

# 3 Background and policy context

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## 3 BACKGROUND AND POLICY CONTEXT

The last two decades have seen a number of major policy developments in relation to suicide prevention in Australia. This chapter outlines the policy context, investment and evidence underpinning the NSPP.

### 3.1 Suicide in Australia

The costs of suicide to individuals and society are enormous. In Australia, suicide represents the fifteenth leading cause of all deaths, with 2,273 deaths from suicide registered in 2011.<sup>3</sup> Given the complexities of data collection relating to suicide and issues of under-reporting,<sup>4</sup> these figures are considered to be an underestimate of actual rates.

The number of suicide deaths recorded annually remained relatively stable from 2001-10, with the lowest number (2,098) recorded in 2004 and the highest number (2,457) recorded in 2001. Over these ten years, suicide accounted for between 1.6% and 1.9% of all deaths annually. However, the age-standardised suicide rate has decreased from 11.4 deaths per 100,000 population per year in the period 2001-05<sup>5</sup> to 10.6 deaths per 100,000 population per year in the period 2007-11.<sup>6</sup>

Suicide remains the leading cause of death for all Australians between 15-34 years of age, despite decreases in the suicide rate over the past decade. Males were between three and four times more likely than females to die from suicide in the period 2001-10. Rates of suicide also differed between states and territories, with particularly high rates in Tasmania and the Northern Territory. Rural areas were found to have higher suicide rates than capital cities.

Suicide rates for Aboriginal and Torres Strait Islander peoples are approximately twice those of non-Indigenous Australians, and rates are particularly high for younger Aboriginal and Torres Strait Islander people.<sup>7</sup>

### 3.2 Policy milestones

The following sections outline the key developments in Australia's national approach to suicide prevention. An overview of dates and milestones is provided in *Table 3-1* and details of key developments are discussed in chronological order in the sections that follow.

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<sup>3</sup> Australian Bureau of Statistics, *Causes of Death, Australia, 2011*, Australian Bureau of Statistics, Canberra, 2013, accessed 16 April 2013, <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/78FC28EE32C91EC3CA257B2E000D75C3?opendocument>>.

<sup>4</sup> D De Leo, M Dudley, C Aebersold et al, 'Achieving standardised reporting of suicide in Australia: rationale and program for change', *Medical Journal of Australia*, vol 192, no 8, 2010, pp.452-456.

<sup>5</sup> Australian Bureau of Statistics, *Suicides, Australia, 2010*, Australian Bureau of Statistics, Canberra, 2012, accessed 11 December 2012, <<http://www.abs.gov.au/ausstats/abs@.nsf/Products/3309.0-2010-Chapter-Summary?OpenDocument>>.

<sup>6</sup> Australian Bureau of Statistics, *Causes of Death, Australia, 2011*.

<sup>7</sup> Australian Bureau of Statistics, *Suicides, Australia, 2010*.

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Table 3-1: Milestones in suicide prevention policy

Year	Development
1995	National Youth Suicide Prevention Strategy (NYSPS) introduced
2000	National Suicide Prevention Strategy (NSPS) introduced LIFE Framework produced
2006	National Suicide Prevention Program (NSPP) commenced
2007	LIFE Framework updated, and suite of resources released
2008	Australian Suicide Prevention Advisory Council (ASPAC) established and first NSPS Action Framework (2009-10 to 2010-11) developed
2010	Senate Community Affairs References Committee Inquiry into Suicide in Australia conducted and report released ( <i>The Hidden Toll: Suicide in Australia</i> ) Announcement of Taking Action to Tackle Suicide (TATS) package Continuation and expansion of the ASPAC
2011	Announcement of Delivering Mental Health Reform budget package
2012	Formation of the National Mental Health Commission and delivery of <i>A Contributing Life: the 2012 Report Card on Mental Health and Suicide Prevention</i> Release of the <i>Roadmap for National Mental Health Reform 2012-2022</i> Development of National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

Each of these key developments is summarised in the following sections.

### 3.3 National Suicide Prevention Strategy

With the development of the National Youth Suicide Prevention Strategy (NYSPS), Australia became one of the first nations to take a nationally coordinated approach to suicide prevention. Operating between 1995 and 1999, the NYSPS was replaced in 2000 by the National Suicide Prevention Strategy (NSPS). The NSPS not only expanded the focus on suicide prevention activities across the life span but also included consideration of specific at-risk groups.<sup>8</sup>

The goal of the NSPS is to reduce deaths by suicide and suicidal behaviour by:

- Adopting a whole-of-community approach to suicide prevention in order to extend and enhance public understanding of suicide and its causes
- Increasing support and care available to people, families and communities affected by suicide or suicidal behaviour by funding and evaluating initiatives which enhance or inform the establishment of better support systems.

The main objectives of the NSPS are to:

- Build individual resilience and the capacity for self-help
- Improve community strength, resilience and capacity in suicide prevention
- Provide targeted suicide prevention activities
- Implement standards and quality in suicide prevention

<sup>8</sup> Department of Health and Ageing, *LIFE: Research and Evidence in Suicide Prevention*, DoHA, Canberra, 2007.

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- Take a coordinated approach to suicide prevention
- Improve the evidence base and understanding of suicide prevention.<sup>9</sup>

The NSPS has four interrelated components:

- **LIFE Framework:** sets an overarching evidence-based strategic policy framework for suicide prevention activities
- **NSPS Action Framework:** provides a work plan for national leadership in suicide prevention and policy
- **National Suicide Prevention Program:** the Australian Government funding program dedicated to suicide prevention activities
- **Mechanisms to promote alignment with and enhance state and territory suicide prevention activities:** includes progressing elements of relevant frameworks, such as the Fourth National Mental Health Plan 2009-14.

Each of these components is described below.

### 3.3.1 The LIFE Framework

Originally developed in 2000 and updated in 2007, the LIFE Framework provides the operational framework for the NSPS.<sup>10</sup> It outlines the vision, purpose, principles, action areas and proposed outcomes for suicide prevention in Australia. In September 2011, the LIFE Framework was adopted in all jurisdictions as Australia's overarching suicide prevention framework.

The LIFE Framework is based on the premise that in order to reduce suicide rates, activities should occur across eight overlapping domains of care and support, as described below:

- **Universal interventions** target whole populations, with the aim of reducing risk factors and enhancing protective factors across the entire population. Typically such approaches include (but are not restricted to) reducing access to means of suicide, improving media reporting of suicide and providing community education about suicide prevention.
- **Selective interventions** target subgroups whose members are not yet manifesting suicidal behaviours, but exhibit proximal or distal risk factors that predispose them to do so in the future. These may include gatekeeper training or programs that involve screening those thought to be at elevated risk.
- **Indicated interventions** are designed for people who are identified through screening programs or by clinical presentation as already beginning to exhibit suicidal thoughts or behaviours, and may include psychological or pharmacological treatment of underlying mental disorders.
- **Symptom identification** involves knowing and being alert to signs of imminent risk, adverse circumstances and potential tipping points by providing support and care when vulnerability and exposure to risks are high.
- **Finding and accessing early care and support** when treatment and specialised care is needed. This is the first point of professional contact that provides targeted and integrated care, support and monitoring.

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<sup>9</sup> Department of Health and Ageing, *National Suicide Prevention Strategy*, DoHA, Canberra, 2012, accessed 11 November 2012, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsp>>.

<sup>10</sup> Department of Health and Ageing, *Living is For Everyone (LIFE) Framework*, DoHA, Canberra, 2007.

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- **Standard treatment** when specialised care is needed to manage suicidal behaviours and comprehensively treat and manage any underlying conditions, improve wellbeing and assist recovery.
- **Longer-term treatment and support** which entails continuing integrated care to consolidate recovery, reduce the risk of adverse health effects and prepare for a positive future.
- **Ongoing care and support** involving professionals, workplaces, community organisations, friends and family to support people to adapt, cope and build strength and resilience within an environment of self-help.

The LIFE Framework also sets out six action areas and related outcome areas for suicide prevention activity, as follows (*Table 3-2*).

**Table 3-2: LIFE Action Area Outcomes**

LIFE Action Area	LIFE Action Area Outcome
Improving the evidence base and understanding of suicide prevention.	1.1. Understanding of imminent risk and how best to intervene. 1.2. Understanding of whole-of-community risk and protective factors, and how best to build resilience in communities and individuals. 1.3. Application and continued development of the evidence base for suicide prevention among high-risk populations. 1.4. Improved access to suicide prevention resources and information.
Building individual resilience and the capacity for self-help.	2.1. Improved individual resilience and wellbeing. 2.2. An environment that encourages and supports help-seeking.
Improving community strength, resilience and capacity in suicide prevention.	3.1. Improved community strength and resilience. 3.2. Increased community awareness of what is needed to prevent suicide. 3.3. Improved capability to respond at potential tipping points and points of imminent risk.
Taking a coordinated approach to suicide prevention.	4.1. Local services linking effectively so that people experience a seamless service. 4.2. Program and policy coordination and cooperation through partnerships between governments, peak and professional bodies and non-government organisations. 4.3. Regionally integrated approaches.
Providing targeted suicide prevention activities.	5.1. Improved access to a range of support and care for people feeling suicidal. 5.2. Systemic, long-term, structural interventions in areas of greatest need. 5.3. Reduced incidence of suicide and suicidal behaviour in the groups at highest risk. 5.4. Improved understanding, skills and capacity of front-line workers, families and carers.
Implementing standards and quality in suicide prevention.	6.1. Improved practice, national standards and shared learning. 6.2. Improved capabilities and promotion of sound practice in evaluation. 6.3. Systemic improvements in the quality, quantity, access and response to information about suicide prevention programs and services.

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### 3.3.2 *Groups at higher risk of suicide*

Certain groups are identified in the LIFE Framework<sup>11</sup> as being at higher risk of suicide (acknowledging that this is not an exhaustive list):

- Men aged 20-54 and over 75
- Men in Aboriginal and Torres Strait Islander communities
- People with a mental illness
- People with substance use problems
- People in contact with the justice system
- People who attempt suicide
- People in rural and remote communities
- Gay and lesbian communities
- People bereaved by suicide.

### 3.3.3 *The NSPS Action Framework*

The NSPS Action Framework is developed by the ASPAC in collaboration with DoHA, and has two primary purposes:

- To help ASPAC plan and manage the provision of confidential advice to the Australian Government on strategic direction and priorities in relation to suicide prevention and self-harm
- To help DoHA plan and manage the implementation of the National Suicide Prevention Program.

The Action Framework, which is reviewed periodically, provides targets and cross-government departmental directives to implement suicide prevention activities.

### 3.3.4 *National Suicide Prevention Program*

The third component of the NSPS is the NSPP, which is the Australian Government funding program dedicated to suicide prevention activities. The NSPP funds local community-based projects as well as national projects that take a broad population health approach to suicide prevention, including research. Drawing upon the priorities set out in the LIFE Framework, the NSPP funds universal, selective and indicated suicide prevention activities. The first competitive grants round for the NSPP started in 2006.

Funding under the NSPP is provided to support suicide prevention activities that will contribute to outcomes specified in the LIFE Framework. The central goal of the LIFE Framework is to reduce suicide attempts, the loss of life through suicide and the impact of suicidal behaviour in Australia. Suicide prevention activities, programs and interventions aim to build:

- Stronger individuals, families and communities
- Individual and group resilience to traumatic events
- Community capacity to identify need and respond
- The capacity for communities and individuals to respond quickly and appropriately
- A coordinated response, providing smooth transitions to and between care.

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<sup>11</sup> DOHA, *LIFE Framework*, p.32.

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The NSPP also contributes funds to other large programs including the Access to Allied Psychological Services Additional Support for Patients at Risk of Suicide and Self-Harm Project (ATAPS Suicide Prevention service initiative) and the MindMatters initiative.

### 3.3.5 *Mechanisms to promote alignment with and enhance state and territory suicide prevention activities*

The fourth component of the NSPS aims to enhance alignment (thereby promoting synergies and reducing duplication) between the NSPS and state/territory suicide prevention activities by progressing the relevant actions of related national frameworks, such as the *Fourth National Mental Health Plan 2009-14*.

## 3.4 Senate Community Affairs References Committee Inquiry into Suicide in Australia

Growing recognition of the high personal, social and financial costs of suicide led to the commissioning of the Senate Community Affairs References Committee Inquiry into Suicide in Australia. The committee's report, *The Hidden Toll: Suicide in Australia*, was released on 24 June 2010.<sup>12</sup> Its recommendations, which covered all aspects of suicide prevention, are summarised below:

- Improve the accuracy of suicide statistics through standardising coronial reporting and process and police reporting
- Provide suicide awareness and prevention training for frontline staff, workers in community organisations and other gatekeepers
- Improve assessment, care, continuity of care and follow-up care in the health setting for people who have attempted suicide, have suicidal ideation or have an existing mental health problem
- Undertake long-term suicide awareness campaigns including targeted approaches to high-risk groups
- Encourage responsible reporting of suicide in the media
- Ensure affordable access to telephone crisis services
- Reduce access to means for suicide
- Add suicide prevention measures at suicide hotspots.

In addition, the Committee made a number of specific recommendations to include interventions and resources for high-risk groups, to improve the effectiveness of existing interventions and to expand reach. These recommendations included:

- Improve evidence on the efficacy of suicide prevention interventions and access to this evidence
- Increase funding through the NSPP for research and evaluation of suicide prevention interventions
- Improve coordination of programs and services through a National Suicide Prevention Strategy that involves participation and funding from all levels of government and collaboration with community stakeholders and service providers
- Explore the benefits of an external governance and accountability structure for national suicide prevention

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<sup>12</sup> Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Commonwealth of Australia, Canberra, 2010.

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- Increase funding of programs and support for people at risk of suicide
- Establish a Suicide Prevention Foundation to encourage and direct funding from all sectors into suicide prevention awareness, research, advocacy and services
- Provide longer funding cycles for suicide program funding to assist in success and stability
- Establish targets to reduce the suicide rate.

The Inquiry raised a number of issues in relation to the NSPS and the NSPP, including:

- The NSPS has resulted in fragmented services for those at risk of suicide, and there is no agency at the national or state/territory level with the mandate to address suicide and suicide prevention. For example, responsibility for mortality data collection, morbidity data collection, funding for program initiatives, research, services, advocacy, and self-help/support groups rests with different groups/organisations.
- More substantial collaborative structures and mechanisms are needed to better link up all levels of government, stakeholders, communities and consumers.
- The NSPS is not a National Strategy because it was not a formal agreement signed by all governments (this occurred subsequently in September 2011 through the Australian Health Ministers Conference (AHMC)).
- There was uncertainty over whether the LIFE Framework constituted 'The Strategy' or was a 'supporting resource'.
- The Inquiry recommended that an aspirational target for the reduction in suicides be set as part of the strategy.

### 3.5 Taking Action to Tackle Suicide

The *Commonwealth Response to The Hidden Toll: Suicide in Australia* was tabled on 24 November 2010 and included details of the TATS package. The TATS package provides further support for suicide prevention through universal and population-wide approaches and through community led responses. This investment seeks to strengthen and further build on proven strategies in suicide prevention in the following four areas:

1. More frontline services and support for those at greatest risk of suicide:
  - More community-based psychology services (through expansion of ATAPS Suicide Prevention service initiative (see *Chapter 11*))
2. More services to prevent suicide and boost crisis intervention services:
  - Boost capacity of crisis lines
  - Mental Health First Aid training for frontline community workers
  - Infrastructure for suicide hotspots
  - Community prevention activities for high-risk groups (including Indigenous people; men; lesbian, gay, bisexual, transgender and intersex (LGBTI) people; and families bereaved by suicide)<sup>13</sup>
  - Outreach teams to schools through the headspace School Support program
3. Target men who are at greatest risk of suicide:
  - Expansion of the National Workplace Program delivered by *beyondblue*

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<sup>13</sup> Includes \$6 million quarantined for community-based prevention activities for Aboriginal and Torres Strait Islander peoples.

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- Increased helpline capacity
  - Targeted campaigns on depression and reducing stigma
4. Programs to promote good mental health and resilience in young people:
- Expansion of the *KidsMatter* primary school program
  - Additional services for at-risk children through the ATAPS child mental health service
  - Online mental health and counselling services.

For the period 2011-12 to 2015-16, the total investment under the TATS package is \$292.4 million.<sup>14</sup> The TATS package funding represents an additional funding source to the NSPP, which fills some of the gaps in the NSPP that were identified through the Senate Inquiry into Suicide. In some instances, the TATS package has provided additional funding to NSPP-funded projects. This includes \$4.8 million to expand the Wesley LifeForce project, and \$6.9 million to improve access to bereavement services through the StandBy Suicide Bereavement Response Service. In addition, \$1.1 million was provided to the National LGBTI Health Alliance to deliver the MindOUT! project.

A number of other recommendations from the report on the Senate Inquiry into Suicide have also been acted upon by the Australian Government. These include the development of a suicide prevention strategy for Aboriginal and Torres Strait Islander communities (see *Section 3.9*) and alignment of state/territory suicide prevention strategies to the LIFE Framework under the auspice of the Australian Health Ministers' Conference.<sup>15</sup>

### 3.6 Implementation of the 2011 Delivering National Mental Health Reform package

In the May 2011-12 Budget, the Australian Government announced a reform package for mental health services worth \$1.5 billion over five years, focused on five key areas:

- Better care for people with severe and debilitating mental illness
- Strengthening primary mental health care services
- Prevention and early intervention for children and young people
- Encouraging economic and social participation, including jobs, for people with mental illness
- Improving quality, accountability and innovation in mental health services.

The package has a focus on reducing gaps in the provision of care and support and maximising social and economic participation by people with mental illness, and includes:

- \$571.3 million for better coordinated services for people with mental illness
- \$220.3 million to strengthen primary care and better target services to those most in need (this included additional funding for the ATAPS service initiative, and funding to develop e-mental health services)
- \$491.7 million to expand services for children and young people.

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<sup>14</sup> Department of Health and Ageing, *Programs: Taking Action to Tackle Suicide package*, DoHA, Canberra, 2013, accessed 9 April 2013, <<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-tats#1>>.

<sup>15</sup> Department of Health and Ageing, *Commonwealth response to The Hidden Toll: Suicide in Australia*, DoHA, Canberra, 2010, accessed 23 April 2013, <<http://health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-c-toll-toc-mental-pubs-c-toll-str-mental-pubs-c-toll-str-1#1.6>>.



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The reform package also focuses on improving coordination between state/territory governments and the Australian Government in providing services. This was formalised in August 2011 when the Council of Australian Governments (COAG) agreed to develop a new National Partnership Agreement on Mental Health.<sup>16</sup> It also provided funding to establish the National Mental Health Commission, which, is charged with influencing reform within the suicide prevention sector as well as the mental health sector.<sup>17</sup>

### 3.7 Formation of the National Mental Health Commission and publication of its first Report Card

Australia's first National Mental Health Commission was established on 1 January 2012. It is independent and reports directly to the Prime Minister. The Commission's vision is for all people in Australia to achieve the best possible mental health and wellbeing. The Commission aims to work across all sectors and settings that promote mental health and prevent mental illness and suicide. As such, its reach extends beyond government programs and beyond the health sector. The Commission has three primary strategies:

- Reporting on how the mental health system is performing and the contribution other sectors are making to people's lives. A key initial focus was the creation of a data set for the *National Report Card on Mental Health and Suicide Prevention*<sup>18</sup> (Section 3.7.1).
- Providing independent advice (in the form of reports, submissions, studies and commentaries) to make visible the evidence, build capacity, guide investment decisions and improve systems and supports.
- Collaborating with government agencies, community-based and private sector providers, businesses, employees and workforce representatives in order to develop a shared vision, align actions, share learnings, measure progress, and ensure consistent communication about mental health and suicide.<sup>19</sup>

#### 3.7.1 *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*

In 2012, the National Mental Health Commission released *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention* (the 2012 Report Card)<sup>20</sup>. In the first of what will be annual Report Cards, the Commission presents a 'big picture' case for change and identifies four key priority action areas:

- Mental health must be a high national priority for all governments and the community
- A complete picture of what is happening needs to be provided and changes need to be closely monitored and evaluated

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<sup>16</sup> The Hon Mark Butler MP, *Mental Health Matters – Updates on reform from the Minister for Mental Health – October*, DoHA, 2011, accessed 9 April 2013, <<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-mb-mb136.htm>>.

<sup>17</sup> Department of Health and Ageing, *National Mental Health Reform 2011-12: Highlights*, DoHA, Canberra, 2011, accessed 9 April 2013, <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/nmhr11-12-nmhr11-12-highlights>>.

<sup>18</sup> National Mental Health Commission, *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*, NMHC, Sydney, 2012.

<sup>19</sup> National Mental Health Commission, *Strategies and Actions 2012-2015*, NMHC, Sydney, 2012, accessed 9 April 2013, <[http://www.mentalhealthcommission.gov.au/media/5039/strategicactions\\_2012%20to2015.pdf](http://www.mentalhealthcommission.gov.au/media/5039/strategicactions_2012%20to2015.pdf)>.

<sup>20</sup> NMHC, *A Contributing Life*.

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- Agreement needs to be reached on the best ways to encourage improvement and get better results
- Analysis of the gaps and barriers to achieving a contributing life needs to be undertaken and Australia's direction agreed on.

Based on these four action areas, a number of recommendations are made to achieve the vision of a contributing life for people with mental health difficulties, their families and supporters. While all the recommendations are relevant to suicide prevention, one has suicide as its specific focus:

*Recommendation 10: Prevent and reduce suicide, and support those who attempt suicide through timely local responses and reporting.*

Two actions are proposed to work towards this recommendation:

- Develop local, integrated and more timely suicide and at-risk reporting and responses, ie, coordinated, community-based, culturally appropriate, early response systems and suicide prevention programs
- Programs with a proven track record (which are evidence-based) must be supported and implemented as a priority in regions and communities with the highest suicide or attempted suicide rates.<sup>21</sup>

#### 3.8 Release of the *Roadmap for National Mental Health Reform 2012-2022*

The *Roadmap for National Mental Health Reform* (the Roadmap)<sup>22</sup> represents the vision of the COAG in relation to mental health reform. The Roadmap emphasises that the voices of consumers and carers should be heard, and that policy should be guided by and respond to people's lived experience. The priorities of the Roadmap are to:

- Promote person-centred approaches
- Improve the mental health and social and emotional wellbeing of all Australians
- Prevent mental illness
- Focus on early detection and intervention
- Improve access to high quality services and supports
- Improve the social and economic participation of people with mental illness.

The Roadmap is accompanied by a set of Preliminary Performance Indicators to monitor progress across governments. The National Mental Health Commission (*Section 3.7.1*) is responsible for evaluating the Roadmap. The implementation of the Roadmap will be articulated in the successor to the *Fourth National Mental Health Plan*, which will be developed by the COAG Working Group on Mental Health Reform that has been established as part of the Roadmap. It is intended that the successor to the Fourth Plan will reflect the high-level aspirations and strategies in the Roadmap and convert them into more concrete medium-term outcomes.<sup>23</sup>

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<sup>21</sup> NMHC, *A Contributing Life*.

<sup>22</sup> Council of Australian Governments, *The Roadmap for National Mental Health Reform 2012-2022*, COAG, Canberra, 2012.

<sup>23</sup> COAG, *The Roadmap for National Mental Health Reform*.

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### 3.9 Development of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

Recommendation 27 of the Senate Inquiry into Suicide report, *The Hidden Toll: Suicide in Australia* (see Section 3.5), called for the development of a separate suicide prevention strategy within the NSPS for Aboriginal and Torres Strait Islander communities. This recommendation was supported by the Australian Government. The Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group was subsequently established to provide input to the development of the strategy and to provide advice on priorities for the \$6 million of funding provided through the TATS package that was quarantined for Aboriginal and Torres Strait Islander suicide prevention initiatives.<sup>24</sup>

In June 2012, the Minister for Mental Health and Ageing announced the appointment of the Menzies School of Health Research to develop Australia's first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. To inform the development of the Strategy, 14 community consultations were held across Australia, a national expert workshop was attended by peak bodies and key stakeholders, and 48 contributions from community members were received via a dedicated website. The development of the Strategy was overseen by the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group. The commitment to develop the Aboriginal and Torres Strait Islander Suicide Prevention Strategy was part of the Government's response to the Senate Inquiry into Suicide in Australia.

On 23 May 2013 the Strategy was released, supported by funding of \$17.8 million over four years (2013-14 to 2016-17). The funding will support the establishment of local suicide prevention networks and a centre of best practice to support and prioritise local, community-led activities, and share knowledge in suicide prevention for Aboriginal and Torres Strait Islander peoples across Australia. These activities will be developed in close consultation with Aboriginal and Torres Strait Islander communities and will implement key elements of the Strategy. The ministerially-appointed Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group will guide the development of program guidelines and implementation of key recommendations from the Strategy.

### 3.10 State/territory level suicide prevention policies

A range of suicide prevention policies exist at state/territory level. As indicated in *Table 3-3*, these are aligned with the LIFE Framework, although the priorities for action and the operationalisation of the strategies vary between jurisdictions.

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<sup>24</sup> Department of Health and Ageing, *Mental Health: Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group*, DoHA, Canberra, 2013, accessed 9 April 2013, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-consult-atsispag>>.

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Table 3-3: State/territory level suicide prevention policies

Jurisdiction	Policy	Comments
NSW	NSW Suicide Prevention Strategy 2010-2015	Aligned with LIFE Framework.
Qld	Queensland Government Suicide Prevention Action Plan 2010	This document is still in development. The existing policy ( <i>Queensland Government Suicide Prevention Strategy 2003-2008</i> ) references the previous (2000) version of the LIFE Framework.
WA	WA State Suicide Prevention Strategy 2009-2013	Aligned with LIFE Framework.
SA	SA Suicide Prevention Strategy 2012-2016: Every life is worth living	Aligned with LIFE Framework. Also includes priority focus on issues affecting regional South Australians and targeted postvention activities.
Vic	Mental Health Reform Strategy 2009-2019: Because mental health matters	This document states that Victoria's <i>Suicide Prevention Action Plan 2006</i> will be renewed and updated with reference to the LIFE Framework.
Tas	Tasmania's Suicide Prevention Strategy 2010-2014: A strategic framework and action plan	Lists five key action areas that are broadly aligned with the LIFE Framework and other relevant state-level policies. There is a strong focus on primary prevention and community involvement.
NT	NT Suicide Prevention Action Plan 2009-2011	Lists six key action areas, which although differently worded, are similar in intent to those of the LIFE Framework. One action area specifically relates to partnerships with Indigenous people. The roles of various government departments in addressing goals are described.
ACT	Managing the Risk of Suicide: A suicide prevention strategy for the ACT 2009-2014	Comprises 56 activities to be implemented by 22 agencies, aligned under the LIFE Action Areas.

### 3.11 Scope, findings and learnings from previous NSPS/NSPP evaluations

Elements of the NSPS and the NSPP have been evaluated in recent years. An overview of these evaluations is provided below and the implications of these findings for this Evaluation are discussed in later chapters.

#### 3.11.1 Learnings from Suicide Prevention Initiatives Project evaluation

The Learnings from Suicide Prevention Initiatives Project evaluated the first wave of NSPP-funded suicide prevention projects (to December 2005).<sup>25</sup> The project involved a desktop review of the 156 funded projects.<sup>26</sup> The evaluators found that the projects reached a broad range of target groups in a range of settings, and employed a range of approaches. The projects achieved improvements in knowledge about risk and protective factors for suicide, social connectedness and mental health literacy, and reductions in depressive symptomatology.

<sup>25</sup> A Headey, J Pirkis & B Merner, *The 'Learnings from Suicide Prevention Initiatives' Project Final Report*, University of Melbourne Program Evaluation Unit, Melbourne, 2006.

<sup>26</sup> Some of these 156 projects have continued to operate during the timeframes for the current evaluation; others had been completed by 2005; and others were completed subsequently.

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Factors considered important in project success included: understanding contextual factors, investigating participants' needs, drawing on sound evidence, developing multi-faceted strategies, garnering stakeholder support and employing capable staff. Projects' sustainability was found to be constrained by their short-term funding.<sup>27</sup> A key recommendation was that processes to promote project evaluation should be strengthened, ideally through a common evaluation framework, to enable more rigorous assessment of the effectiveness of the NSPP. The authors also called for improved communication between projects to provide a forum for applying learnings.

The *Learnings from Suicide Prevention Initiatives Project* authors highlighted a number of key challenges to their evaluation that meant their findings needed to be interpreted with caution. These included:

- Variability in report quality, sub-optimally designed evaluations and reliance on largely qualitative data sources restricted the range of analysis possible, which made comparisons between projects impossible, and limited the development of conclusions
- Consultations with project representatives and state/territory-based DoHA personnel were outside the scope of their evaluation. The authors reported that such consultations would have provided insights to barriers and enablers to project implementation at project level and would have clarified the overarching approaches to implementation and evaluation in each jurisdiction. Important contextual information was absent from their evaluation as a result.

### 3.11.2 Evaluation of the National Suicide Prevention Strategy

The *Evaluation of the National Suicide Prevention Strategy – Final Report*<sup>28</sup> was also produced in 2006. This report provided a high-level evaluation of the NSPS as a whole, including its governance structures and administration, as well as a review of the appropriateness, effectiveness and efficiency of the funded projects. The evaluation report concluded that while the NSPS is widely supported and perceived as an appropriate and necessary strategy that addresses an ongoing community need, there was scope to further refine its governance structures and processes.

In relation to the effectiveness of specific projects, the report concluded that while some gains were made in terms of capacity building (at an individual and service level), help-seeking, referral, and risk and protective factor profiles, there was little evidence available to indicate whether any NSPS-funded project had led to reductions in suicide or self-harming behaviour. Consistent with the *Learnings from Suicide Prevention Initiatives Project*, the authors highlighted the need for a stronger evaluation framework to enable more rigorous evaluation of the effectiveness of the NSPS and its funded projects.

Although the methodology for this evaluation included stakeholder consultations and written submissions in addition to a review of project documentation, the authors identified a number of methodological challenges including:

- The small number of completed national and 'cluster' evaluations of NSPS projects available for review ('cluster' evaluations in this context refers to groups of community-based projects in a particular state or territory)
- The limited corporate knowledge regarding the life of the NSPS among certain stakeholders
- The limited availability of outcome data concerning the community-based projects.

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<sup>27</sup> A Headey, J Pirkis, B Merner et al, 'A review of 156 local projects funded under Australia's National Suicide Prevention Strategy: Overview and lessons learned', *Australian e-Journal for the Advancement of Mental Health*, vol 5, no 3, December 2006, pp.247-261.

<sup>28</sup> Department of Health and Ageing, *Evaluation of the National Suicide Prevention Strategy – Summary Report*, prepared by Urbis Keys Young, Sydney, 2006.

## 3 Background and policy context

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### 3.12 Summary of policy context

From the policy developments outlined above, it is evident that suicide prevention in Australia is receiving increasing levels of attention by governments. The key messages relating to suicide prevention across the key Australian Government documents and the state/territory policies are largely consistent, albeit with different emphases on particular target groups (eg, rural men) or different approaches (eg, development of community action plans) depending on local factors. For the most part, jurisdictional policies are consistent with the themes outlined in the LIFE Framework. While there is a strong focus on the link between mental illness and suicide within more recent policy documents such as the Report Card and the Roadmap, there is also growing recognition of the broader social and economic factors that are implicated in suicide, and of the need for whole-of-government and whole-of-community responses.

Given that the NSPP and TATS are one component within what can be described as a somewhat crowded policy environment (see *Chapter 11*), the extent to which suicide-related outcomes (in particular, rates of self-harm and suicide) can be directly attributed to the NSPP/TATS specifically is limited.