for complex service-delivery challenges, and centrally coordinating, monitoring, and reporting government actions associated with the priority. New governance, implementation and reporting requirements will also be created to ensure we are using our resources where they are most needed.

Enhancing our governance arrangements

We need revised governance arrangements to enable a cross-agency approach that draws together state and national resources to meet the needs of people in Tasmania. The following key elements of an enhanced governance strategy are illustrated below in Figure 1. This governance strategy currently reflects the priority given to suicide prevention.

- **Ministerial reporting** to the Premier and the Minister for Mental Health and Wellbeing.
- **Engaging senior officials** in the Department of Premier and Cabinet and Department of Health, Tasmania who will contribute to regular reporting on implementation of the strategy.
- **A Premier's Mental Health and Suicide Prevention Advisory Council** will replace the Tasmanian Suicide Prevention Committee. The Premier's Mental Health and Suicide Prevention Advisory Council will include representation from relevant government agencies, including local government, as well as lived experience, academic, clinical and community advisers.

- **An Executive Leadership Group** of senior leaders from the Department of Premier and Cabinet, the Department of Health, Tasmania and Primary Health Tasmania will continue to drive whole-of-government suicide prevention policy, funding, implementation, evaluation and reporting to support a coordinated approach in Tasmania. This approach is in line with existing arrangements under the National Mental Health and Suicide Prevention Agreement, Bilateral Schedule on Mental Health and Suicide Prevention: Tasmania. This group will engage closely with the Premier's Mental Health and Suicide Prevention Advisory Council and new cross-agency working groups to support implementation of the strategy.
- **Cross-agency working groups** will be formed on a time-limited basis to progress specific initiatives within each implementation plan.
- **The Tasmanian Suicide Prevention Community Network** will continue with strengthened governance/coordination, retaining an independent non-government organisation lead role.
- **Suicide prevention coordinators** will be appointed through Primary Health Tasmania (Australian Government funding) and the Department of Health, Tasmania, while the Department of Premier and Cabinet will identify a suicide prevention-focused position.

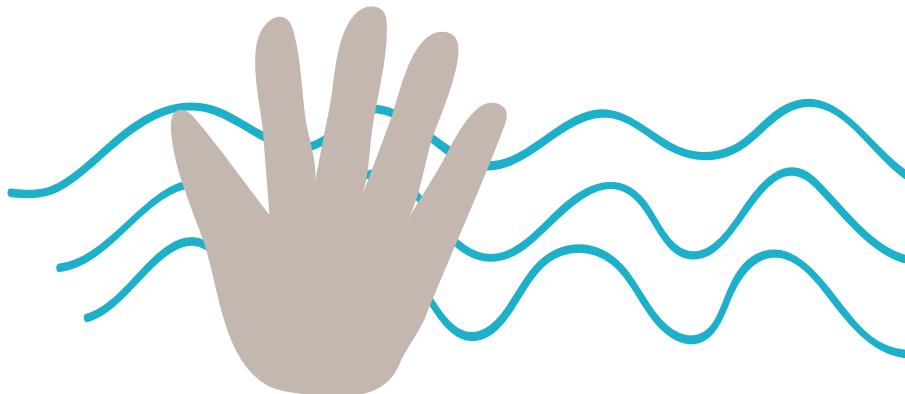


Figure 1: Governance structure for the Tasmanian Suicide Prevention Strategy 2023–2027



Developing and reporting publicly on implementation plans

We will need the input of many partners across Tasmania to deliver the Tasmanian Suicide Prevention Strategy 2023–2027. Three implementation plans will be developed and reported against to support coordinated action and increase transparency and accountability. The first implementation plan will cover the first 18 months of the strategy, from January 2023 to June 2024, and will be released in early 2023. The implementation plan will be more detailed than past plans to increase accountability, with an opportunity to stage the delivery of our activities.

Delivering and reporting on each implementation plan will be a shared responsibility, overseen by the Premier's Mental Health and Suicide Prevention Advisory Council and driven through the Executive Leadership Group. Each implementation plan will outline activities being undertaken across various agencies to reflect the whole-of-community, whole-of-service-system and whole-of-government commitment we need to reduce suicide and improve wellbeing. The four phases of implementation are highlighted below to describe the key focus and themes for activities in that period, with each building on the learnings from the previous years. An annual report will be provided to the Premier and Minister for Mental Health and Wellbeing and communicated broadly to all stakeholders.



Each implementation plan will have a strong focus on joint planning and priority setting as well as on the co-design of new initiatives and the evaluation and monitoring of existing initiatives. The Premier's Mental Health and Suicide Prevention Advisory Council and the Tasmanian Suicide Prevention Community Network, together with peak organisations and lived experience networks in Tasmania, will work with government agencies to make sure actions and progress meet the expectations of people with lived experience of suicide and the community more broadly.

Continuous improvement and robust monitoring and evaluation

Evaluation is critical for ensuring that services are delivering outcomes for Tasmanian people and for embedding continuous improvement practices in our suicide prevention approach. Our approach will benefit from shared monitoring, reporting, evaluation and learning frameworks that allow all agencies and services to report on progress and to measure outcomes consistently. These will be embedded into the strategy from the outset and improved and refined over time.

Central to achieving this approach will be:

- data leadership and coordination through the Executive Leadership Group
- timely analysis of available datasets to measure and monitor suicidal behaviour and associated factors in Tasmania, joining with the National Suicide and Self-harm Monitoring System
- development of a service model for Tasmania to detail the range and types of services being offered, with a minimum dataset applied across all funded services and programs over time, drawing on the national suicide prevention outcomes framework
- evaluation of existing and new Tasmanian programs, services and activities
- process evaluation to understand the extent of collaboration, coordination and integration between the Tasmanian Government, non-government and other sectors
- identification of research priorities for Tasmania and partnerships to deliver these.

Evaluations will be included as part of the public reporting on suicide prevention actions to occur annually and will be integrated into professional development to build a learning culture across our workforces.



Appendix

Definitions

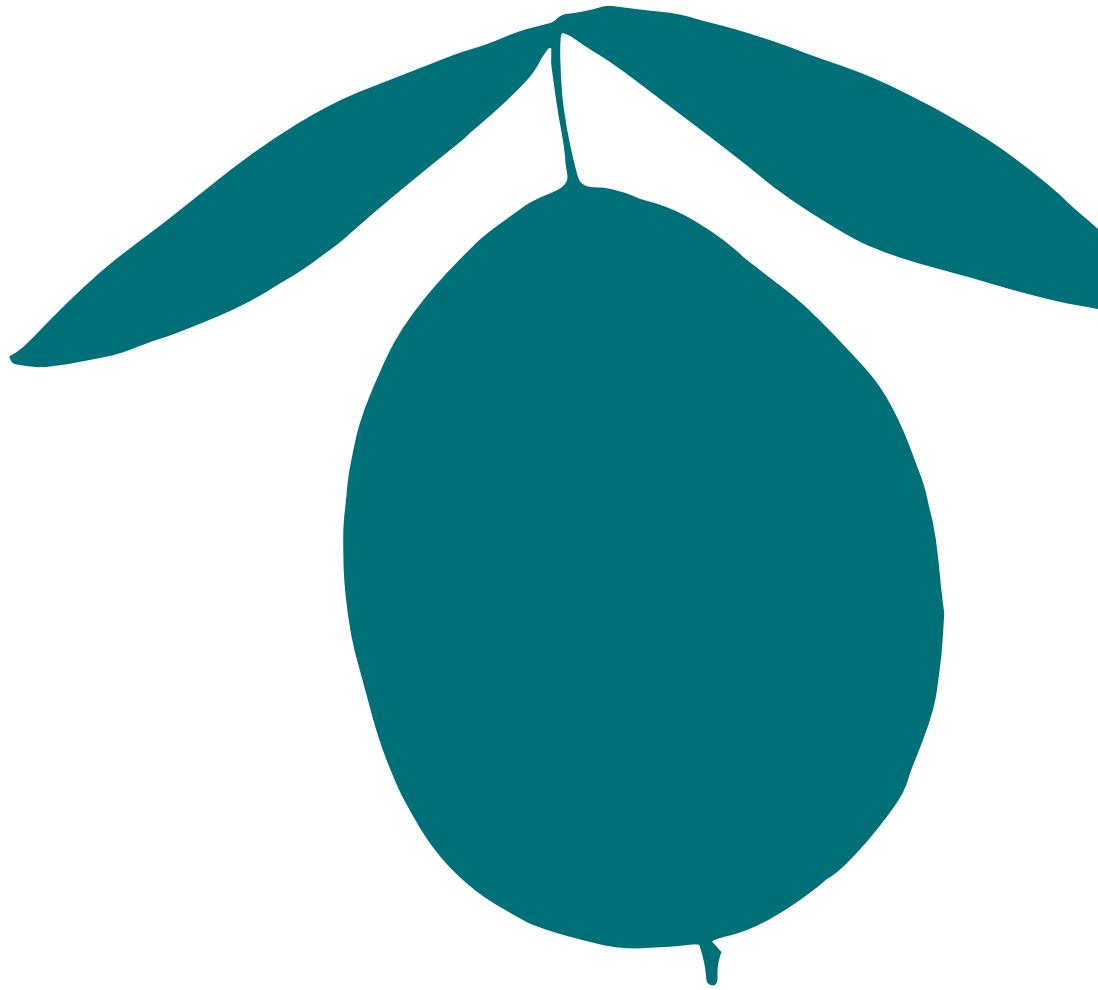
Key terms: suicide and suicidal behaviour

Term	Meaning in the strategy
Suicide	The act of purposely ending one's life.
Suicidal behaviour	A range of behaviours or actions which are related to suicide, including suicidal thinking, self-harming behaviour and/or suicide attempts.
Suicide attempt	Any non-fatal behaviour aimed at purposely ending one's life.
Suicidal thinking	Thoughts about suicide (sometimes called suicidal ideation in other documents).
Self-harm	Deliberately injuring or hurting oneself, with or without the intention of dying ⁵ .
Lived experience of suicide	Anyone who has experienced (or is currently experiencing) suicide thoughts, or has survived a suicide attempt, cared for someone through suicidal distress or been bereaved by suicide.

Other key terms

Term	Meaning in the strategy
Suicide prevention	The actions we take to prevent suicide and suicidal behaviour and to support people who have been impacted by suicide. These actions are focused on reducing risk factors and enhancing protective factors.
Aftercare	The care, treatment and/or support provided to a person following a suicide attempt and presentation to a health service or hospital.
Postvention	Activities or interventions occurring after a death by suicide, aimed to support and assist those bereaved or affected (family, friends, professionals, peers, responders, community) to recover from trauma, cope with stressors and manage the experience of loss and grief.

Co-design	A process whereby traditional experts work in equal partnership with people with lived experience to ‘design’ a service or service improvement. The core co-design principle of power sharing is especially significant in the context of suicide prevention where people with lived experience have been disempowered by their experiences of stigma and discrimination.
Resilience	Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. This may include family and relationship problems, serious health problems or workplace and financial stressors.
Stigma	The disapproval of, or discrimination against, an individual or group based on characteristics that serve to distinguish them from other members of a society. Stigma is complex and can result from negatively stereotyped characteristics, attitudes and responses that harm a person’s day-to-day health and wellbeing by excluding, devaluing or shaming them.
Social determinants of health and wellbeing	The non-medical factors that influence health and wellbeing outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider systems that shape the conditions of daily life. This includes economic policies and systems, social norms and policies, as well as political systems.
Trauma informed	Refers to an organisational or practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families, carers and service providers. ⁶
LGBTIQ+	LGBTIQ+ is an evolving acronym and umbrella term. It stands for lesbian, gay, bisexual, trans, intersex, queer/questioning and includes other sexuality, gender and bodily diverse people (+).



'Discussing suicide is always unsettling, and always will be, but as the years go on, I develop more and more coping strategies. I think of the colours of the tapestry of my life, and the beautiful person I have lost as the most beautiful colour in my tapestry.'

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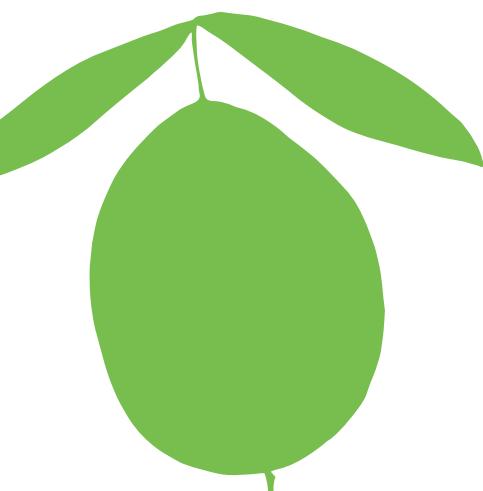
²Australian Bureau of Statistics. (2022, July 22). National Study of Mental Health and Wellbeing. Australian Bureau of Statistics. www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release

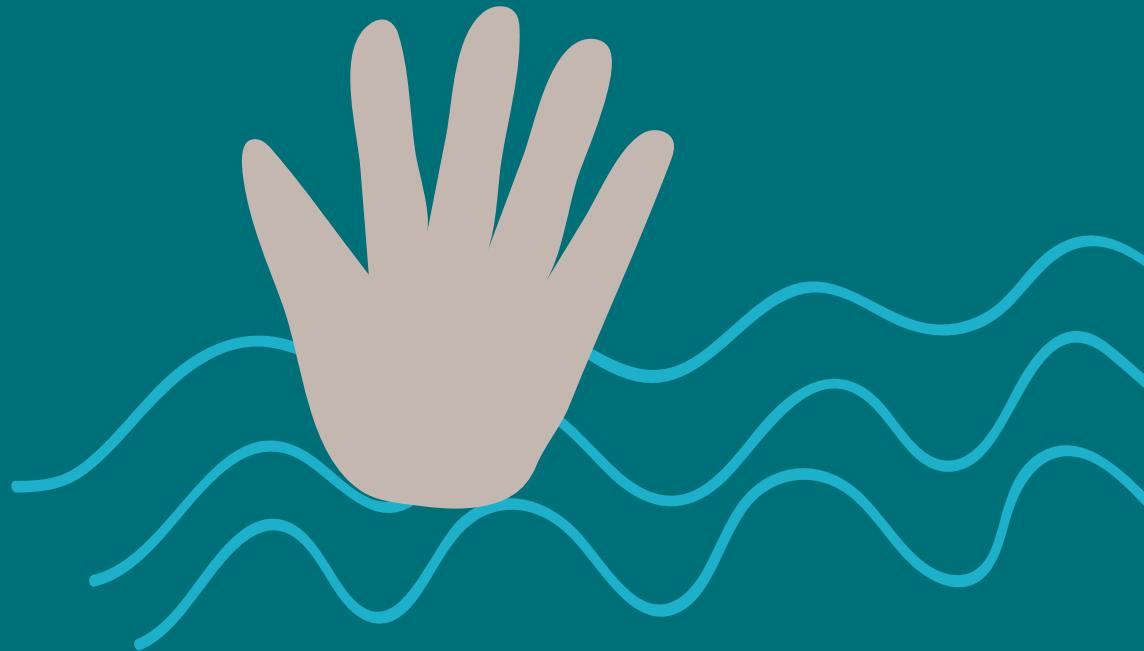
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