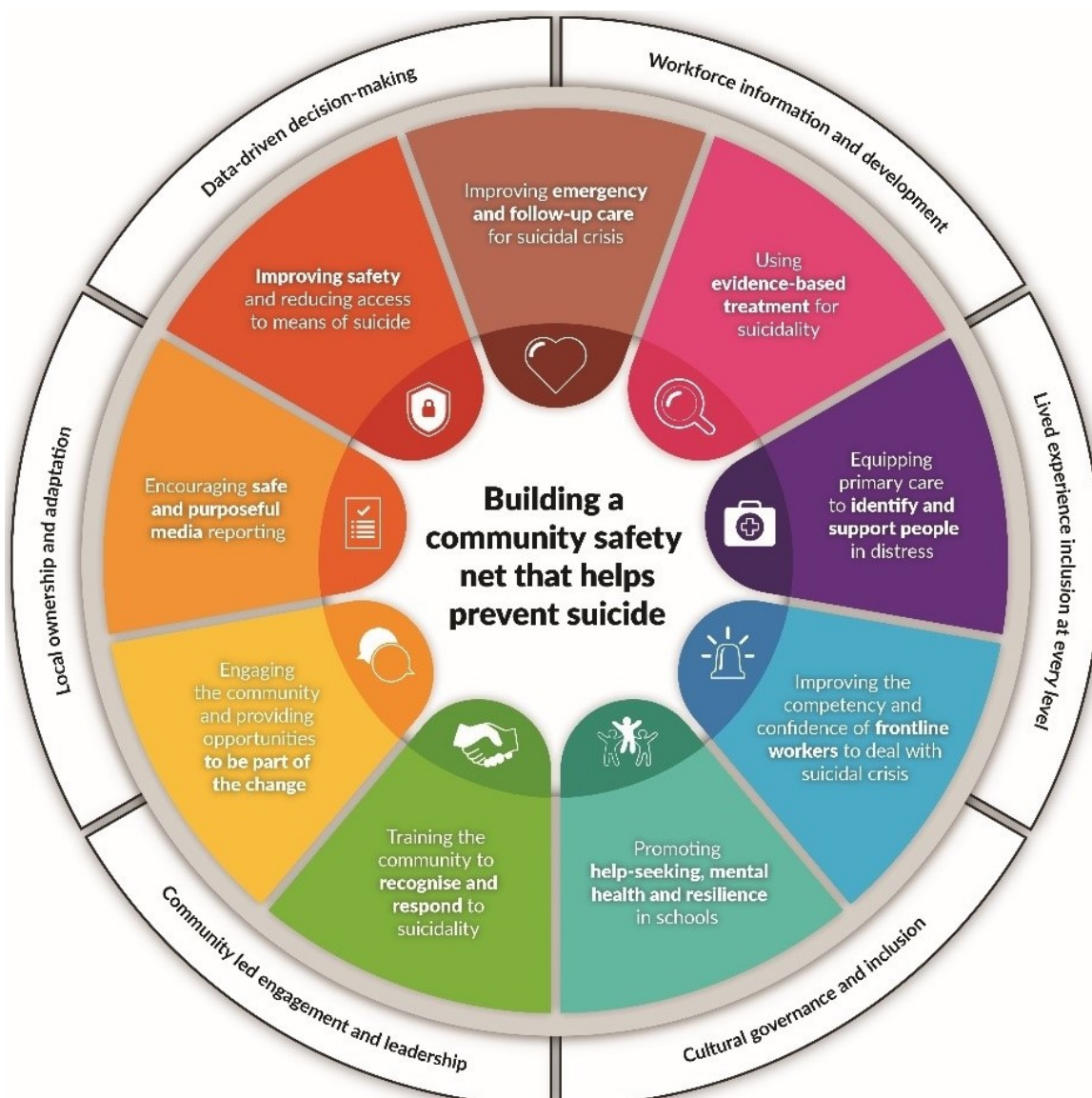


Macedon Ranges, Melton Brimbank 2017-2020

This is a working document for high level activity planning to support the Suicide Prevention Trials in Macedon Ranges, Melton and Brimbank.






Structure







The Macedon Ranges, Melton, Brimbank Suicide Prevention Action Plan 2017-2020 provides two levels of activity; universal actions which support and provide benefit to both trial sites thus reducing duplication of effort; and site-specific action relevant to the nuances of the two trials. Activity is organised within the four strategic domains and demonstrates alignment with LifeSpan Model.



Universal Actions

The following table provides an outline of actions that are applicable and beneficial to both trial sites and will provide a framework for localisation and/or commissioning with local input.

Domain	Action	Alignment - LifeSpan	Key stakeholders	Timelines
1. Governance	1.1 Ensure that multiagency governance structures are in place and supported to inform and guide trial site action planning and implementation	Local ownership and adaptation 	- NWMPHN - DHHS - Key Stakeholders in both trial site locations	ongoing
	1.2 Production of comprehensive suicide data profiles for each trial site to underpin planning and support evaluation	Data driven decision making 	-NWMPHN Suicide Prevention team - NWMPHN Population Health Team -DHHS	To be negotiated – provisional completion date July 2018
2. Capacity Building	2.1 Building capacity of people with lived experience to participate in trials through: Engagement of Roses in the Ocean to recruit, build capacity, mentor and support community members with lived experience in local trial sights.	Lived experience inclusion at every level 	-Roses in the Ocean -MRSPAG -Local media	Contract concluded March 2019
	2.2 Incorporation of the Black Dog Framework for engagement of people with lived experience of suicide in project (see appendix 1)		- NWMPHN Suicide Prevention Team - MRSPAG	Ongoing
	2.3 Development of Capacity Building Strategy and framework to support localised trial site whole of system training needs assessment and plan	-Access to evidence- based treatment  -Equipping Primary Care Training for Gatekeepers and frontline workers 	NWMPHN Primary Care Team	Completed July 2018

Domain	Action	Alignment - LifeSpan	Key stakeholders	Timelines
	2.4 Develop Primary Care engagement strategy which includes communication, consultation method and scope, capacity building and quality improvement opportunities	Equipping Primary Care 	NWMPHN Primary Care Team	October 2018
3 Service System Effectiveness	3.1 Undertake a service review of commissioned services across trial site locations including mental health services and post-vention services	Access to evidence- based treatment 	- NWMPHN Suicide Prevention Team - NWMPHN Mental Health Team	Completed July 2018
	3.2 Review MBS data to deepen understanding of General Practice mental health activity and, referral and treatment to inform strategic engagement	Equipping Primary Care Access to evidence- based treatment  	- NWMPHN Population Health Team - NWMPHN Primary Care Team	Completed July
	3.3 Support the localisation of and promotion of Depression and Suicide Prevention HealthPathways (in partnership with Eastern PHN)	Equipping Primary Care 	-Eastern PHN HealthPathways Team - NWMPHN Primary Care Team -General Practice	TBC
	3.4 Develop packages of information and resources for the person at risk and family/significant others/carers containing information re: - Self-care - Safety planning - Where to find help - What to do in an emergency - Support groups and peer networks	Improving emergency and follow-up care 	- MRSPAG Melton Brimbank lived experience network -Roses in the Ocean	Project completion June 2019
4. Trial evaluation	4.1 Participate in the evaluation activities of the Statewide Suicide Prevention Trials		-SAXON Institute -DHHS -Trial site partners	Throughout trial period

Macedon Ranges Trial Site

Governance:

Recognising the current infrastructure within Macedon Ranges and the strength and profile of the Macedon Ranges Suicide Prevention Action Group develop a collaborative partnership approach to governance which:

- 1 Engages multiagency key stakeholders with the ability to mobilise and influence change within the system
- 2 Engages people with lived experience in the planning, design and review of local interventions
- 3 Identifies current initiatives and coordinates planned activity to reduce duplication of effort and tap into related networks
- 4 Reviews current and planned investment through a whole of system approach
- 5 Identifies strengths and opportunities for value add and development
- 6 Prioritises local action
- 7 Provides ongoing oversight and review of the effectiveness of local interventions



Figure 1. Vision for a Multiagency Collaborative Model

Multisector Representatives

The following is an initial list of critical partners, this list is subject to change as new stakeholders emerge through the work and the dialogue of the collaborative voice:

- Macedon Ranges Suicide Prevention Action Group (people lived experience)
- Macedon Ranges Council
- Macedon Ranges Health
- Kyneton District Health
- Bendigo Health
- Department of Education
- Police
- Psychological Therapy Providers
- Central Victoria PCP
- Department of Health and Human Services
- Local Media representative
- North West Melbourne PHN
- Secondary School Representatives (both State and Private)
- Cobaw Community Health
- General Practice (representative)
- Anglicare
- Centre for Non-Violence
- Headspace National – School support Live4Life
- Ambulance
- Standby
- Jesuit Social Services
- Department of Justice
- Employment Services
- PS My Family Matters

Initial Action Plan DRAFT

The following DRAFT Action Plan provides an overview of the initial approach. It is proposed that the development of a detailed Local Action Plan will continue to be developed in partnership with the collaborative group.

Domain	Action	Alignment - LifeSpan	Key stakeholders	Timelines
Governance	1.1 Engage 1-1 with identified key stakeholders to co-opt into a collaborative partnership model.	Local ownership and adaptation	<ul style="list-style-type: none"> - MRSPAG - MR Shire Council - MR Community Health - Cobaw Community Health - Central Vic PCP - General Practice - Bendigo Health - Psychological Therapy providers - Secondary Education - Standby - Jesuit Social Services - Police - Ambulance - DHHS 	Commenced
	1.2 Coordinate externally facilitated meeting of key stakeholders to articulate trial site goals scope and overarching action plan, develop collaborative partnership vision and TOR and endorsement of high level plan. Support ongoing meeting coordination and secretariat support.	Local ownership and adaptation	<ul style="list-style-type: none"> - MRSPAG - MR Shire Council - MR Community Health - Cobaw Community Health - Central Vic PCP - General Practice - Bendigo Health - Psychological Therapy providers - Secondary Education - Standby - Jesuit Social Services - Police - Ambulance - DHHS 	Meeting August Delivery of local Action Plan November 2018
Capacity Building	2.1 Undertake training needs assessment to inform training plan development and delivery for front line workers and gate keepers.	Training for Gatekeepers and frontline workers	<ul style="list-style-type: none"> - MRSPAG - Cobaw Community Health - Macedon Ranges Community Health - Macedon Ranges Shire Council - Local health and social care providers - Community organisations and groups 	August 18 – ongoing term of trial
	2.2 Build capacity of Psychological therapy providers by hosting and sponsorship of local CPD event in suicide prevention.	Access to evidence-based treatment	<ul style="list-style-type: none"> - Mental Health Professionals Network - Psychological therapy providers within Macedon Ranges 	February 2019

	2.3 Through a quality improvement lens, support key healthcare providers to review current operating and response procedures in accordance with evidence-based best practice.	Improving emergency and follow-up care	Bendigo Health	November – June 2019
	2.4 Work with tertiary care providers to undertake training needs analysis and support the roll out of workforce development strategies (within whole of system Training and Development plan.)	-Improving emergency and follow-up care -Access to evidence-based treatment -Equipping Primary Care	Bendigo Health	December 2018 – June 19
	2.5 Engage General Practice clinical staff in the identification of training needs and development of training strategy and roll out.	Equipping Primary Care	General Practice Primary Care Team	August - ongoing
	2.6 Engage local media and comms professionals in the safe reporting of suicide through the delivery of mindframe training.	Safe and purposeful media reporting	Local media outlets and local corporate communications personnel	March 2019
Service System Effectiveness	3.1 Through collaborative partnership, explore the existing mechanisms and where indicated facilitate the development of protocol in relation to: - Screening, assessment and referral - shared care and information exchange (in partnership with the at-risk person) - coordinated post-vention response following the suicide of a community member.	Improving emergency and follow-up care	- MRSPAG - Macedon ranges Community Health - Cobaw Community Health - General Practice - Bendigo Health - Psychological Therapy providers - Police - Ambulance - Macedon Ranges Shire Council - School Support	November – ongoing: Priorities to be determined by Collaborative partnership group
	3.2 Facilitate collaboration with public and private service providers in the development of localised pathways.	Improving emergency and follow-up care	- Macedon Ranges Community Health - Cobaw Community Health - General Practice - Bendigo Health - Psychological Therapy providers - Social and Psychosocial service providers	Sept –Feb 2019: Priorities to be determined by Collaborative partnership group

			- Statutory agencies	
Empowering communities	4.1 Collaboration between MRSPAG and Roses in the Ocean to expand and build the capacity of the voice of lived experience in the Macedon Ranges.	Lived experience inclusion at every level	- MRSPAG - Macedon Ranges Community	July – March 19
	4.2 Build capacity of community to identify respond and support people experience mental health issues and those at risk of suicide through the delivery of training.	Training of gatekeepers	- MRSPAG - Macedon Ranges Community	July - ongoing
	4.3 Support the local planning and delivery of targeted and tailored community awareness raising campaigns including events which coincide with World Suicide Prevention Day, RUOK Day and Mental Health Week.	Engaging community to be part of the change	- MRSPAG - - Macedon Ranges Community	Rolling schedule determined through MRSPAG Action Plan
	4.4 Linking in with local collaborative structures in relation to school and youth population health and wellbeing, understand the total current and planned action and work with key stakeholders to identify opportunities for further development and investment.	Promoting help-seeking, mental health and resilience in schools.	- Collaborative partnership group - Macedon ranges School council - DHHS - Youth Network - Headspace School support	Commenced – ongoing: Priorities for action to be determined through collaborative partnership group



Melton and Brimbank Trial Site

Governance

Melton Brimbank Suicide Prevention Network (MBSPN) was formed in December 2017, with support from Wesley LifeForce, bringing together key stakeholders from the Melton and Brimbank service provider landscape.

The MBSPN is a network of service providers and the broader Brimbank Melton communities, working toward the reduction of suicide. The Network will achieve this by building on community strengths, through engagement, education and increasing pathways to support. The Network has responsibility for and will be actively involved in:

- Proactively engage the community in the Network and its activities and projects
- Develop and implement a local suicide prevention action plan which is evidence based and applies a systems approach to suicide prevention activity.
- Support the community to be educated in suicide prevention and aid the reduction of stigma
- Increase the community's access to services and supports

Multisector Representatives

The following is an initial list of critical partners engaged within the Network, this list is subject to change as new stakeholders emerge through the work and the dialogue of the Network:

- | | |
|---------------------------------------|--|
| • Brimbank City Council | • North West Melbourne PHN |
| • Melton City Council | • Victoria Police |
| • North West Mental Health | • Brimbank Youth Services |
| • Headspace Sunshine (Melton in time) | • Jesuit Social Services (support After Suicide) |
| • Uniting Care ReGen | • Lentara Unity Care (Brimbank Men's Shed) |
| • NEAMI | • HealthWest |
| • Odyssey House | • Djerriwarrh Health Services |
| • Break Thru | • Department of Health & Human Services |
| • Western Health | • Cabrini Aylslum Seeker Refugee Hub |

Critical Multiagency Stakeholders to be engaged to join Network


- Department of Education and Training Victoria
- Secondary Schools (GP's in Schools representative)
- Ambulance Victoria

Initial Action Plan

The following Action Plan provides an overview of the initial approach. It is proposed that the development of a detailed Local Action Plan will continue to be developed in partnership with the collaborative group.

Domain	Action	Alignment - LifeSpan	Key stakeholders	Timelines
Governance	1.1 Consolidate the Melton Brimbank Suicide Prevention Network membership through assertive engagement with leaders from multiagency stakeholder agencies, who can effect change within the system and their own organisations.	Local ownership and adaptation	NWMPHN Leadership Team	Ongoing
	1.2 Coordinate externally facilitated meeting of key stakeholders to workshop localized action to inform Melton Brimbank Action Plan Support ongoing meeting coordination and secretariat support.	Local ownership and adaptation	Melton Brimbank Suicide Prevention Network	July 2018 Delivery of localized Action Plan November 2018
Capacity Building	2.1 Undertake training needs assessment to inform training plan development and delivery for front line workers and gate keepers.	Training for Gatekeepers and frontline workers	Melton Brimbank Suicide Prevention Network	August 18 – ongoing term of trial
	2.2 Build capacity of Psychological therapy providers by hosting and sponsorship of local CPD event in suicide prevention.	Access to evidence-based treatment	- Mental Health Professionals Network - Psychological therapy providers within Melton Brimbank Shires	February 2019
	2.3 Through a quality improvement lens, support key healthcare providers to review current operating and response procedures in accordance with evidence-based best practice.	Improving emergency and follow-up care	North West Mental Health	November – June 2019
	2.4 Work with tertiary care providers to undertake training needs analysis and support the roll out of workforce development strategies. (within whole of system Training & Development plan).	- Improving emergency and follow-up care - Access to evidence-based treatment - Equipping Primary Care	North West Mental Health	December 2018 – June 2019
	2.5 Engage General Practice clinical staff in the identification of training needs and development of training strategy and roll out.	Equipping Primary Care	General Practice Primary Care Team	August - ongoing

	2.6 Engage metropolitan and local media and comms professionals in the safe reporting of suicide through the delivery of Mindframe training.	Safe and purposeful media reporting	Local media outlets and local corporate communications personnel	March 2019
Service System Effectiveness	3.1 Through collaborative partnership, explore the existing mechanisms and where indicated facilitate the development of protocol in relation to: - Screening, assessment and referral - shared care and information exchange (in partnership with the at-risk person) - coordinated post-vention response following the suicide of a community member.	Improving emergency and follow-up care	MBSPN	November – ongoing: Priorities to be determined by MBSPN
	3.2 Facilitate collaboration with public and private service providers in the development of localised pathways.	Improving emergency and follow-up care	MBSPN	September – February 2019: Priorities to be determined by MBSPN
Empowering communities	4.1 Through the engagement of Roses in the Ocean recruit and build the capacity of the voice of lived experience in the Melton Brimbank localities.	Lived experience inclusion at every level	- Roses in the Ocean - MBSPN	July – March 2019
	4.2 Build capacity of community to identify respond and support people experience mental health issues and those at risk of suicide through the delivery of training.	Training of gatekeepers	- MBSPN - Melton and Brimbank Communities	July - ongoing
	4.3 Support the local planning and delivery of targeted and tailored community awareness raising campaigns including events which coincide with World Suicide Prevention Day, RUOK Day and Mental Health Week.	Engaging community to be part of the change	MBSPN	Rolling schedule determined through localised Action Plan
	4.4 Linking in with local secondary education providers, youth focused health services and collaborative structures in relation to school and youth population health and wellbeing, understand the total current and planned action and work with key stakeholders to identify opportunities for further development and investment.	Promoting help-seeking, mental health and resilience in schools.	- MBSPN - Council Youth Programs - Schools - DET - Youth Networks - headspace School support - headspace	Commenced – ongoing: Priorities for action to be determined through collaborative partnership group



	<p>4.5 Collaborate with Victoria University to:</p> <ul style="list-style-type: none"> - Review curriculum in Nursing, Social Work and Paramedic Programs with view to include suicide prevention - Capacity building of student and teaching community - Awareness raising through campus activity and media - Development of clear pathways to care. 	<ul style="list-style-type: none"> - Training for Gatekeepers and frontline workers - Engaging community to be part of the change - Access to evidence-based treatment 		
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Appendix 1. Draft Framework for engagement of people with lived experience of suicide (Black Dog Institute)

	Individual	Service/ program	Organisation	Policy/ strategy
Design	1. Shared decision-making	5. Co-design of services and programs	9. Advisory group, representatives in working groups	13. Co-design of policy/strategy
Governance/ Management	2. Treatment preferences	6. Reference groups Representatives on committees	10. Lived experience-led committees, equal representation in all decision-making bodies	
Delivery	3. Self-help programs/tools	7. Peer workers, peer-led programs	11. Lived Experience-led training for staff	14. Regular reviews of policy and its implementation by Lived Experience reps
Evaluation	4. Satisfaction surveys	8. Lived experience feedback, co-evaluation	12. Interviews with Lived Experience reps, regular audit of engagement activities	

Appendix 2. LifeSpan Interventions

(extracted and adapted from 'LifeSpan Talking Points - Supporting Trial Sites in Communicating About LifeSpan', Black Dog Institute)

What do we know?	Potential Interventions
1.1 STRATEGY: IMPROVING EMERGENCY AND FOLLOW-UP CARE FOR SUICIDAL CRISIS	
<p>A suicide attempt is the strongest risk factor for subsequent suicide. To reduce the risk of a repeat attempt, a coordinated approach to improving the care of people after a suicide attempt is required.</p> <p>Coordination of care is highly complex and emergency departments are high-pressure environments with staff that are time and resource poor. Unfortunately, current protocols are often not implemented and people who are treated in emergency departments for suicide attempt often don't receive the care and support they need to recover.</p> <p>Additionally, evidence shows that it is the experience rather than strict adherence to a protocol that can make the difference between good and poor care. When vulnerable people seek help, services need to make them feel welcome and heard.</p>	<ul style="list-style-type: none"> • Developing and sharing best practice care guidelines and delivering training to emergency department (ED) and hospital staff • Defining and implementing an aftercare service model to provide follow-up care for those who have made a suicide attempt. This includes providing continuity of care, coordination across services and strong follow up. • Improving meaningful information sharing between care providers (including clarifying procedures following an attempt, in accordance with privacy legislation) • Encouraging the development of local multidisciplinary networks and supporting professional development events • Providing locally developed resource packs to patients, family and carers who have been in contact with crisis care
1.2 STRATEGY: USING EVIDENCE-BASED TREATMENT FOR SUICIDALITY	
<p>Mental illness, including depression, is associated with a large portion of suicide attempts. Providing accessible and appropriate mental health care is essential to suicide prevention.</p> <p>Central to this is ensuring mental health professionals are aware of the latest evidence and best practice care and treatment options. Information sharing between care providers also needs to be enhanced.</p>	<ul style="list-style-type: none"> • Delivering Advanced Suicide Prevention Training (ASPT) to clinicians • Developing and sharing guidelines and resources (e.g. evidence-based guidelines for the most effective treatments) • Encouraging the use of telehealth and e-Mental Health tools • Developing improved consent tools to enable better sharing of information between health services, as well as other support people (e.g. family and friends) • Developing a referral listing and building and supporting local multidisciplinary networks (i.e. closing the gaps between primary care, allied health and the hospital system)
1.3 STRATEGY: EQUIPPING PRIMARY CARE TO IDENTIFY AND SUPPORT PEOPLE IN DISTRESS	
<p>Suicidal individuals often visit primary care providers in the weeks or days before suicide, yet many do not mention their suicidal thoughts to their doctor or if they do, they often don't receive the care and support they need.</p> <p>There are many reasons for this including fear, stigma and time pressures. Many GPs are unaware of referral points and current best practice care and treatment. Encouraging evidence-based practice and greater integration with other services is critical.</p>	<ul style="list-style-type: none"> • Delivering Advanced Training in Suicide Prevention (ATSP) to GPs • Equipping practices with a 'StepCare' platform that allows GPs to more easily identify patients in need of support and tailor a treatment plan that is right for them. This includes: <ul style="list-style-type: none"> - Universal screening for depression, anxiety and suicidality - Conversation scripts to help GPs talk to patients about suicide - Auto-generating mental health treatment plans - Providing referral pathways and online tools

What do we know?	Potential Interventions
<p>Capacity building and education for GPs is one of the most promising interventions for reducing suicide.</p>	<ul style="list-style-type: none"> - Ongoing alerts that assist in the monitoring of patients - Integration with existing software packages such as Health Pathways • Building and supporting local multidisciplinary collaborative networks, including coordinating professional development events • Encouraging the use of e-Mental Health resources by linking GPs in with the e-Mental Health in Practice website
1.4 STRATEGY: IMPROVING THE COMPETENCY AND CONFIDENCE OF FRONTLINE WORKERS TO DEAL WITH SUICIDAL CRISIS	
<p>The interactions a suicidal person has with frontline workers such as Police, paramedics and emergency department staff, can influence their decision to access and engage with care. Frontline workers can play a key role in de-escalating a crisis and improving safety. However, existing training may not include the latest emerging research and skills require periodic refreshing.</p> <p>When vulnerable people seek help, frontline staff need to make them feel safe and heard. Evidence shows that it is the experience, rather than strict adherence to a protocol, that can make the difference.</p> <p>In addition, workers exposed to stressful situations and trauma can themselves become vulnerable to suicide. By offering training to those on the frontline can build their capacity to respond to those in need – both members of the community and their colleagues who may be vulnerable due to trauma and PTSD.</p>	<ul style="list-style-type: none"> • Local representatives from frontline organisations are actively involved in the local LifeSpan team and are helping identify emerging concerns or issues encountered by their colleagues • Evidence-based training is being offered to frontline staff. This will provide an opportunity to refresh or learn knowledge and skills. • Representatives from local frontline workforces are participating in multidisciplinary events such as Expert Insights forums.
1.5 STRATEGY: PROMOTING HELP-SEEKING, MENTAL HEALTH AND RESILIENCE IN SCHOOLS	
<p>Young people can be particularly vulnerable to mental health problems, self-harm or suicide. Schools are keen to support their students but often don't know how to choose quality programs or integrate programs with other student wellbeing activities and referral pathways.</p> <p>Youth Aware of Mental Health (YAM) is designed to raise awareness about suicidality and the factors that protect against it. It works by improving mental health literacy and explicitly teaching the skills necessary for coping with adverse life events and stress, so that young people get help before reaching crisis point.</p> <p>YAM has the strongest evidence-base of school programs reviewed including the best outcomes specific to suicidal behaviour, and the flexibility to be integrated into any school environment.</p>	<ul style="list-style-type: none"> • Supporting the delivery of YAM to young people in year 9: <ul style="list-style-type: none"> - Partnering with the NSW Department of Education to deliver in public schools and headspace and others to deliver into Independent and Catholic schools • Providing Advanced Suicide Prevention Training (ASPT) to school psychologists • Ensuring schools have up to date referral pathways so students at risk can be connected with appropriate professional care • Providing QPR training to teachers in highschoools

What do we know?	Potential Interventions
1.6 STRATEGY: TRAINING THE COMMUNITY TO RECOGNISE AND RESPOND TO SUICIDALITY	
<p>Many people who are experiencing suicidal thoughts communicate distress through their words or actions but these warning signs may be missed or misinterpreted. Training can provide people with the knowledge and skills to identify warning signs that someone may be suicidal, talk to them about suicidal thoughts and connect them with professional care.</p> <p>By building a network of 'helpers' in our community we will strengthen our local safety net. Some people are natural helpers in the community while others provide help through the work they do. Everyone in the community has the potential to be a helper but the best way to reach a large number of helpers is by delivering training programs with good evidence, designed for suicide prevention outcomes directly to target workplaces.</p> <p>While there are many training programs that deliver skills in mental health awareness, QPR has the most and strongest evidence for building skills to help with a suicidal crisis.</p>	<ul style="list-style-type: none"> • Using local trends in suicide to identify natural and professional helpers to target for training • Meeting with employers to plan how training can be provided in their organisation (LifeSpan Champions can help with this) • Delivering evidence-based training: <ul style="list-style-type: none"> - Online QPR training course (with options for face-to-face training) - Equipping helpers with local referrals and resources - Providing ongoing support to maintain skills - Subsidised training to aid adoption • Establishing helper (or gatekeeper) networks to help maintain and share knowledge
1.7 STRATEGY: ENGAGING THE COMMUNITY AND PROVIDING OPPORTUNITIES TO BE PART OF THE CHANGE	
<p>Community engagement and communication delivered in conjunction with other evidence-based suicide prevention strategies can improve local awareness of services and resources, and drive increased participation in prevention efforts across the community.</p> <p>Engagement in campaigns and activities such as R U OK? Day can provide an important first step for many community members. Some people may wish to take the next step: undertake training so they can recognise risk and connect others with professional support.</p>	<ul style="list-style-type: none"> • Proactively communicating and engaging with the local community using safe, targeted and consistent messaging to: <ul style="list-style-type: none"> - build awareness of how to help someone who is facing a suicide crisis and where to get help - build awareness of the work being undertaken locally to improve suicide prevention and provide quality care to those in crisis - provide clear actions that people can take to make a difference • Working with R U OK? Day to engage the local community through campaigns and events and help community members take the next step by completing online QPR training • Providing a range of ways for community members (including those with lived experience of suicide) to get involved in local suicide prevention efforts and the LifeSpan research project • Identifying and training a range of LifeSpan Champions who can influence key stakeholders and communicate change to key groups and forums or act as spokespeople.
1.8 STRATEGY: ENCOURAGING SAFE AND PURPOSEFUL MEDIA REPORTING	
<p>Suicidal behaviour can be learned through the media. Media guidelines supporting the responsible reporting of suicide by the media can reduce suicide rates, and in providing safe, quality media coverage, improve awareness and help seeking. Australia leads the world in application of the evidence around media and suicide</p>	<ul style="list-style-type: none"> • Providing Mindframe media training to local media outlets and mental health organisations • Taking proactive approach to media via communication planning and relationship building with local media

What do we know?	Potential Interventions
<p>yet there can be a misunderstanding and 'fear' of media guidelines.</p> <p>What is said (or not said) about suicide is important. The community needs to drive the conversation about what is working locally, what people can do to help and where more attention is required. We are supporting local organisations to take a more proactive and coordinated approach to engaging with the media and managing this conversation.</p>	<ul style="list-style-type: none"> • Developing a 'Regional Suicide Response Plan' to coordinate local response to critical events and facilitate access to resources • Training and supporting people with lived experience to share their story in a safe and appropriate way
1.9 STRATEGY: IMPROVING SAFETY AND REDUCING ACCESS TO MEANS OF SUICIDE	
<p>Local suicide trends and common means are not well understood. There is a lack of timely data, which is important, as implementation of any interventions must be informed by what is actually happening in the local community.</p> <p>Restricting access to the means of suicide is one of the most effective suicide prevention strategies. With better data and a regional approach, communities can develop a long-term, strategic approach and drive local efforts in safety and prevention.</p>	<ul style="list-style-type: none"> • Preparing a local Suicide Audit Report using the best available data from multiple sources • Combining the evidence base with the Suicide Audit to identify and guide local means restriction opportunities • Doing what we can to take action on amenable means. This may involve working with local crisis services, Police, Ambulance, health services and other institutions, suppliers, local council, media, politicians and others. We have access to seed funding for 'hotspots' and will work together with other LifeSpan sites to lobby for relevant policy changes at the State/Commonwealth level.

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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