

Science.
Compassion.
Action.

The National Suicide Prevention Trial: Insights and Impact

January 2021





Acknowledgements

We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land on which we work and live. We value their cultures, identities, and continuing connection to Country, waters, kin and community, and we pay our respects to Elders past and present. At the Black Dog Institute, we are committed to making a positive contribution to the mental health and wellbeing of Aboriginal and Torres Strait Islander people across Australia.

Our achievements over the course of the National Suicide Prevention Trial honour the memory of those lost to suicide and the grief of those who knew them. This work would not be possible without those with lived experience of suicide, whose generosity in sharing their stories and involvement in such a difficult and personal area of work is making a lasting difference in the field of suicide prevention.

Thank you

Thank you to the coordinators, collaboratives, working groups, communities, and organisations involved in the National Suicide Prevention Trial. Your tireless work and ongoing collaboration with the Black Dog Institute have enabled these trials to thrive, creating an unparalleled opportunity to drive meaningful change in suicide prevention in Australia.

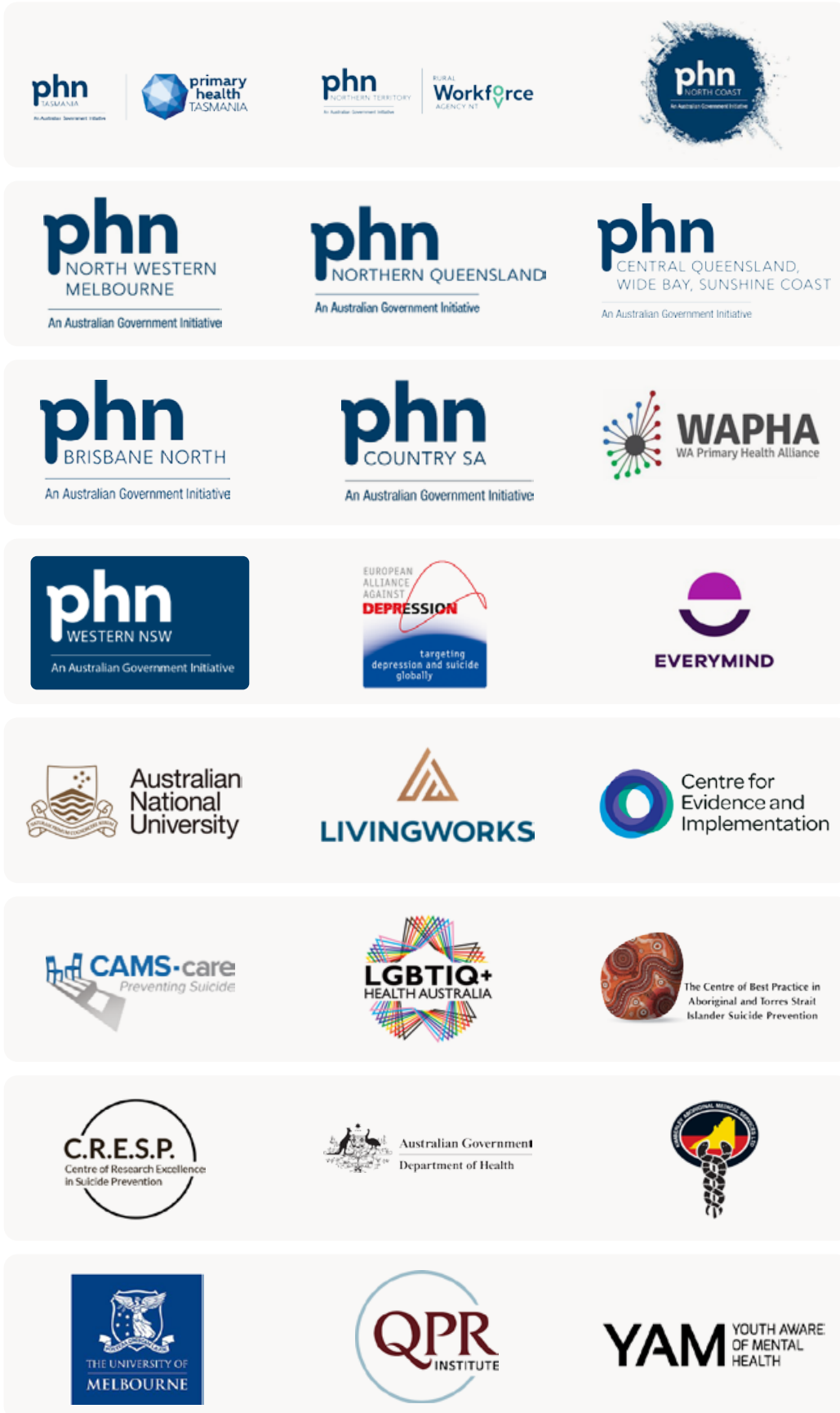
We would also like to thank the Department of Health for funding the Black Dog Institute to lead the implementation of a systems approach to suicide prevention by sharing our expertise and supporting Primary Health Networks across Australia.

If, at any point, you feel you need some support, please go to the final page of this resource to find services available to help you.

Aboriginal and Torres Strait Islander readers are advised that the following resource may contain images of people who have died.

Released January 2021

For more information, please contact suicideprevention@blackdoginstitute.org.au. All data included in this resource is accurate up until 30 September 2020. Figures and statistics should not be reproduced or used in other contexts without prior approval from the Black Dog Institute.



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Introduction

Executive summary

In 2016, the Commonwealth Department of Health launched the National Suicide Prevention Trial. This initiative was focused on trialling systems approaches to suicide prevention in 12 regions across Australia, with the objective of reducing suicide attempts and deaths. For the past four years, these 12 communities have been supported by the Black Dog Institute to design and deliver best practice suicide prevention initiatives, tailored to the needs of their communities. This publication showcases some of the incredible work that has emerged from the trial and demonstrates the importance of long-term funding for a systems approach to suicide prevention.

Background

Despite concerted efforts across the mental health and suicide prevention sectors, suicide rates in Australia are on the rise: in 2019, over 3,300* people died by suicide – more than nine Australians every day. Every death is one too many – too many lives cut short and families left behind, too much potential lost.

Suicide prevention is complex work and historically suicide prevention efforts have been fragmented, limiting their impact. However, a growing body of research suggests that multi-component systems approaches to suicide, which implement strategies simultaneously and in an integrated way, are likely to be most effective. A systems approach recognises the importance of designing and delivering coordinated interventions across the health, community, government and service sectors, in partnership with people who have lived experience of suicide and tailored to the specific needs of local communities.



[*ABS Causes of Death, Australia](#)

A systems approach to Suicide Prevention in Australia

Effective Suicide Prevention



The National Suicide Prevention Trial was launched during a period of significant national investment in suicide prevention in Australia. In 2015, the Black Dog Institute pioneered the development of a systems approach to suicide prevention called LifeSpan, which draws together nine evidence-based suicide prevention strategies that are delivered simultaneously.

LifeSpan was the first systems approach to suicide prevention developed in Australia and became the starting point for a series of ground-breaking suicide prevention trials across the country. These included a 2016 project to implement LifeSpan in four regions in NSW (Newcastle, Illawarra Shoalhaven, Central

Coast and Murrumbidgee) and scientifically assess its impact, funded by the Paul Ramsay Foundation; a 2017 trial of the LifeSpan model in the ACT, funded by the ACT Government; and a 2018 trial of the LifeSpan model across 12 regions in Victoria, funded by the Victorian Government. All of these trials were supported by the Black Dog Institute as the LifeSpan expert and a leading voice in suicide prevention research and practice in Australia. The Black Dog Institute has now supported the delivery of systems approaches in every state and territory across Australia. Together with local trial site teams, the Institute has been embedding learnings from these trials into local communities and services to reduce suicide rates.

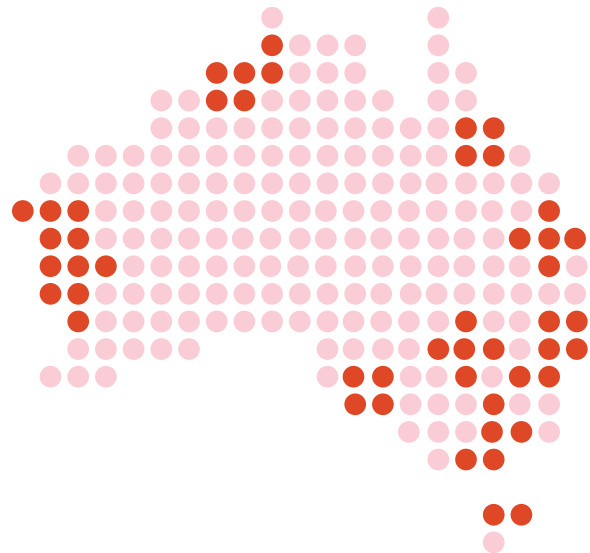
Read more about the trials and how the Black Dog Institute supports local suicide prevention work:
www.blackdoginstitute.org.au/education-services/lifspan-integrated-suicide-prevention/projects/

The National Suicide Prevention Trial

The National Suicide Prevention Trial was part of Australia’s growing commitment to trialling LifeSpan and other systems approaches to suicide prevention. The Black Dog Institute was invited to advise the trial sites, in recognition of our unique expertise.

Trial sites were set up at 12 locations across Australia:

- Brisbane North PHN
- Central Queensland, Wide Bay, Sunshine Coast PHN
- Country South Australia PHN
- Darwin PHN
- Kimberley (Western Australia PHA)
- Midwest (Western Australia PHA)
- North Coast NSW PHN
- North Western Melbourne PHN
- Northern Queensland PHN
- Perth South (Western Australia PHA)
- Tasmania PHN
- Western NSW PHN



Each trial site served a priority population within their region that had been identified as being at increased risk of suicide, based on a local needs analysis. The priority populations each trial site focussed on are specified in the table below:

Priority population	National Suicide Prevention Trial sites
Aboriginal and Torres Strait Islander people	Brisbane North; Central Queensland, Wide Bay, Sunshine Coast; Western NSW; Country SA; Darwin (particular focus on youth); Midwest WA; Kimberley; North Coast NSW.
LGBTIQ+	Brisbane North; North Western Melbourne.
Ex-Australian Defence Force (ADF) personnel and their families	Townsville, North Queensland.
Men	Brisbane North (aged 25–54 years); Central Queensland, Wide Bay, Sunshine Coast (aged 25–54 years); Western NSW (aged 25–54 years in farming and mining); Tasmania (aged 40–64 years); Country SA (aged 25–54 years); North Coast NSW (aged 40–69 years).
Older people	Tasmania (men and women 65+).
Youth (aged 16–25)	Country SA; Perth South; Brisbane North.
Rural and remote	Midwest WA (farmers, fishers, and FIFO workers); North Coast NSW (focus on farmers in Bellingen).

Unlike the trials described previously in this document, four frameworks for a systems approach to suicide prevention were in use during the National Suicide Prevention Trial:

- LifeSpan
- European Alliance Against Depression
- Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATISISPEP) framework
- National LGBTI Mental Health and Suicide Prevention Strategy.

Each site team selected the framework that was most responsive to the needs of their priority population/s. As the implementation partner, the Black Dog Institute worked with trial site teams to adapt these frameworks for use at each of the 12 sites. All frameworks involve the delivery of a range of interventions and strategies to lower suicide rates in different settings.

Outcomes from the trial

The trial has resulted in new services and resources being trialled and evaluated, sector and cross-sector collaboration, and new ways of working that have changed the landscape of suicide prevention in Australia.

The strength of these systems, initiatives and collaborations were tested in early 2020 with the emergence of COVID-19, which had a substantial impact on all 12 trial sites. Support services, training, events and community campaigns were all affected by social distancing and government-mandated shutdowns. The rapid development of digital initiatives and modified programs enabled trial site teams and their collaborators to continue supporting their communities, providing much needed services in the face of the serious mental health challenges brought about by the pandemic. The groundwork laid by the trial sites, such as new support services and pathways to support people in crisis, have been key to responding to the mental health impacts of COVID-19. The results are testament to the innovation and resilience of these teams, as well as to their commitment to deliver better outcomes for people, families, and communities at risk of suicide and suicide bereavement.

Funding for the National Suicide Prevention Trial will wrap up in June 2021. In the final year of the trial, all national site teams are focused on transitioning their work beyond the trial environment and embedding ownership into the community, with the support of the Black Dog Institute.

A comparison of different systems approaches can be found here: [Baker ST, Nicholas J, Shand F, Green R, Christensen H. A comparison of multi-component systems approaches to suicide prevention. *Australasian Psychiatry*. 2018;26\(2\):128-131. doi:10.1177/1039856217743888](https://doi.org/10.1177/1039856217743888)



The importance of lived experience

The voices and stories of people with lived experience of suicide – that is, those who have experienced suicidal thoughts or actions, either personally or through family members or friends – provide critical insights into suicide prevention activities.

They can:

- meaningfully inform the actions of researchers, service providers and policymakers
- ensure that the design and implementation of suicide prevention activities align with community need
- offer hope and empathy for other people impacted by suicide
- role model recovery and resilience.

Lived experience insights and participation have had a direct impact on the design and delivery of local suicide prevention initiatives within the National Suicide Prevention Trial. Lived experience participants are driven by passion for the work, and for some the trial has been part of their recovery. Keeping the human experience of suicide at the heart of prevention activities, trial site teams have ensured people with lived experience have played a crucial role informing governance structures, community advisory groups and taskforces; as well as providing lived experience training for speakers, community members and health professionals. A Black Dog Institute partnership with Roses in the Ocean has supported trial sites to engage with training to enhance the role of lived experience in the suicide prevention trials.

The Black Dog Institute continues to support the inclusion of lived experience as a core building block of a systems approach to suicide prevention and our [Lived Experience Framework](#) has been a valuable resource for many of the National Suicide Prevention Trial site teams. Lived experience inclusion is also a key recommendation of the Office of the Prime Minister's [National Suicide Prevention Adviser's Interim Advice](#).

Key activities and achievements

The National Suicide Prevention Trial site teams have implemented suicide prevention initiatives which have engaged and impacted a huge number of people across Australia.



**Community members trained
(QPR, ASIST & local programs): 10,241**

This includes adapted training programs such as LGBTIQ+ ASIST and Talking Suicide for Aboriginal and Torres Strait Islander Suicide Prevention. Community members participated in training and some also participated in train-the-trainer programs to build training capacity within the community.



**GPs and health professionals trained:
2,338**

This includes participants of Black Dog Institute's Advanced Training in Suicide Prevention workshops; it also includes adapted programs such as LGBTIQ+ Affirmative Practice training and training for GPs and practice staff in how to provide appropriate care for ex-ADF individuals.



**Priority population aftercare
services funded by the trials:**

3 with **300+** people supported by the services so far.

Other aftercare services were funded separately during the trials.

Community and local trial site events held: 137+

To promote the trial and suicide prevention initiatives in the local community



137



Media Training (Mindframe):

20 courses and **378** community members, local journalists and media representatives trained in how to represent suicide appropriately in the media.

Newspaper articles and media updates on the trials: **100+**



Young people who participated in suicide prevention programs: **752**

People reached through suicide prevention campaigns: **3,696,335+**

This included campaigns via social media, television, cinema, posters/coasters, and radio advertising.



Number of people reached through trial sites' websites and Facebook pages: **266,396+**

These are preliminary numbers as of September 2020 but are expected to increase once all data collection has been finalised.

Top achievements

Staff from the 12 National Suicide Prevention Trial sites were asked to share their top achievements from the last three years. Here's what they said:

Innovative ways of working, development of a suicide prevention workforce, and the establishment of new services and referral pathways.

Increased local community capacity, ownership and community connections.

Lived experience leadership in suicide prevention, postvention, and peer support.

Empowerment of priority populations to lead culturally appropriate programs that respond to community need.

Young people have been equipped with new language to discuss suicide, access services, and engage with their peers.

Improved collaboration and partnerships between suicide prevention stakeholders, and between specialist priority population services and mainstream services.

Learnings into action

Staff from the 12 National Suicide Prevention Trial sites were asked what advice they would give to others embarking on suicide prevention work. Here's what they said:

Focus on community leadership and responding to local needs.

Understand and reinforce cultural considerations.

Communicate effectively and celebrate your wins with stakeholders and the community.

Time, flexibility, and investment in resources is needed to affect meaningful change. Sustainability of activities and programs should be a consideration from the start.

Support the mental health of the suicide prevention workforce – particularly health professionals, volunteers and remote workforces.

Identify partners early and build relationships to ensure a shared vision of success.

These learnings mirror interim findings of the independent LifeSpan NSW implementation evaluation conducted by Macquarie University, which strengthens the evidence for common themes which should guide future suicide prevention work.



Sharing our successes

At its core, suicide prevention work is about people. These case studies showcase the human element of the National Suicide Prevention Trial and the impact on individuals, families, and communities.

Health

From crisis support to aftercare, primary care, and the availability of evidence-based best practice care, providing support to people in suicidal distress is a critical component of a systems approach to suicide prevention. Here are some of the major achievements from the National Suicide Prevention Trial in the health domain.



Leading the way on aftercare

In Port Augusta, Country South Australia, Australia's first-ever Aboriginal-led aftercare model is providing culturally appropriate support for people in crisis.

The Port Augusta area is home to 14,000 people, 27 language groups and a high Indigenous suicide rate.

In 2017, the PHN launched a transformational project: to co-design Australia's first Aboriginal-led aftercare service for people leaving hospital after a suicide crisis. The PHN then commissioned the Pika Wiya Health Service Aboriginal Corporation to deliver it, launching in December 2018.

In its first six months, the aftercare service supported approximately 120 people in suicidal crisis; over the next six, it received up to 20 referrals a month. Most referrals came from the Port Augusta Hospital Emergency Department, with the remainder from the local Aboriginal Community Controlled Health Organisation. The project produced two sets of guidelines: the Aboriginal Aftercare Service Design and the Guidelines for Integrated Suicide-Related Crisis and Follow-Up Care for use in the emergency department and in community mental health settings. These guidelines offer a comprehensive approach to maintaining contact through admission and after discharge with a mix of psychosocial, clinical, and healing approaches and a strong focus on family and community.

The aftercare service has also enhanced collaboration between clinical and cultural workers across the spectrum of mental health services. Mental health plans and referrals now frequently include a recommendation for healing, and aftercare workers have been invited to participate in traditional healing on country with Ngangkari, the Pitjantjatjara word for an Indigenous practitioner of bush medicine. Hospital mental health staff are more comfortable referring people to social and emotional wellbeing services and GPs knowing that these services can draw on the expertise of the aftercare team. Ongoing clinical management including medication support now sits with the Pika Wiya Health Service, rather than the hospital.

The service is now working with established programs, including the National Indigenous Critical Response Service and Beyond Blue's The Way Back. It has been listed as a promising program by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

"We can now continue our work – offering a hand, sharing our lived experience stories and discussing ways forward – help people know that they're not alone."

Sandy, National Suicide Prevention Trial
Lived Experience Reference Group member.

For more information: [SBS news article on the aftercare service](#) | [CBPATISIP endorsement of the service](#)
[Country South Australia Suicide Prevention Trial](#)



Putting pharmacists front and centre of suicide prevention

In Tasmania, pharmacists are taking their place on the frontline of suicide prevention.

Community pharmacists are uniquely connected to the communities they serve – which means they're also in a unique position to intervene when they see people experiencing signs of suicide risk. That's why a new collaboration sponsored by Primary Health Tasmania (PHT) is helping community pharmacists to play a meaningful role in suicide prevention.

In partnership with the Black Dog Institute, the Tasmanian branch of the Pharmaceutical Society of Australia (PSA), the Tasmanian Pharmacy Guild of Australia and Curtin University, this project is helping pharmacists to build the confidence and skills to respond to people in distress and at risk of suicide.

To date, more than 80 pharmacists from the approximately 160 community pharmacies in Tasmania have undertaken evidence-based suicide prevention training and have gained access to additional resources that will help them identify signs of suicidal behaviour among their customers.

The first stage of the project involved a literature review and co-design workshops with pharmacists, which helped identify three priority action areas: advanced suicide prevention training for pharmacists, localised health pathways, and means restriction.

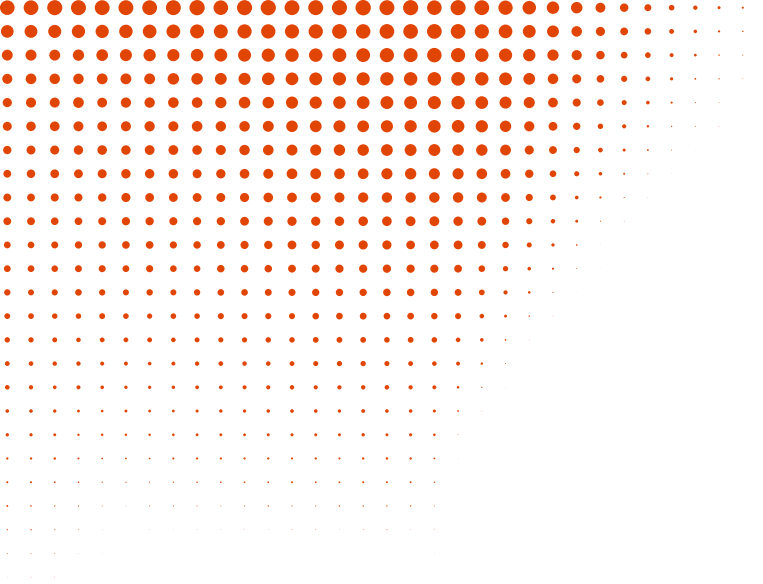
A customised educational program for pharmacists was co-created and piloted in 2019. Due to COVID-19 restrictions, an online version of the training was developed and rolled out in 2020. In parallel, the project team worked to develop dedicated accompanying materials for use in community pharmacies, including encouraging the use of Tasmanian HealthPathways.

A survey about means restriction is being conducted across Tasmania, alongside targeted interviews to understand the role pharmacists currently play in restricting the means used for suicide, in the case of pharmacies 'staged supply'. Staged supply aims to reduce risk of prescribed medication overdose by limiting medication quantities for patients identified as being at risk of suicide. This part of the project aims to create a comprehensive picture of how staged supply works in pharmacies across Tasmania and identify challenges and areas for improvement in the care provided to people in crisis. The project will continue until June 2021.

“The training upskilled us to be able to help people and refer them on to their GP, [as well as] services like Black Dog Institute, Beyond Blue and Lifeline. It really increased our skills and confidence in talking to people that appear to be distressed.”

Serena Hayward, owner, Mews Pharmacy.

For more information: [Tasmania Suicide Prevention Trial](#) | [Training to help deal with distress](#)



Supporting social and emotional wellbeing in Western NSW

Holistic conceptualisations of social and emotional wellbeing (SEWB) are fundamental to Aboriginal and Torres Strait Islanders’ understandings of mental and physical health. The Western NSW PHN is working with local organisations to ensure they are improving the social and emotional wellbeing of participants.

Indigenous wellbeing is inextricably linked to social, emotional, physical, cultural, and spiritual dimensions. With a significant population of Aboriginal residents across regional and remote locations in western NSW, the Western NSW PHN delivers a range of non-clinical, community-based initiatives to strengthen social and emotional wellbeing and prevent suicides.

Anecdotally, people accessing the programs say that they are helpful, however the Western NSW PHN recognised the importance of making sure individuals’ social and emotional wellbeing is improving before and after accessing the programs.

The PHN commissioned The Impact Co. consultancy and the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention to develop tools to measure this, for use in programs across Western NSW. The Impact Co. is a consultancy specialising in impact projects for marginalised communities.

The project, which was conducted in partnership with the PHN and local community-controlled organisations, supports the integration of SEWB measurement tools into non-clinical community services by:

- conducting a literature review of current tools being used to measure non-clinical interventions that promote Indigenous wellbeing, with a focus on those used within Indigenous communities and in rural and remote locations
- engaging with local service providers currently delivering non-clinical SEWB initiatives and suicide prevention activities to understand their conceptualisations of SEWB and how they are currently measuring the effectiveness of their programs, and the challenges they face in undertaking evaluations
- co-designing a SEWB measurement tool and making recommendations on a program of support for the organisations to increase their program evaluation skills and inform program design and practice.

The research findings will be disseminated to local, state, and national Indigenous health and suicide prevention stakeholders and submitted for publication in relevant professional journals. The project is due for completion in 2021.

For more information: [Western NSW Suicide Prevention Trial](#)



Community

A systems approach to suicide prevention requires the input of many, but sometimes, all it takes is one person to make a difference. Trusted community members – also known as ‘gatekeepers’ – can play an important role in increasing awareness of suicide risk factors and improving suicide prevention skills, suicide knowledge, and attitudes towards people with suicidal thoughts and behaviours.

Community campaigns can also increase education and knowledge-sharing to reduce stigma, support help-seeking, and encourage individuals to participate in ‘gatekeeper training’ that can enhance their capacity to help others.

Here are some of the major achievements from the National Suicide Prevention Trial in the community domain.



Three simple steps to enhance connection and wellbeing

For ex-service men and women in Townsville, reducing suicide risk could start with the simple act of social connection.

In Townsville, suicide prevention starts with a simple message: don't just assume all is well – reach out, ask the question and know where to turn for help.

This concept was the starting point for the #CheckYourMates initiative, a suicide prevention campaign led by the National Suicide Prevention Trial Operation Compass Team of the Northern Queensland PHN.

Introduced in 2018, the campaign targets defence and ex-defence members and their families in the Townsville region, emphasising the need for a community-wide response. It's a high-risk demographic: ex-serving men under 30 are 2.2 times more likely to die by suicide than men of the same age. In fact, all ex-service people are at increased risk, particularly in the 12 months after discharge from the Australian Defence Force. The #CheckYourMates campaign challenges people to check in with five friends or family members in three simple steps: connect to others, yarn to listen, and motivate to act.

It's premised on the idea that the simple act of checking in with loved ones and connecting them with relevant support services will enhance wellbeing and reduce suicide, and that these positive outcomes will flow outwards through families, neighbourhoods, workplaces and communities.

A fully integrated marketing and communications campaign with heartfelt stories from ex-service men and women about their experience with suicide and social connection was key to spreading the word about the #CheckYourMates initiative. There was a strong positive response to the campaign, with 3.05 million views through social media over two years, and positive feedback from key community groups within the Townsville region.

#CheckYourMates is part of Operation Compass, based in Townsville, which is one of the 12 National Suicide Prevention trial sites.

“I think it's this common bond, this connectedness with others, that is the missing link and the vital element in positive wellbeing. I strongly believe that we should be focusing on keeping connections alive post-discharge.”

Senior Police Constable and ADF veteran
Mark Campbell, Townsville Tactical Crime Squad.
Lived Experience Reference Group member.

For more information: [Check Your Mates Facebook page](#) | [Check Your Mates website](#) | [Townsville Suicide Prevention Trial](#)



Suicide intervention training for LGBTIQ+ communities

A project in Melbourne is building suicide intervention capacity within the LGBTIQ+ sector.

People who are LGBTIQ+ are more likely to die by suicide than the general population. For the North Western Melbourne PHN, adapting two suicide prevention programs – Applied Suicide Intervention Skills Training (ASIST) and safeTALK – for use in LGBTIQ+ contexts was key to addressing this risk.

ASIST teaches caregivers to recognise the warning signs of suicide and to increase the immediate safety of the person through the application of a suicide intervention model. safeTALK prepares people with the skills to connect those in suicidal crisis with lifesaving resources.

The PHN commissioned suicide prevention training organisation LivingWorks Australia to design and deliver suicide prevention training for staff from LGBTIQ+ organisations. The aim was to build the capacity of the sector to respond to community members in need of support for suicidal crisis. In partnership with LGBTIQ+ people in the North Western Melbourne region, LivingWorks Australia led a co-design process to adapt ASIST and safeTALK for LGBTIQ+ audiences.

The result was the creation of inclusive, culturally safe workshops that have now trained 206 people, including 33 LGBTIQ+ community leaders, in LGBTIQ+ appropriate ASIST and safeTALK techniques.

A train-the-trainer approach also produced 10 ASIST trainers and seven safeTALK trainers from LGBTIQ+ services who are now registered to deliver this training. This has increased the capacity of LGBTIQ+ organisations to respond to those in suicidal crisis.

In addition to the training modules, LivingWorks collaborated with LGBTIQ+ people to produce an accompanying publication, *The Essential Guide for Delivering LivingWorks Education Training to LGBTIQ+ Populations*. An LGBTIQ+ specific trainer supplement manual has also been developed as a complement to the ASIST Trainer Manual, providing guidance for trainers delivering the LGBTIQ+ version of ASIST.

LivingWorks has demonstrated a continued commitment to embedding the learnings of the LGBTIQ+ ASIST and safeTALK project into every aspect of their training network. This has resulted in LivingWorks trainers across the country undertaking LGBTI Mental Health and Suicide Prevention, an e-module from LGBTIQ+ Health Australia. LivingWorks is also facilitating a community of practice to support LGBTIQ+ trainers across the country. A closed Facebook group has been established as a forum and connection point for these practitioners.

“Not only has this workshop made me feel more confident in addressing and responding to suicide, but it has helped me process the passing of people in my life who have died by suicide. Thank you.”

LivingWorks training participant

For more information: [North Western Melbourne Suicide Prevention Trial](#)



Creating community connections in rural WA

What do you get when you combine an old Coaster bus, a cinema screen, and the power of human connection?

Men's sheds are a regular feature in the world of mental health – bringing men together in an environment where they can connect over shared interests has long been a powerful tool to support their emotional wellbeing.

So, when filmmaker Ralk Mulks and his fellow Chapman Valley Men's Shed members proposed the idea for the Shinema Bus Project, the Midwest trial site of the Western Australia Primary Health Alliance was keen to get on board.

The Shinema combines the concepts of a men's shed and mobile cinema, reminiscent of the 'Travelling Talkies' of the 1940s. Mulks and his men's shed colleagues spent a year's worth of Saturdays restoring and transforming an old Toyota Coaster bus into a portable cinema. The bus is powered by a generator, with movies projected onto a screen that pulls directly off the bus' roof. It had its first outing in Mullewa, November 2019, with more than 40 community members in attendance.

Travelling throughout the mid-west region of WA, Shinema deliver evenings of entertainment to isolated communities. Many of these towns are seeing their populations dwindle, which often leads to a loss of social spaces and events. This lack of social connection is a community-wide challenge, but for the men who live there it can be particularly difficult, with many Fly-In-Fly-Out workers among them who may struggle to put down roots and make real connections.

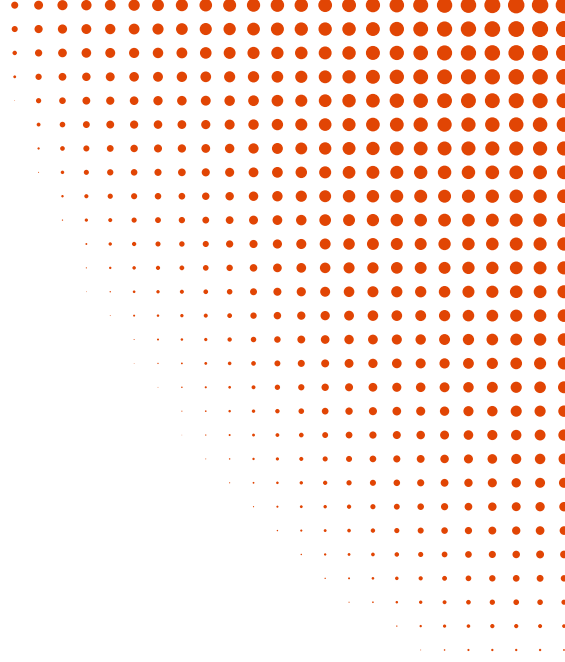
Shinema aims to embed the concept of a men's shed into these communities where supports and services may be lacking. The project brought men from the community together, and highlighted unknown skills, as well as bringing the broader community out in support.

The response has been hugely positive, with numerous small communities requesting a Shinema bus movie night. The PHA will fund Shinema in the 2020/2021 financial year, enabling it to travel to the communities of Yalgoo, Mt Magnet, Morawa, Gascoyne Junction, Mingenew, Nabawa and Mullewa, which have all requested a visit.

“It's a fantastic opportunity to bring people together. There's the bus and the movie but there's also live music and local clubs doing the cooking, there's collaboration and there's something for the community to do.”

Reto Blanke, Chapman Valley Men's Shed Member.

For more information: [The full Shinema story](#) | [The Midwest Suicide Prevention Trial](#) | [The Shinema Project](#)



Strengthening community spirits in the Northern Territory

Fire. Land. Air. Water. In the Greater Darwin region, these four elements sit at the foundation of a framework for suicide prevention.

In the Top End, suicide prevention is everyone's business – which is why a community-designed suicide prevention initiative is transforming Aboriginal and Torres Strait Islander peoples' lives.

A collaboration between the Northern Territory PHN and the community, Strengthening Our Spirits is a local framework for suicide prevention that reflects Aboriginal ways of knowing. It's based on the concept of balance between the four elements of fire (spirit), land (mother), air (healing) and water (identity).

Strengthening Our Spirits was designed and developed via a two-stage community consultation process. In the first stage, face-to-face community questionnaires and focus groups were conducted with Aboriginal and Torres Strait Islander people with lived experience of suicide. These included the local Larrakia people, as well as people from other Aboriginal and Torres Strait Islander cultures who are represented in the region.

An Aboriginal and Torres Strait Islander advisory group was then established to transform the themes that emerged from these consultations – safe place to engage, connection to land and culture, upskilling, and cultural competency and trauma-informed care – into the Strengthening Our Spirits model.

Called The Telling Group, this group was comprised of people with lived experience of suicide, Elders, young people and people employed in the suicide prevention, mental health and youth services sectors. Underpinning the themes was a focus on local workforce development.

The second stage of consultations was focused on collating community feedback via stakeholder meetings, community events and gatherings, and interagency networks. The model received final approval in June 2019.

Strengthening Our Spirits meets the needs and priorities of the local Aboriginal and Torres Strait Islander peoples by creating community wellbeing spaces; facilitating connection to culture, land, language and lore; engaging cultural knowledge and lived experience; delivering community-led initiatives; embedding trauma-informed care; training in early intervention and awareness; and facilitating innovation, collaboration and service integration.

A series of guiding principles ensure that suicide prevention activities will be flexible and responsive, build capacity, develop the local Aboriginal workforce, engage culture, Elders and lived experience, and involve local design or adaptation.

“Self-harm and suicide are not a part of our culture ... Today, the system that has supported us for so long is not in balance. We need our community and service providers to help us bring it back into alignment.”

For more information: [Strengthening our Spirits model](#) | [Northern Territory PHN](#)





Public safety

Keeping people safe in the context of suicide can involve lots of different activities: restricting suicide means, collecting and analysing data that can guide suicide prevention activities, and educating the media to provide responsible reporting of suicide. First responders – often the first point of connection with people in suicidal distress, as well as with bereaved families and friends – can also help protect the wellbeing of the public.

Here are some of the major achievements from the National Suicide Prevention Trial in the public safety domain.

Reducing suicide is part of the (redevelopment) plan

Clever design is keeping people safe on the NSW North Coast.

A lookout in the NSW North Coast is a tourist drawcard and a sacred site for local Widjabul Aboriginal women – but its elevation and remote location make it a high-risk site for people in suicidal crisis.

In response, the North Coast PHN Suicide Prevention Coordinator engaged the NSW National Parks and Wildlife Service (NPWS) in a partnership with the Lismore Suicide Prevention Collaborative (LSPC) to minimise suicide risk at the site, using clever design which maintains the natural beauty and cultural significance of the area. Focused on the re-development of the viewing platform and carpark area, the project uses a range of interventions to deter suicidal activity and connect suicidal people with support.

Using state government funding, the PHN commissioned local architects NewScape Design to develop a design proposal that would incorporate suicide prevention best practice and messaging into the redevelopment process.

The work was based on extensive consultation; the Black Dog Institute provided data on deaths and attempts and advised on means restriction interventions and suicide safety factors, while Lifeline Australia gave advice on crisis support signage. NPWS staff in Sydney shared their knowledge of suicide prevention design interventions they had implemented locally.

An Aboriginal women's Elders group was also engaged to provide appropriate cultural messaging to support the re-development process. Alongside local artists and historians, they were involved in the design of storyboards that will be displayed along the path to educate visitors about the cultural significance of the site.

The resulting interventions include modifying the lookout platform by adding a barrier railing; adding Lifeline crisis support signage at the turnoff to the lookout and in the carpark area; and modifying the access route to the viewing platform to make it longer, more meandering and with numerous places to stop, rest and reflect.

This project is part of a broader suite of suicide prevention activities being carried out as part of the Lismore Suicide Prevention Trial. The LSPC also delivered 2 SafeTALK suicide prevention workshops to approximately 50 NPWS staff, with a focus on identifying signs of a person at risk, ways to talk to someone who might be suicidal, and useful resources to keep a suicidal person safe. Participants, particularly those who had previously been touched by suicide, believed the workshop learnings would also help them support people in their own lives.

“We're really trying to change the psychology of people with the design interventions we're incorporating. If we can influence them by making the walk longer, or [encouraging them] to stop to read and reflect on something positive, we might just trigger a shift in their thinking.”

Damien Hofmeyer, Regional Manager,
National Parks and Wildlife Service

For more information: [Healthy North Coast Suicide Prevention Trial](#)



Focusing on recovery on the Sunshine Coast

The Central Queensland, Wide Bay, Sunshine Coast PHN is delivering a recovery and postvention program for people experiencing suicidal crisis.

A collaborative partnership between the Central Queensland, Wide Bay, Sunshine Coast PHN; the Mental Health & Addiction Services (MHAS); and the Queensland Police Service's Vulnerable Person's Unit (VPU) has identified a series of pathways to recovery for those in suicidal crisis.

Working with the existing Queensland Police Service (QPS) and MHAS community response model, the project team reviews all suicides in the community and emergency responses to suicide risk and attempts. They explore key psychosocial indicators for suicidal behaviour and identify vulnerable communities that may have been impacted by suicide. Access to police reports, the internal police system, and frontline officers enables the identification of those experiencing suicidal crisis and the provision of meaningful and tailored support services when they are most needed.

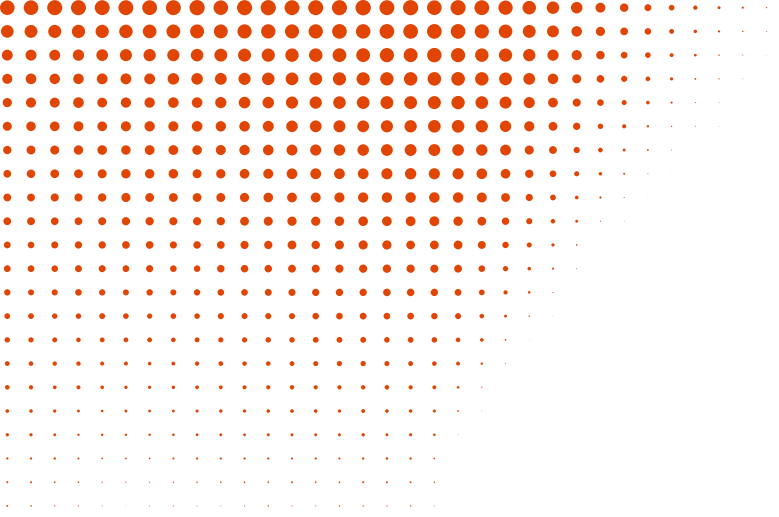
To support these activities, the PHN has funded an administration officer (AO) within the VPU to help the Queensland Police Service better identify people at risk of suicide within the community. The AO collects statistical data on suicides that occur within the Central Queensland, Wide Bay, and Sunshine Coast districts, including indicators within the person's life which may have contributed to their crisis. This data is then shared with the PHN to provide strategic direction for current and future services and commissioning.

The AO works with criminology, counselling, social work, and psychology students at the University of the Sunshine Coast to connect people who have previously experienced suicidal crisis with focused and meaningful support services. The AO also participates in multi-disciplinary working groups and establishes and maintains effective communication with stakeholders to support multi-agency referral pathways.

A counselling graduate is responsible for contacting family members and relatives of people who die by suicide, as well as witnesses to these events. StandBy, a leading postvention program, also support this process.

This project is helping to build the local capacity to respond to people in suicidal crisis in the Central Queensland, Wide Bay, and Sunshine Coast communities. It has enabled early identification and intervention, and has increased the effectiveness of suicide prevention services, as well as enabling improved access to services, ensuring those in suicidal crisis receive the right care in the right place at the right time.

For more information: [Central Queensland, Wide Bay, Sunshine Coast Suicide Prevention Trial](#)



Supporting communities after suicide

A community postvention program in Perth South is delivering holistic support for communities bereaved by suicide.

For families, friends and colleagues bereaved by suicide, the mental health impacts can be devastating. In Western Australia, the Perth South suicide prevention trial is rolling out an innovative postvention response that includes support services from more than 35 federal, state, and local agencies. Led by the Peel and Rockingham Kwinana Community Response Steering Group (PaRK CRSG), in partnership with the WA Primary Health Alliance, PaRK Mental Health Services and the WA Police (Mandurah District), this project seeks to deliver immediate wraparound support for families, friends and communities in the aftermath of a suicide.

The postvention model guides first responders to consider who is impacted by suicide, which supports are required, who should be involved in identifying support needs and how to offer the right supports without causing further harm. A suicide death has a far-reaching impact, it affects not only the immediate family, but also friends, colleagues, the people working in support services, and the wider community.

As first responders to critical incidents, police play a key role in obtaining consent for support from those bereaved by suicide. If and when families provide consent, a rapid, holistic response to families occurs within 24–72 hours of notification to the people and agencies responsible for postvention support, making this notification process key.

This process was designed in consultation with primary health, mental health, youth services, education, law enforcement stakeholders, and the ADF, including people with lived experience, postvention counsellors and the local coroner's office. The consultation process highlighted that PaRK CRSG is only aware of a limited number of suspected suicides and the number of deaths attributed to suicide is significantly understated.

A pilot of the postvention model showed immediate impacts: in the first six months, the families of 100 per cent of suspected suicide cases were offered postvention support immediately after the bereavement occurred. The enhanced identification and coordinated response enabled appropriate, streamlined, and timely support for families, friends, and the wider community. The pilot also highlighted the urgent need to identify vulnerable youth following a suicide loss, due to the high risk of this group, as well as the need for enhanced support for mental health professionals working with suicide or in postvention services.

The trial concluded in December 2019 with the establishment of a Primary Care Navigator position to continue this important work. Located within Active Response Bereavement Outreach, the Primary Care Navigator will continue to facilitate and strengthen pathways for coordinated postvention support following a suicide in the community.

“As a community of service providers, we are rapidly developing a better understanding of how we may serve our population with suicide prevention in mind.”

Caroline de la Harpe, Community Engagement and Bereavement Practitioner.

For more information: [Perth South Suicide Prevention Trial](#)



Youth

Young people are at increasing risk of poor mental health, with 75 per cent of mental illness developing before the age of 25. Empowering young people to learn how to support each other and seek help is key to preventing suicide among this demographic group.

Evidence-based programs have been shown to significantly reduce suicidal ideation and attempt rates. Providing mental health training for school staff and other individuals who work with young people can also help reduce stigma and encourage open conversations around suicide.

Here are some of the major achievements from the National Suicide Prevention Trial in the youth domain.



One yarn away from better mental health

For Aboriginal and Torres Strait Islander high school students in Brisbane, building emotional resilience starts with a yarn.

'Yarning' is an Indigenous cultural process of sharing knowledge and stories while building respectful relationships with each other – and for young Aboriginal and Torres Strait Islander people in Brisbane, it's strengthening their wellbeing and mental health.

The Brisbane North Primary Health Network has commissioned Indigenous-owned mental health organisation Youth 2 Knowledge (Y2K), to roll out a new program for Aboriginal and Torres Strait Islander students in seven Brisbane North high schools.

Called Project Yarn Circle, the program is designed to build mental health resilience by empowering young people, connecting them with their cultural heritage and fostering links with local health organisations and youth services.

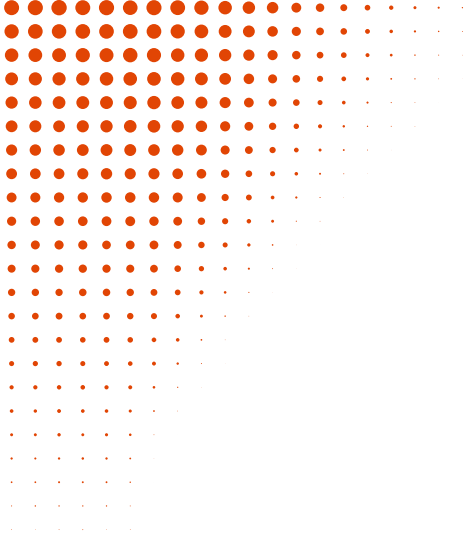
Y2K youth coordinators lead students in an exploration of their cultural identity, gathering them together in yarning circles and sharing traditional bush tucker. A 'Mob Map' facilitates conversation about different Indigenous language groups and tribes across Australia, as well as talk about cultural insights like men's and women's business.

Throughout the program, cultural facilitators engage students in art, dance, music, and traditional instruments like the didgeridoo, as well as in other cultural crafts like beading. Local Elders attend and guide their involvement in cultural processes such as an Acknowledgement of Country, while presentations from guest organisations show students where – and how – to access mental health support.

Students explore concepts such as respect, self-worth, sharing, and connection to community, and talk about physical health, substance awareness and goal setting. The importance of nutrition and the link between physical and mental wellbeing are also key points of discussion. Importantly, they develop new language to talk about suicide, mental health and help seeking, and build confidence in their leadership skills.

To date, Project Yarn Circle has been rolled out to 491 students in seven schools. Students report a newfound sense of pride in their culture and heritage, as well as increased confidence in seeking help and supporting peers who might be struggling.

For more information: [Brisbane North Suicide Prevention Trial](#) | [Project Yarn Circle](#)



Wot na wot kine? How four short words are changing lives in the Kimberley

In the Kimberley region of WA, strengthening social and emotional wellbeing for young people is all about asking “What’s up? How are you going?”

In the Kimberley, wot na wot kine is a local saying that means, ‘What’s up? How are you going?’ It also became the theme of a television, radio and social media campaign led by the WA Primary Health Alliance and the Kimberley Aboriginal Medical Services to promote social and emotional wellbeing.

Developed through extensive consultation with Kimberley community members, service providers and young people, Wot Na Wot Kine was designed to reduce the risk of suicide among young people and promote community ownership of supporting each other.

The aim was to get young people to help themselves by talking to someone they trust – friends, family, community members – if they’re struggling and need support.

The campaign was focused on decreasing the stigma associated with talking about mental health; positively role modelling ways to stay strong and well, including emphasising the importance of community, country and culture; and encouraging young people to seek professional help if they need it.

Wot Na Wot Kine aired over four months from October 2019 to January 2020, with 571 local television spots, 252 local radio spots, more than 70,000 video plays on social media and 5000 listens on Spotify. Rather than using professional actors, the campaign featured Kimberley community members to showcase local people who are working to keep their communities strong.

These included Bianca Graham, West Kimberley Youth Delegate for the Trial and Yawuru Youth Development Officer, and Michael Haji Ali, Broome Community Liaison Officer for the Trial and Broome Community Citizen of the Year 2019.

The Wot Na Wot Kine campaign will continue in 2020/2021, with a complementary training component currently being developed for young people across the region.

“We want to build the capacity of young Indigenous people in the Kimberley. We want strength-based dialogue to create culturally strong and empowered young people who know their foundations.”

Bianca Graham, West Kimberley Youth Delegate for the Trial and Yawuru Youth Development Officer.

For more information: [Wot na wot kine? campaign](#)



The role of the Black Dog Institute

The Black Dog Institute is recognised as a leader in suicide prevention research, evidence, data and programs, and implementation of systems approaches to suicide prevention.

Throughout the life of the National Suicide Prevention Trial, the Institute has worked closely with trial site teams to drive connections, networks, and partnerships with the ultimate goal of building suicide prevention capacity and workforces across Australia.

The National Suicide Prevention Trial site teams were asked to identify the most valuable support they received from the Black Dog Institute. Here's what they said:

The Black Dog Institute's expertise to inform interventions, skills development, capacity building and an increased knowledge base on the latest research and evidence-based programs was invaluable

The LifeSpan framework helped to guide suicide prevention activities and strategies, and feedback from the Black Dog Institute assisted to continuously improve suicide prevention activity

Connecting regularly with a national network of suicide prevention trial colleagues to share challenges and learnings was essential for success

Video calls with the trial sites, the Black Dog Institute and the Department of Health were very helpful.

“The Black Dog Institute has provided excellent support, information and strategies to guide our suicide prevention trial. Their support throughout the trial has been exceptional and helped guide us as a Primary Health Network on best practice approaches to suicide prevention.”

Central Queensland, Wide Bay, Sunshine Coast PHN trial site team member.

Examples of our wide-ranging support provided to the trial sites teams include:



Evidence-based guides, tools, and resources provided via the Intranet, including the [Emergency Department Best Practice Guidelines](#), [Guidance for Engaging GPs in Suicide Prevention](#), and the [Guidance for Rural and Remote Communities](#). Most recently the Black Dog Institute released the suicide prevention [White Paper](#), building on efforts across the sector to address the research gap.



Eleven webinars from subject matter experts and **nine** workshops for all trial site coordinators. **Five** opportunities for trial sites to visit the Black Dog Institute for immersion visits, to connect with one another and subject matter experts. As well as the [National Suicide Prevention Symposium 2019](#).



Initial planning and start-up support, induction of new staff, review of community consultation and local action plans, new programs and adaptations, and participation in local implementation groups, steering committees, working groups, taskforces and communities of practices.



Seventy-eight trial sites visits from the Black Dog Institute to support the planning and implementation of activities, campaigns, training, and events.

Program Partnerships

The Black Dog Institute led partnerships with key mental health and suicide prevention program owners. These partnerships enabled evidence-based programs and adaptations of these programs to be accessible to the trial sites. These programs are now available to communities beyond the life of the trials.

- The Black Dog Institute and Mental Health in Mind worked together to bring [Youth Aware of Mental Health](#) to Australia. Black Dog Institute has trained new Australian trainers and instructors and shared our evaluation framework of YAM to enable trial sites to access and evaluate YAM. YAM has been delivered in three states in Australia so far.
- In partnership with the US-based QPR Institute, Black Dog Institute completed an Australian adaptation of the Question, Persuade, Refer program. Through an agreement with the Institute, QPR-online was offered to all National Suicide Prevention Trial sites at a reduced price.
- Mindframe Plus is an adaptation of existing Mindframe training developed by the Black Dog Institute and **Everymind**. This program supports trial sites to upskill their local steering groups, local media and community networks, and to develop proactive media strategies that emphasise safe messaging and reporting of suicide.



Supporting Suicide Prevention in priority populations

Throughout the trials, the Black Dog Institute has worked with the trial site teams and local communities to develop and adapt suicide prevention activities and programs that are responsive to priority population needs.

We have achieved this by connecting site staff to a range of resources, evidence and specialist organisations and peak bodies with priority population-specific expertise. These include organisations such as the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP), the Centre for Rural and Remote Mental Health, LGBTIQ+ Health Australia AIDS Council of NSW (ACON), the Department of Veterans Affairs (DVA), the Australian Defence Force (ADF), and others. Site teams have engaged in extensive community consultation with priority populations. This work has not only been essential to the success of the trials but will also inform ongoing and future suicide prevention work.

Aboriginal and Torres Strait Islander People

Eight of the 12 National Suicide Prevention Trial sites have a focus on Aboriginal and Torres Strait Islander populations, resulting in culturally appropriate interventions and evaluation of novel approaches.

As part of a formal partnership with the Black Dog Institute, CBPATSISP's Leilani Darwin and Professor Pat Dudgeon facilitated a series of community-led forums to inform local suicide prevention work. They also supported PHNs and local Indigenous leaders to use or adapt existing suicide prevention interventions and create [resources](#) for Aboriginal and Torres Strait Islander communities.

Following this work with CBPATSISP and the trials, the Black Dog Institute received funding from the Department of Health in 2019 to establish the [Aboriginal and Torres Strait Islander Lived Experience Centre](#), which has been built to inform, enable and deliver better services, care and programs to improve mental health outcomes and ultimately save lives. The trial sites are already linking into the Centre to inform ongoing lived experience inclusion

in local suicide prevention work. The Black Dog Institute has also co-designed culturally appropriate interventions which have been available to the trial sites, such as iBobbly, a social and emotional wellbeing self-help app shaped by and for young Aboriginal and Torres Strait Islander Australians.

Rural and remote

Two trial sites have a focus on rural and remote communities. In consultation with these trial site teams, Black Dog Institute staff developed [Guidance for a Systems Approach to Suicide Prevention for Rural and Remote Communities](#). The Black Dog Institute also sought input from the National Suicide Prevention Trial sites into the [Senate Inquiry into the Quality and Accessibility of Mental Health Services in Rural and Remote Australia](#) in 2018, using the trial sites' knowledge and experience to inform recommendations in the report.



LGBTIQ+

Two trial sites have a focus on LGBTIQ+ communities and have collected unique data to support LGBTIQ+ specific suicide prevention strategies and services that will inform ongoing and future work in this space. Supported by the Black Dog Institute, these trial site teams have worked closely with LGBTIQ+ Health Australia throughout the National Suicide Prevention Trial. In 2018, LGBTIQ+ Health Australia and Black Dog Institute hosted a joint workshop for trial site staff; in 2019, the Black Dog Institute and LGBTIQ+ Health Australia participated in the Press Council's Roundtable on LGBTIQ+ representation in the media, alongside representatives from Everymind (Mindframe), to advocate for safe reporting and media which involves LGBTIQ+; and in 2020, the Black Dog Institute signed an MOU with LGBTIQ+ Health Australia to develop more inclusive and adapted training programs which will continue to be available beyond the trials.

Veterans

Ex-Australian Defence Force (ADF) personnel and their families have been the focus of suicide prevention activities for the Townsville National Suicide Prevention Trial. Adaptions for ex-ADF individuals have included help-seeking and awareness campaigns, as well as training for GPs on how to respond to veterans' unique support needs. Throughout 2019/2020, the Black Dog Institute has engaged with both the ADF and the Department for Veteran Affairs (DVA) to share progress, learnings, and outcomes from the Townsville trial site to influence suicide prevention for ex-ADF personnel nationally. This has included presenting to Minister Chester at a DVA roundtable and several presentations to ADF and DVA Open Arms staff.

Using data for Suicide Prevention

In collaboration with the Australia National University, SAS and the Paul Ramsay Foundation, Black Dog Institute has pioneered a new data system that helps local communities develop more targeted and evidence-based suicide prevention initiatives. As the only organisation to combine suicide prevention data, clinical research and knowledge translation expertise, we are best placed to drive analysis and action in this space.

Our system identifies suicide clusters, trends, and rates, and includes population demographics, health and socioeconomic information, workforce, and environmental factor dimensions. The system enables geospatial mapping of these data sources, providing easy-to-interpret visuals and a unique level of detail. This turns raw data into powerful, life-saving solutions and empowers PHNs to deliver strategic interventions in specific locations, particularly in the context of restricting suicide means. We have unprecedented accuracy in our mapping and spatial analysis, enabling data-driven decision making.

Data analysis reports from this system have been presented and provided to all of the trial site teams. These reports contain geospatial and tabular information about regional suicide deaths based on National Coronial Information System death data from 2006 onwards. As well as analysis of prominent methods, groups, geospatial clusters, and suicide locations which should be prioritised for intervention. The Black Dog Institute has also advised on means restriction specific to each region.



Data for inclusivity

Previously established data practices across different sectors exclude a range of high-need population groups. For example, a lack of sexual orientation, gender identity and intersex status data collected to support mental health population research impacts LGBTIQ+ inclusion in suicide prevention policies, strategies and programmes. Therefore, where possible, National Suicide Prevention Trial site teams have sought to expand the demographic components of their data practices. In NSW, memoranda of understanding with NSW Police and Ambulance Services funded by the Paul Ramsay Foundation has yielded access to more comprehensive data. The narrative data in these NSW sources has been manually coded to build a more detailed understanding of suicide deaths and attempts in a way that NCIS data cannot. Admitted patient data from NSW Health was used in a data summary for both Western NSW and North Coast NSW along with NCIS data. We work with different data custodians and the trial sites to improve data collection to better understand suicide deaths and attempts.



Data for responsible reporting and analysis

The Black Dog Institute Data team respond to a range of ad-hoc requests for National Suicide Prevention Trial data to be presented to the media. This process requires rigorous attention to detail to ensure no sensitive material is made public. The Black Dog Institute also delivers monthly reports to all National Suicide Prevention Trial sites for QPR training and the Advanced Training in Suicide Prevention, which report on the number of attendees, basic demographic data and some learning evaluation results. These reports enable trial site teams to better understand who they are attracting to their training and increases in uptake following specific events or promotional activities.

Leading the way forward

As the National Suicide Prevention Trial moves toward its conclusion, the Black Dog Institute will continue to advocate for:

- a permanent and funded national suicide prevention program
- funded regional suicide prevention coordinator roles in each Primary Health Network
- funding for Black Dog Institute's expert support and advice, latest research, resources, and training
- further investment in research; in particular, implementation and priority population research.

We are committed to leading Australia's public mental health and suicide prevention work through science, compassion, and action.

We will continue to offer our suicide prevention services nationally in the following ways:

- **consultant capacity** – as pioneers of the systems approach to suicide prevention, our team provides guidance and support in governance, structure, and planning as well as resources and knowledge to plan and implement suicide prevention initiatives locally
- **the data difference** – experts in the field, we use data to identify the specific problems and areas of focus in that community, creating a tailor-made plan focused on the greatest impact in reducing suicide rates in that region
- **collaboration** – working with everyone from major networks through to local communities, we create partnerships, connections, and networks, sharing knowledge to further enable the success for every community
- **scale and sustainability** – collating and connecting the whole approach, we are helping to define the future models of community-based suicide prevention
- **thought leaders** – our role is to be the voice for suicide prevention, to make it part of everyday conversation and to develop and share scientific evidence that sits at the foundation and future of suicide prevention.

Black Dog Institute Suicide Prevention

Consulting

Analytics

Network

Training &
Workshops

Bespoke projects

Suicide Data
Analysis Reports

Research &
Resources

Community
of Practice

Learn more: [Our full range of suicide prevention services](#)



Support page

If you, or someone you know, is in immediate danger, please call 000 or go to your nearest hospital Emergency Department.

If you, or someone you know, is thinking about suicide or experiencing a personal crisis or distress, help is available. Tell someone about what you are thinking, even at the earliest signs. Please contact one of these services below or speak to your General Practitioner.

- Lifeline (13 11 14, www.lifeline.org.au)
- Suicide Call Back Service (1300 659 467, www.suicidecallbackservice.org.au)
- Beyond Blue Support Service (1300 22 4636, www.beyondblue.org.au)
- MensLine Australia (1300 78 99 78, www.mensline.org.au)
- Kids Helpline (1800 55 1800, www.kidshelpline.com.au)

For a list of other related support services please click on this link: www.healthdirect.gov.au/mental-health-helplines



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