



**Compassion and
Connection:**

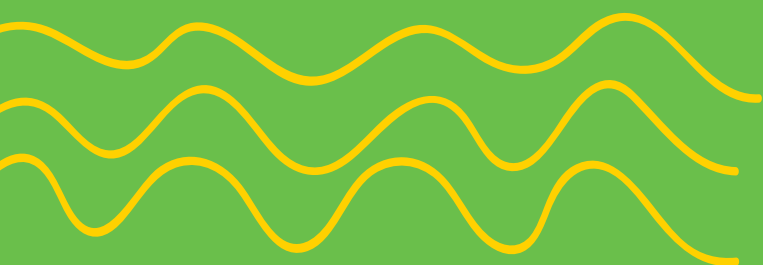
Tasmanian **Suicide
Prevention** Strategy

2023–2027



Implementation Plan One:

January 2023–June 2024



Mental Health, Alcohol and Drug Directorate
Department of Health



Tasmanian
Government

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 services below 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.mhfamilyfriends.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

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Acknowledgement

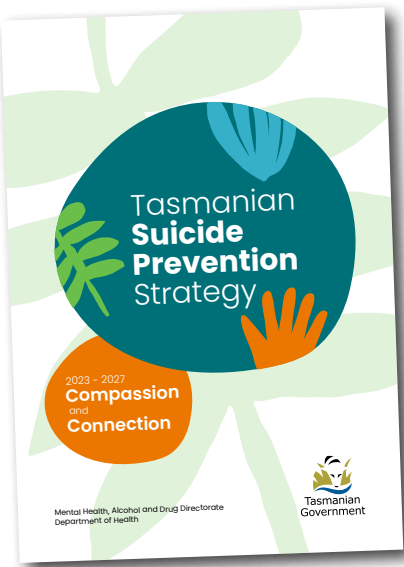
We acknowledge Tasmanian Aboriginal people as the traditional and continuing custodians of the lands and waterways in Tasmania and pay respects to Elders past and present.

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.

Thank you to the many organisations, service providers and community members in Tasmania who shared their experiences and expertise to help shape the Tasmanian Suicide Prevention Strategy 2023–2027 and this first Implementation Plan (plan). This plan was developed with the support of Everymind.

Our Strategic Approach for Tasmania, 2023–2027

Compassion and Connection: Tasmanian Suicide Prevention Strategy 2023–2027 (the strategy) outlines our strategic priorities and actions and our approach to working together to reduce suicide and suicide attempts and improve wellbeing for all Tasmanians.



Our Strategy

Suicide prevention, together with mental health, has been elevated to a Premier’s priority in Tasmania, requiring collective action across state government agencies, the primary health network, our local government areas, all of our funded services and programs, and our communities.

The strategy presents our plan for suicide prevention in Tasmania and the actions we will take together to deliver our vision of “a compassionate and connected community working together to prevent suicide in Tasmania”.

The strategy outlines what we will do, who we will work with and how we will get there. The strategy should be read together with this implementation plan and any future implementation plans.

What we will do	We will implement evidence-based actions that have an equal focus on preventing the onset of suicidal behaviours (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 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).

A connected approach

With mental health and suicide prevention elevated to a Premier's priority in Tasmania, there is an opportunity for targeted and specific actions on suicide prevention as well as aligned and coordinated actions with mental health reform. The Priority Actions (PA) from the strategy are mapped below with the Reform Directions (RD) outlined in *Rethink 2020*.

<div> <div> Compassion and Connection: Tasmanian Suicide Prevention Strategy 2023-2027  </div> <div> Rethink 2020: A state plan for mental health in Tasmania 2020 – 2025  </div> </div>	
PA 1 Enabling collective action across agencies and sectors to prevent the onset of suicidal behaviours and respond early to distress	RD 2 A greater emphasis on promoting positive mental health, preventing mental health problems and early intervention
	RD 3 Reducing stigma
	RD 6 Getting in early and improving timely access to support (early in life and early in illness)
PA 2 Delivering compassionate and connected services that meet people's needs	RD 4 An integrated Tasmanian mental health system
	RD 5 Shifting the focus from hospital-based care to community support
	RD 7 Responding to the needs of specific population groups
	RD 8 Improving safety and quality
PA 3 Empowering our people and communities to lead suicide prevention action	RD 1 Empowering Tasmanians to maximise their mental health and wellbeing
PA 4 Developing a skilled, supported and sustained workforce in Tasmania	RD 9 Supporting and developing our workforce
PA 5 Enhancing whole-of-government mechanisms to coordinate our approach	RD 10 Monitoring and evaluating our action to improve mental health and wellbeing

Implementation Plan One

This is the first Implementation Plan to deliver on *Compassion and Connection: Tasmanian Suicide Prevention Strategy 2023–2027*. It covers the period from January 2023 to June 2024.

A focus on people and communities

This plan focuses on putting people at the centre of key actions, and gaining a better understanding of what is needed to prevent suicide in Tasmania. As part of community consultation, we spoke with over 600 people. The actions and activities outlined in this plan detail how individuals, families, communities, and health and other systems can work together to bring about change.

This plan has a strong focus on revising the way we do things so that we can:

- provide opportunities for including people with lived experience of suicide into the planning and delivery of suicide prevention actions in Tasmania
- continue and expand the support provided to communities that are already leading on the design and delivery of local solutions
- tailor our approach to better support particular population groups that may be at increased risk of suicide
- simultaneously 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.

A Premier's priority and a coordinated approach

Mental health and suicide prevention has been elevated to a Premier's priority to ensure a coordinated approach across Tasmania. Together we have commenced the shift from a health focused approach to a whole-of-community, whole-of-service and whole-of-government approach.

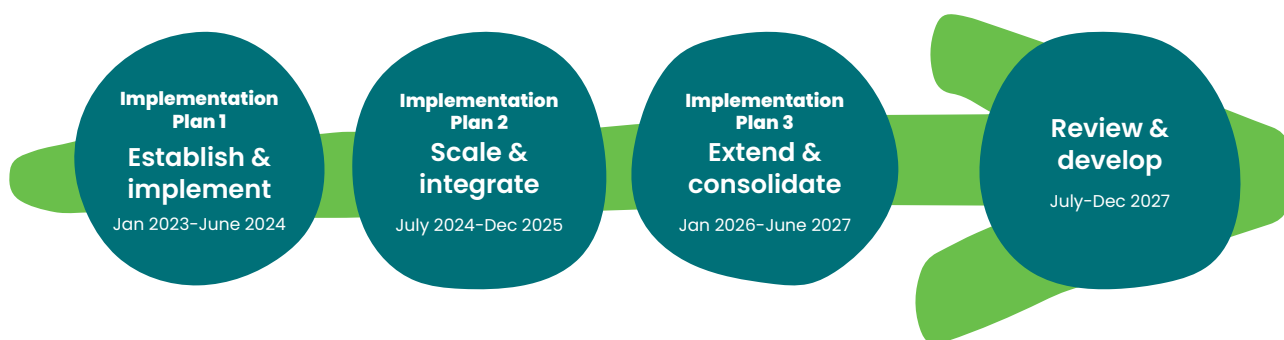
Joint leadership from the Tasmanian Government (through the Department of Premier and Cabinet, the Department of Health and other agencies) and Primary Health Tasmania, together with the input of many partners across several settings, sectors and communities will be required.

Our approach will involve people with lived experience of suicide, our communities that are taking action locally, and all services and sectors that have a role to play in suicide prevention. We will also work with other jurisdictions, the Commonwealth and national providers to ensure coordinated and effective responses for Tasmanians.

A staged approach

This is the first of three implementation plans to ensure effective delivery and monitoring of suicide prevention actions in Tasmania. These plans are more detailed than past plans so that we can be more transparent and more accountable to our stakeholders and communities in Tasmania. With the delivery of three detailed plans, we have an opportunity to stage the delivery of priority actions. These phases describe the key focus and themes for activities in that period with each building on the learnings from the previous years.

Ongoing suicide prevention activities and reforms in progress



Implementation Plan One Establish and implement Jan 2023-June 2024	This first implementation plan is focused on establishing new governance structures and building a strong foundation for future activities. This will be done through building our lived experience capability in Tasmania, setting the foundations for a whole-of-government response, identifying opportunities to improve the coordination of our prevention activities and enhancing our data collection and evaluation. This is in addition to suicide prevention activities and reform items from Rethink 2020 that are in progress and will be continued.
Implementation Plan Two Scale and integrate July 2024-Dec 2025	A second implementation plan will be delivered in July 2024, reflecting any ongoing and new actions to be delivered with a goal of getting initiatives to scale across Tasmania. At this point, additional actions connected to the Tasmanian Drug Strategy, the Mental Health and Alcohol and Other Drug Promotion and Prevention Framework/s and the National Suicide Prevention Strategy can be integrated to ensure effective coordination of aligned actions.
Implementation Plan Three Extend and consolidate Jan 2026-June 2027	A third implementation plan will be delivered in January 2026 to ensure consolidated and expanded actions across the key priorities outlined in the strategy.
Next TSPS Review and develop July-Dec 2027	Between July and December 2027 there will be a review and redevelopment phase to set the next 5-year suicide prevention strategy for Tasmania.

Reporting publicly on our progress

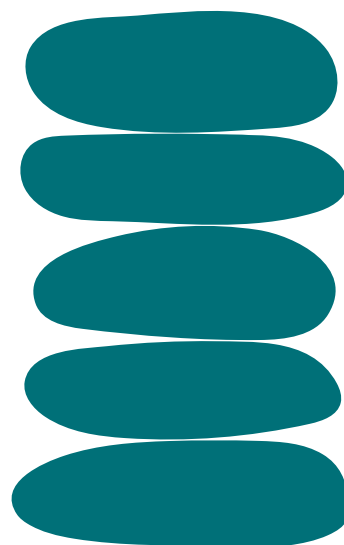
Delivering and reporting on the implementation plans will be a shared responsibility, overseen by the Executive Leadership Group for suicide prevention, and driven through the Premier's Mental Health and Suicide Prevention Advisory Council.

An annual report will be provided to the Premier and Minister for Mental Health and Wellbeing and communicated broadly to all stakeholders. The report will include:

- updated data against key indicators, where available
- reflections from our communities, people with lived experience and our workforce
- case studies to demonstrate progress, successes and challenges against activities.

Given this plan occurs over an 18-month period, annual reporting will be completed to align with reporting on Rethink 2020, with the first strategy report delivered in June 2023 (6-month period) and the second in June 2024 at the end of this implementation period.

The implementation plan has a strong focus on joint planning, data and lived experience-informed priority setting as well as on the co-design of new initiatives. It also sets up and establishes ongoing evaluation and reporting mechanisms to ensure we know what we are delivering works and why. The Tasmanian Suicide Prevention Community Network will continue to act as a mechanism to share results with the community and provide a forum for ongoing feedback.



Taking action on our priorities

Our strategic priorities were developed following extensive consultation in Tasmania. This plan details the actions and activities that will occur in the first implementation period.

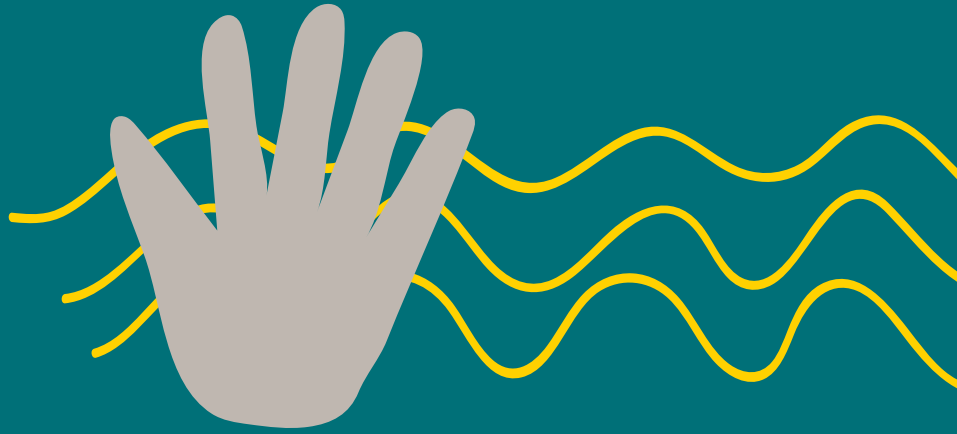
We have an ambitious set of activities for delivery in the first 18 months of the strategy. This is in addition to the ongoing suicide prevention activities and services we have committed to in Tasmania. Our initial focus will be on the establishment of new governance arrangements, with actions commencing at different times across the 18-month period.



In the plan to follow, we identify initial lead agencies and partners, the expected timeframe for delivery and any links to other strategies and frameworks in Tasmania or national initiatives. For this plan, primary responsibility for actions is initially shared between the Department of Premier and Cabinet (DPAC), the Department of Health (DoH) and Primary Health Tasmania (PHT). Once the governance arrangements are established through the Premier's Mental Health and Suicide Prevention Advisory Council, other agencies and partners may be added to the plan to reflect the shift towards a whole-of community, whole-of-service system and whole-of-government approach.

In this plan, we are commencing important work that will enable us to take a whole-of-population approach that fosters social connection, builds hope and addresses the social, health and economic factors that may increase vulnerability to suicide.

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.



KEY:

DPAC	Department of Premier and Cabinet
LGAT	Local Government Association Tasmania
DoH	Department of Health
NSPO	National Suicide Prevention Office
PHT	Primary Health Tasmania
NSPA	National Suicide Prevention Adviser
DoJ	Department of Justice
MH	Mental Health
AOD	Alcohol and Other Drugs
TDS	Tasmanian Drug Strategy 2023–2028
CSO	Community Service Organisation
RD	Reform Direction
TSPS	Tasmanian Suicide Prevention Strategy
CTG	Closing the Gap
TSPCN	Tasmanian Suicide Prevention Community Network
DECYP	Department for Education, Children and Young People
NSPLSP	National Suicide Prevention Leadership and Support Program
CMHSI	Centre for Mental Health Service Innovation
TMHRP	Tasmanian Mental Health Reform Program
HT	Healthy Tasmania Five-Year Strategic Plan 2022–2026
NMHSPA	National Mental Health and Suicide Prevention Agreement
SPC	Suicide Prevention Coordinators
OAA	Office of Aboriginal Affairs
ACCHO	Aboriginal Community Controlled Health Organisation
NACCHO	National Aboriginal Community Controlled Health Organisation
UTAS	University of Tasmania
THEO	Tasmanian Health Education Online
HLO	Health Learning Online

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.
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.

Term	Meaning in the strategy
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.
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 (+).

Our Priority Actions

1. Enabling collective action across agencies and sectors to prevent the onset of suicidal behaviours and respond early to distress	1.1 Support government agencies in Tasmania to apply suicide prevention considerations to their policies
	1.2 Cross-sector action on prevention to address key risk and protective factors
	1.3 Cross-agency action to identify and provide supports at points of disconnection
	1.4 Promote best-practice reporting and communication about suicide in Tasmania and take action on stigma
	1.5 Implement cross-agency actions to reduce access to means of suicide in Tasmania
2. Delivering compassionate and connected services that meet people's needs	2.1 Increase the availability, accessibility and quality of aftercare services in Tasmania to support people following a suicide attempt or suicidal crisis
	2.2 Expand the availability of community-based models of care for people experiencing suicidal distress
	2.3 Provide coordinated supports for families, friends and caregivers impacted by suicidal behaviour
	2.4 Design, deliver and evaluate an early distress response service for Tasmania
3. Empowering our people and communities to lead suicide prevention action	3.1 Support people with lived experience of suicide to contribute to priority setting, program design and delivery of suicide prevention in Tasmania
	3.2 Further enhance the capacity of communities to implement suicide prevention community action plans
	3.3 Take targeted actions for particular groups in Tasmania who may be at increased risk of suicide
4. Developing a skilled, supported and sustained workforce in Tasmania	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
	4.2 Co-design and deliver education and training across workforces that builds capability to better engage and work with particular population groups
	4.3 Increase the capacity of alcohol and other drug (AOD) services in Tasmania to provide integrated support for clients experiencing suicidal distress
	4.4 Develop a suicide prevention workforce plan for Tasmania, drawing on the national suicide prevention workforce strategy (no activities in this implementation period while national suicide prevention workforce strategy is being developed)
5. Enhancing whole-of-government mechanisms to coordinate our approach	5.1 Implement new governance arrangements for coordinating and monitoring suicide prevention action under the Tasmanian Suicide Prevention Strategy
	5.2 Enhance the availability and real time use of suicide and self-harm data in Tasmania
	5.3 Ensure that other relevant reform initiatives and funded programs connect with and support suicide prevention priorities and actions in Tasmania



Enabling action across agencies and sectors to prevent the onset of suicidal behaviours and respond early to distress

FOCUS	PROMOTION & PREVENTION <ul style="list-style-type: none">- Promotion of wellbeing and addressing key social determinants related to suicidal behaviour- Population wide actions to prevent onset of suicidal behaviour- Targeted actions to reach people at points of disconnection and/or transition
RATIONALE	While each experience of suicide is individual, a broader public health and cross-agency approach is needed to have the greatest impact on improving wellbeing, reducing population risk factors and being able to respond early and effectively. Taking a prevention approach that considers the social determinants of wellbeing means looking at the non-medical, societal and cultural factors that can have an influence on suicidal behaviour, such as the conditions in which people are born, grow, work, live and age and the impact of inequities and trauma. People will also encounter times of disconnection and unique stressors as they move through different stages in life. This presents multiple opportunities to provide proactive supports, through the expansion of suicide prevention actions across multiple agencies and settings.

1.1 Support government agencies in Tasmania to apply suicide prevention considerations to their policies

ACTION	LEAD & PARTNERS	TIMEFRAMES
1.1.1 Implement <i>Compassionate Foundations</i> online program across all Tasmanian government agencies, with 30 per cent of staff completing the program by June 2024.	DPAC with Tasmanian agencies & NSPO	June 2023 – June 2024
1.1.2 Establish a cross-agency working group to develop, implement and review processes and supports that enable new policies to include suicide responses.	DPAC	March 2023 – June 2024

1.2 Cross-sector action on prevention to address key risk and protective factors

ACTION	LEAD & PARTNERS	TIMEFRAMES
1.2.1 Develop the Mental Health, Alcohol and Other Drug Promotion, Prevention and Early Intervention Framework/s and integrate the prevention of suicide and aligned actions from mental health, alcohol and other drugs or primary health strategies into the framework/s.	DoH	June 2023 – June 2024
1.2.2 Increase access to quality and early supports for families and children, through delivery of Rethink Reform Direction 6, including the establishment of Head to Health Kids and increased support for new parents.	DoH, PHT	June 2023 – June 2024
1.2.3 Commence a review of the mental health, alcohol and other drug and suicide prevention programs being offered in Tasmanian schools to ensure they are evidence-based and plan the development of a framework for preferred providers and programs.	DoH, DECYP and PHT	August 2023 – June 2024
1.2.4 Develop a framework of evidence-informed mentally healthy workplace programs	DoH, PHT and WorkSafe Tasmania	August 2023 – June 2024

1.3 Cross-agency action to identify and provide supports at points of disconnection

ACTION	LEAD & PARTNERS	TIMEFRAMES
1.3.1 Review the economic, social and health supports available to people at key points of distress to inform future cross-agency action. This includes an initial focus on people who are: a. experiencing a relationship breakdown b. recently unemployed c. accessing the workers compensation system d. experiencing housing stress or not living in stable and secure housing.	DPAC with Tasmanian agencies	July 2023 – March 2024

1.4 Promote best-practice reporting and communication about suicide in Tasmania and take action on stigma

ACTION	LEAD & PARTNERS	TIMEFRAMES
1.4.1 All government agencies are signatories of the Tasmanian Communications Charter	DoH, PHT, MHCT	March 2023 – Dec 2023
1.4.2 Best-practice communication training provided to members and staff of the Premier's Mental Health and Suicide Prevention Advisory Council, Parliament (and their staff) and communications teams in government departments.	DoH, PHT, DPAC	March 2023 – Dec 2023
1.4.3 <i>Mindframe</i> training provided to Tasmanian media organisations and University of Tasmania journalism students yearly.	DoH, PHT, UTAS	July 2023 – June 2024
1.4.4 Develop and implement a whole of government communications strategy for suicide prevention.	DoH, DPAC	March 2023 – Dec 2023
1.4.5 Identify and implement key stigma reduction strategies as aligned with the National Stigma and Discrimination Reduction Strategy (once developed) and Rethink Reform Direction 3.	DoH, PHT with TSPCN and MHCT	June 2023 – March 2024

1.5 Implement cross-agency actions to reduce access to means of suicide in Tasmania

ACTION	LEAD & PARTNERS	TIMEFRAMES
1.5.1 Establish a data and research cross-agency working group under the Premier's Mental Health and Suicide Prevention Advisory Council to lead means restriction activities and other research priorities in Tasmania.	DPAC, DoH, DoJ	June 2023 – August 2023
1.5.2 Request and review data from the Tasmanian Suicide Register, and other available data, to inform means restriction action in local government areas of Tasmania, including a specific focus on firearm deaths.	DoH, DPAC, DoJ	January 2024 – June 2024
1.5.3 Review and implement suicide prevention measures and communication protocols to reduce suicides at locations known as places where people have died by suicide.	DoH, Lifeline Tas, DoJ	June 2023 – June 2024

2

Delivering compassionate and connected services that meet people's needs

FOCUS	INTERVENTION & POSTVENTION <ul style="list-style-type: none"> - Early, effective and ongoing supports to reduce duration and severity of suicidal distress and suicide attempts - Actions for families, friends and communities to reduce the impact of suicidal behaviour
RATIONALE	<p>Our services need to be visible, accessible, and safe for all people. They also need to include a range of coordinated supports – including early responses to distress, clinical and non-clinical supports for people experiencing suicidal distress, providing aftercare for those who have attempted suicide or experienced a suicidal crisis and postvention services to support individuals and communities following a suicide. A compassionate service system means that no matter when or where a person makes contact, they are connected to the supports they need, delivered in environments where they feel safe and supported.</p>

2.1 Increase the availability, accessibility and quality of aftercare services in Tasmania to support people following a suicide attempt or suicidal crisis

ACTION	LEAD & PARTNERS	TIMEFRAMES
2.1.1 Review and improve referral pathways from health services to aftercare program/s and learn from client experiences to improve service.	DoH, PHT	January 2023 – Dec 2023
2.1.2 Increase referral pathways into aftercare services from Ambulance Tasmania and other emergency services to better capture those who do not present at hospital.	DoH, DPFEM, Ambulance Tasmania, PHT	July 2023 – June 2024
2.1.3 Support national co-design initiatives to advance the lived experience understanding of best practice for universal aftercare, postvention and distress brief support.	DoH, PHT	January 2024 – June 2024 and ongoing

2.2 Expand the availability of community-based models of care for people experiencing suicidal distress

ACTION	LEAD & PARTNERS	TIMEFRAMES
2.2.1 Include lived experience workforce in Mental Health Integration Hubs to provide support for people in suicidal distress.	DoH, PHT	August 2023 – June 2024
2.2.2 Establish, monitor and report on the first Safe Haven operating in southern Tasmania.	DoH, PHT, CMHSI	June 2023 – December 2024

2.3 Provide coordinated supports for families, friends and caregivers impacted by suicidal behaviour

ACTION	LEAD & PARTNERS	TIMEFRAMES
2.3.1 Identify and procure education and support programs that can be scaled for delivery to family, friends and caregivers of people who are experiencing suicidal distress and/or attempted suicide in Tasmania.	DoH, PHT with TSPCN	June 2023 – December 2023
2.3.2 Identify opportunities to integrate support for families, friends and caregivers into the Tasmanian service system and available evidence-based programs and/or models of care.	DoH, PHT with TSPCN	January 2024 – June 2024
2.3.3 Fund postvention and bereavement support services that can support Tasmanians impacted by suicide, considering reach across settings and communities.	DoH, PHT with Australian Government	July 2023 – June 2024 and ongoing
2.3.4 Develop postvention response plans for at least two Tasmanian government agencies.	DoH, with Tasmanian agencies	July 2023 – June 2024

2.4 Design, deliver and evaluate an early distress response service for Tasmania

ACTION	LEAD & PARTNERS	TIMEFRAMES
2.4.1 Review and report on service models developed by other jurisdictions designing and trialling early distress responses, and work with lived experience and cross-agency stakeholders to design a model for trial in the Tasmanian context. This should consider the opportunity to reach people outside of the health system.	DoH, PHT and Tasmanian agencies	January 2024 – June 2024

3

Empowering our people and communities to lead suicide prevention action

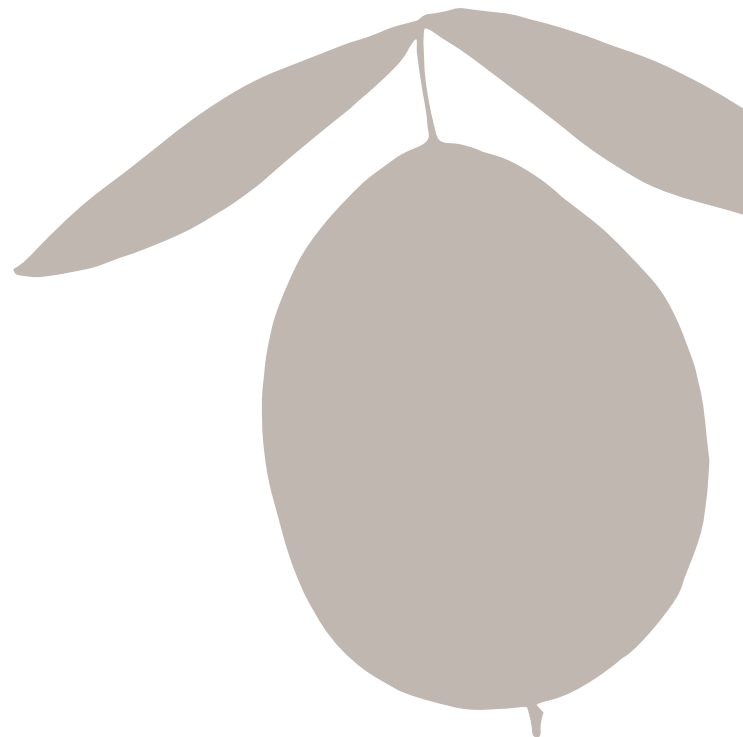
FOCUS	<ul style="list-style-type: none"> - Lived experience leadership - Connected and supported communities with localised planning and delivery - Targeted actions for particular groups to prevent onset, or worsening, of suicidal behaviour
RATIONALE	<p>People with lived experience of suicide and communities in Tasmania are central to the planning and delivery of suicide prevention action.</p> <p>A focus on co-designing solutions that can be delivered in and with communities is crucial. We know that some genders, age groups and communities identified through culture, identity or geography, need tailored and appropriate actions that are co-designed and delivered by the community or population group.</p>

3.1 Support people with lived experience of suicide to contribute to priority setting, program design and delivery of suicide prevention in Tasmania

ACTION	LEAD & PARTNERS	TIMEFRAMES
3.1.1 Work with Roses in the Ocean to embed a focus on lived experience of suicide within Tasmania's lived experience and consumer and carer participation frameworks as aligned with Rethink Reform Direction 1.	DoH	July 2023 – June 2024
3.1.2 Fund a community organisation to support participation of lived experience statewide.	DoH	July 2023 – June 2024
3.1.3 Develop a framework for the delivery of a lived experience of suicide peer workforce for Tasmania. This should include considerations for recruitment, training, supervision, connections with mental health peer workforce, ongoing supervision, and organisational enablers for success.	DoH	July 2023 – June 2024
3.1.4 Deliver training for people with lived experience of suicide in Tasmania to actively contribute to the TSPS.	DoH, PHT	February 2024 – December 2024
3.1.5 Funding for Working It Out's volunteer peer support buddy program 'Working It Out Together'.	DoH, PHT	July 2023 – June 2024

3.2 Further enhance the capacity of communities to implement suicide prevention community action plans

ACTION	LEAD & PARTNERS	TIMEFRAMES
3.2.1 Evaluate current community and place-based action plans administered by Primary Health Tasmania and Relationships Australia (Tasmania) to develop a common framework and shared evaluation measures for ongoing work.	DoH, PHT with TSPCN	March 2023 – August 2023
3.2.2 Deliver bi-annual learning events for TSPCN members and at least one full-day conference annually to support knowledge sharing and connection.	DoH, TSPCN	March 2023; September 2023; March 2024
3.2.3 Continue small community grants to support local action across communities.	DoH, RA Tas, LGAT	January 2023 – June 2024
3.2.4 Connect the work of the nationally funded suicide prevention programs and services to the suicide prevention sector and community in Tasmania to avoid duplication and harness established best-practice programs and services.	DoH, PHT with SPCs	January 2023 – June 2024
3.2.5 Work with the Local Government Association of Tasmania to embed TSPS actions in local government plans, including local networks, and work to enhance protective factors.	DoH, PHT with LGAT	July 2023 – June 2024



3.3 Take targeted action for particular groups in Tasmania that may be at increased risk of suicide

ACTION	LEAD & PARTNERS	TIMEFRAMES
3.3.1 Targeted activities to prevent onset and impact of suicidal behaviour among men in Tasmania.		
3.3.1.a Establish a cross-agency working group under the Premier's Mental Health and Suicide Prevention Advisory Council to inform priority activities targeting men, including young men, and make recommendations based on data and evidence.	DPAC	March 2023 – June 2023 (Establish) July 2023 – June 2024 (Implementation)
3.3.1.b In co-design with men: a. develop a checklist which defines the features of a male-friendly health service b. plan the implementation of the checklist in the Tasmanian Health Service.	DoH, PHT	July 2023 – June 2024
3.3.1.c Increase the referral pathways to aftercare services to better reach men who have attempted suicide and/or are experiencing suicidal distress and monitor access and outcome data over a 12-month period.	DoH, PHT, THS	July 2023 – June 2024
3.3.1.d Implement the <i>Men in Mind</i> training program on effectively engaging and working with men, with an initial focus on psychologists and other clinicians working in Tasmanian mental health services, AOD services, justice services and EAP programs.	DoH, PHT	Dec 2023 – June 2024
3.3.1.e Increase the delivery of evidence-based prevention programs targeting male dominated industries and workplaces with higher rates of suicide.	DoH, PHT with WorkSafe Tasmania	July 2023 – June 2024
3.3.1.f Develop and implement targeted community action plans focused on engaging men in rural areas of Tasmania, including small grants to embed community-led actions.	DoH, PHT, TSPCN	January 2023 – June 2024
3.3.1.g Partner with Movember to expand reach and access to free mental health and suicide prevention resources and programs addressing the needs of men and boys, including: a. <i>Family Man</i> , an online parenting program helping dads and other caregivers practice positive parenting techniques b. <i>Movember Conversations</i> , a program providing practical guidance on how to talk to men who might be struggling c. <i>Ahead of the Game</i> , a sports-based mental fitness and resilience program.	DoH, PHT	July 2023 – June 2024
3.3.1.h Work with Movember to engage in the Movember-led Global Community of Practice for engaging men in their health.	DoH, PHT	July 2023 – June 2024

ACTION	LEAD & PARTNERS	TIMEFRAMES
3.3.2 Targeted activities to prevent onset and impact of suicidal behaviour among young people (12–25 years) in Tasmania.		
3.3.2.a Establish a youth-focused working group to lead a co-design process to develop and recommend actions to the Premier's Mental Health and Suicide Prevention Advisory Council. Actions will be informed by research, data and lived experience.	DPAC, DoH	March 2023 – June 2023
3.3.2.b Work with young people, through a co-design process, to develop actions to include in the current (and future) implementation plans.	DoH	January 2023 – June 2023
3.3.2.c Use the Department for Education, Children and Young People's Student Wellbeing Survey report to inform suicide prevention actions that could be implemented in non-educational agencies/settings.	DECYP, DoH	June 2023 – December 2023
3.3.2.d In co-design with young people: a. develop a checklist which defines the features of a youth friendly health service b. plan the implementation of the checklist across services for young people within the Tasmanian Health Service and services funded to support young people.	DoH, PHT, THS	July 2023 – June 2024
3.3.2.e Increase the referral pathways to aftercare services to better support young people who have attempted suicide and/or are experiencing suicidal distress, including direct referral from educational/school settings.	DoH, PHT, DECYP	July 2023 – June 2024
3.3.2.f Implement professional development courses, such as <i>Emerging Minds Training</i> , across health, community and social services to further develop the skills and confidence of professionals working with children (aged 0–12) and families. a. Focus initially on psychologists and clinicians working in Tasmanian public mental health services b. Extend this professional learning to AOD services and justice services.	DoH, PHT, DECYP with CMHSI	July 2023 – June 2024
3.3.2.g Increase opportunities to support students experiencing or impacted by suicide and suicide attempts at Tasmanian schools through: a. statewide implementation of postvention guidelines for schools b. increasing supports for students following a suicide attempt, linking to aftercare services, and other supports c. building staff and student knowledge and skills to respond to suicidal distress d. developing clear referral pathways between schools and support services.	DoH, PHT, DECYP	July 2023 – 30 June 2024
3.3.2.h Through a co-design process with young people, identify and adapt existing guidelines to support early responses to self-harm among young people in Tasmania. This will include a focus on young people, families, educational settings, and health services.	DoH, PHT	September 2023 – June 2024
3.3.2.i Increase young people's confidence to communicate about suicide by developing a plan to adapt and deliver resources, training and tools to fit the Tasmanian context, including working in partnership with the national #chatsafe program.	DoH, PHT	July 2023 – June 2024

ACTION	LEAD & PARTNERS	TIMEFRAMES
3.3.3 Targeted activities to prevent onset and impact of suicidal behaviour among other population groups in Tasmania.		
3.3.3.a Review and develop a plan to implement actions from the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (once released) in partnership with Aboriginal Health and community agencies in Tasmania.	DoH, PHT with ACCHOs and national agencies	July 2023 – June 2024
3.3.3.b Work with the NACCHO affiliate for Tasmania and PHT to support the implementation of the <i>Culture Care Connect Program</i> .	TAC, DoH and PHT	July 2023 – June 2024
3.3.3.c Continue to contribute to meeting the outcomes of the National Agreement on Closing the Gap.	DoH, PHT, DPAC (OAA)	March 2023 – June 2024
3.3.3.d Review and develop a plan to implement recommendations from the Royal Commission into Defence and Veteran Suicide in Tasmania.	DoH, PHT, with national agencies	July 2023 – June 2024
3.3.3.e Deliver LGBTIQ+ specific training and programs identified under Rethink 2020: <ul style="list-style-type: none"> a. develop an audit tool for DoH services to assess how they are meeting the needs of LGBTIQ+ people b. develop a concept service model for an LGBTIQ+ specific mental health service c. establish LGBTIQ+ peer navigators d. in partnership with key stakeholders, monitor the development and implementation of the updated Tasmanian whole-of-government LGBTIQ+ Framework. 	DoH, PHT with Working It Out	July 2023 – June 2024

4

Developing a skilled, supported and sustained workforce in Tasmania

FOCUS	- A compassionate and skilled workforce across all services and agencies
RATIONALE	Every contact a person has with a government or community sector organisation is an opportunity for a compassionate response that connects them to the right supports. Our workforces that are providing this care and support are more likely to respond with compassion when they have the knowledge and skills that they need and when they have policies, systems and supports in place. A whole-of-government approach to suicide prevention needs to invest in the culture, leadership and capabilities of the wider Tasmanian workforce.



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

ACTION	LEAD & PARTNERS	TIMEFRAMES
4.1.1 Adapt and plan the implementation of a best-practice framework for safer suicide care across all areas of the Department of Health, Tasmanian Health Service and community sector.	DoH, PHT	July 2023 – June 2024
4.1.2 Develop an implementation schedule to deliver tiered suicide prevention training, such as <i>Connecting with People</i> and <i>Compassionate Foundations</i> across identified health workforces, with targets and annual reporting of progress. This includes: a. general practitioners b. mental health services c. emergency and general health services d. AOD workforce e. CSO providers of suicide prevention services and supports.	PHT, CMHSI with DoH (SPCs)	March – July 2023 July 2023 – June 2024
4.1.3 Work with key stakeholders to deliver tiered suicide prevention training, such as <i>Connecting with People</i> and <i>Compassionate Foundations</i> across other agencies that may interact with people in distress. This includes: a. education and children's services b. justice settings c. emergency services and first responders d. housing services e. relationship services f. disability services g. CSOs providing suicide prevention services and broader psychosocial supports.	CMHSI with DoH (SPCs)	July 2023 – June 2024
4.1.4 Identify, procure and deliver advanced suicide skills training program to targeted practitioners within Statewide Mental Health Services.	DoH	September 2023 – December 2023
4.1.5 Develop a procedure to ensure safety plans are created for all people who present in suicidal distress to government funded health services.	DoH	June 2023 – December 2023

4.2 Co-design and deliver education and training across workforces that builds capability to better engage and work with particular population groups

ACTION	LEAD & PARTNERS	TIMEFRAMES
<p>4.2.1 All staff working in the Tasmanian Health Service and DoH to complete online modules available through THEO and HLO targeting priority population groups including:</p> <ul style="list-style-type: none"> a. Aboriginal Cultural Respect in Health Services b. Multicultural Awareness in the Health and Community Sector c. Disability Confident Workforces d. Foundations on the Safeguarding of Children and Young People Training. 	DoH	July 2023 – June 2024
<p>4.2.2 All staff working in the Tasmanian Health Service, DoH and THS funded organisations to complete the 'LGBTIQ+ Inclusive Healthcare' online module available through THEO and HLO.</p>	DoH	July 2023 – June 2024

4.3 Increase the capacity of alcohol and other drug (AOD) services in Tasmania to provide integrated support for clients experiencing suicidal distress

ACTION	LEAD & PARTNERS	TIMEFRAMES
<p>4.3.1 Develop an implementation plan to deliver tiered suicide prevention training, such as <i>Connecting with People</i> and <i>Compassionate Foundations</i> for staff working in government and non-government AOD services, with clear targets and annual reporting of progress.</p>	DoH with CMSHI	July 2023 – June 2024
<p>4.3.2 Implement national comorbidity guidelines in AOD services in Tasmania and provide access to online comorbidity training for all staff.</p>	DoH, PHT with CMSHI	July 2023 – June 2024
<p>4.3.3 Develop a framework for pathways between AOD services and (a) clinical services (b) aftercare services and (c) other suicide prevention supports for clients in suicidal distress.</p>	DoH, PHT	July 2023 – June 2024
<p>4.3.4 Screen for AOD use when people present in distress across health and suicide prevention services and provide access to AOD prevention and treatment programs.</p>	DoH, PHT and other Tasmanian Agencies	July 2023 – June 2024

5

Enhancing whole-of-government mechanisms to coordinate our approach

FOCUS	<ul style="list-style-type: none"> - Coordinated whole-of-community, whole-of-service and whole-of-government response - Data and evidence to inform planning and delivery of suicide prevention actions
RATIONALE	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.

5.1 Implement new governance arrangements for coordinating and monitoring suicide prevention action under the Tasmanian Suicide Prevention Strategy

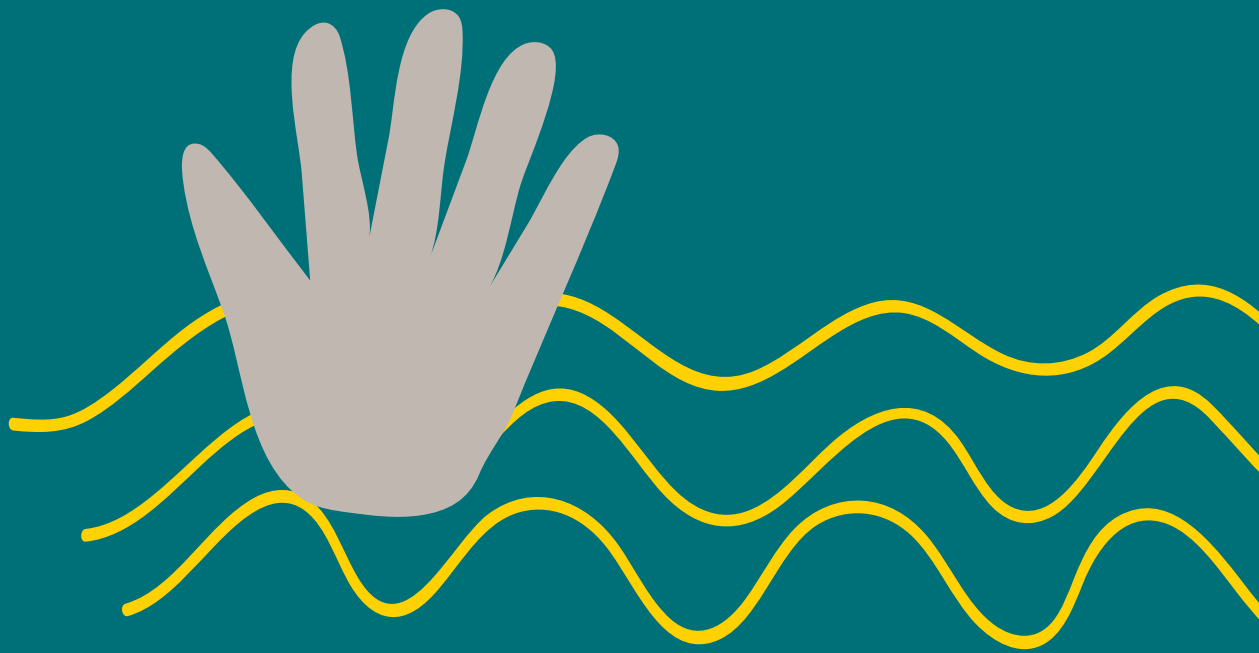
ACTION	LEAD & PARTNERS	TIMEFRAMES
5.1.1 Establish an Executive Leadership Group with representatives from the Department of Premier and Cabinet (DPAC), Department of Health (DoH) and Primary Health Tasmania (PHT), with terms of reference established.	DoH, DPAC, PHT	February 2023 – March 2023
5.1.2 Establish the Premier's Mental Health and Suicide Prevention Advisory Council, ensuring cross-agency and lived experience participation. Terms of reference, functions, reporting times and chairing arrangements to be completed.	DPAC	February 2023 – March 2023
5.1.3 Increase suicide prevention staffing in the Department of Health, including the appointment of a dedicated suicide prevention adviser within MHADD and a suicide prevention coordinator to support government actions under this plan.	DoH, DPAC	March 2023 – June 2024
5.1.4 Appoint a senior leader for suicide prevention at PHT and recruit a regional suicide prevention coordinator for PHT to work as part of the central coordination team to deliver actions aligned to this plan.	PHT	February 2023 – March 2023
5.1.5 Report annually on progress under the TSPS to the Premier, Minister for Mental Health and Wellbeing, and all stakeholders.	DoH, DPAC	June 2023, June 2024
5.1.6 Develop and commence implementation of an evaluation framework for the <i>Tasmanian Suicide Prevention Strategy 2023–27</i> .	DoH, CMHSI	June 2023 – June 2024

5.2 Enhance the availability and real time use of suicide and self-harm data in Tasmania

ACTION	LEAD & PARTNERS	TIMEFRAMES
5.2.1 Through the research and data working group, identify available government, service and community data sets that can be used to inform suicide prevention planning and suicide prevention response systems.	DoH, DPAC	March 2023 – June 2023
5.2.2 Prepare regular reports on suicide deaths in Tasmania for review by the Premier's Mental Health and Suicide Prevention Advisory Council and for the Tasmanian Government.	DoH, DoJ	July 2023 – June 2024
5.2.3 Collect and analyse regular self-harm data from available sources in Tasmania – commencing with Ambulance Tasmania and Tasmanian hospital and health services, with options to increase across other government agencies and service providers.	DoH, DPAC, PHT	July 2023 – June 2024
5.2.4 Plan the development of a minimum data set for suicide and self-harm in Tasmania that can be used by all funded Tasmanian programs and services.	DoH, PHT, NSPO	January 2024 – June 2024

5.3 Ensure that other relevant reform initiatives and funded programs connect with and support suicide prevention priorities and actions in Tasmania

ACTION	LEAD & PARTNERS	TIMEFRAMES
5.3.1 Identify and connect relevant actions under the Tasmanian Drug Strategy 2023–2028 (in development) to ensure aligned action.	DoH, PHT	September 2023 – June 2024
5.3.2 Connect priorities under the National Suicide Prevention Strategy (in development) to the TSPS.	DoH, DPAC, PHT, NSPO	January 2024 – June 2024
5.3.3 Collaborate with national and local providers to develop mechanisms for local coordination and transparent reporting of national funded activities and outcomes.	DoH, PHT with national agencies (SPCs)	June 2023 – December 2023





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