



Guidelines for the preparation of Suicide Prevention Action Plans for Prescribed State Authorities

Compassion. Connection. Action.



Government of
South Australia

These Guidelines are intended to support prescribed State authorities to prepare and develop Suicide Prevention Action Plans (Action Plans) under the [South Australian Suicide Prevention Plan 2023-2026 \(Suicide Prevention Plan\)](#) and the [Suicide Prevention Act 2021 \(SA\) \(the Act\)](#).

These Guidelines have been developed under s 8 of the Act, to provide contextual information and advice and seek to support consistency and collaboration in the development of Action Plans and reporting against the Suicide Prevention Plan.

Acknowledgement

We acknowledge South Australian Aboriginal people as the traditional and continuing custodians of the lands and waterways in South Australia and pay respects to Elders past, present and emerging.

We acknowledge all people in South Australia who have a lived or living experience of suicidal distress, caring for someone through suicidal crises and those bereaved by suicide. Their insights and wisdom are essential in the design and delivery of suicide prevention in South Australia.

Talking and reading about suicide can raise all sorts of feelings. If you are worried about yourself or someone else, there are a range of support services outlined in the [Suicide Prevention Plan](#). Your employee assistance provider is also an important resource.

For more information about the use of this Guideline contact SuicidePreventionCouncil@sa.gov.au

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Introduction

In 2021, the *South Australian Suicide Prevention Act 2021 (SA)* (the Act) was passed to establish measures to reduce suicide in South Australia. It promotes best practice in suicide prevention, including suicide prevention training and education, identifying priority populations disproportionately impacted by suicide, and the establishment of a Suicide Prevention Council (the Council).

The role of the Council is to prepare and maintain the South Australian Suicide Prevention Plan 2023-2026 (the Suicide Prevention Plan) and make recommendations about possible suicide prevention and postvention policies and responses across all sectors of Government.

Under ss 22 and 25 of the Act, every State authority must have regard to, and seek to give effect to, the Suicide Prevention Plan however certain prescribed State Authorities are required to prepare an Action Plan setting out the strategies and measures that will be put in place to prevent suicide. While any State authority can prepare and implement an Action Plan, the prescribed State authorities are listed in Appendix 1.

South Australian Suicide Prevention Plan 2023-2026

The Suicide Prevention Plan has been developed under s 20 of the Act and was launched in July 2023. The Suicide Prevention Plan recognises that suicide prevention is a shared responsibility requiring a multi strategy, multi sectoral and whole of government approach.

The vision of the Suicide Prevention Plan is for compassionate, resilient and connected communities that support wellbeing and prevent suicide.

The four-year Goals are:

- To reduce suicide related distress and death by suicide in South Australia.
- To reduce distress that may contribute to suicide.
- To improve community understanding and responsiveness to prevent suicide.

The Priorities are:

Partner	Enable multisectoral and whole of community approaches to suicide prevention.
Respect	Promote social and emotional wellbeing and prevent and respond to suicide risk for Aboriginal South Australians.
Prevent	Create compassionate, safe and resilient communities
Respond	Meeting the needs of people and communities when, and in the ways, they are needed
Review	Monitor and evaluate suicide prevention strategies and support evidence informed practice.

In line with s 21 of the Act, the Respect Priority provides a specific focus on suicide prevention for Aboriginal communities, addressing the need for targeted and sustained action. It acknowledges that Aboriginal mental health encompasses all aspects of life, including the social, physical, emotional, cultural and spiritual wellbeing of the individual and their community.

The implementation of strategies that build and maintain wellbeing in communities are key foundations for suicide prevention. This includes:

- Promoting wellbeing, strengthening protective factors already in the community and building community capacity to prevent and respond early to suicide related distress and behaviours and promote hope for every life.
- Identifying priority population groups, intervening early to reduce suicide risk factors and strengthening care and support services.
- Reducing the impact of a death by suicide by providing quality care following a suicide and assisting people who are bereaved.

The Suicide Prevention Plan complements current suicide prevention approaches within Australia and internationally, including findings from the: [Productivity Commission Inquiry Report into Mental Health \(2020\)](#), the [Prime Minister's National Suicide Prevention Adviser's Final Advice \(2020\)](#) and the [World Health Organization's LIVE LIFE: An implementation guide for suicide prevention in countries \(2021\)](#).

How prescribed State authorities can contribute to suicide prevention

Suicide is complex and rarely caused by a single circumstance or event. Suicide can arise from the interaction between many vulnerabilities, risk factors and distressing events in a person's life. Suicide can also be influenced by social and economic circumstances and differences between cultures and individual's experiences.

Enablers of suicide prevention span all aspects of where people live, work, learn and socialise. Equally there are many factors at individual, relationship, community, and societal levels that can support and protect people from thoughts of suicide to reduce the risk of suicide.

Suicide prevention involves taking action to build wellbeing, address life's challenges, and strengthen the protective factors within individuals and communities. Growing evidence indicates that collaborative efforts among all sectors can effectively address risks and promote protective factors across people's lives, significantly reducing and preventing distress long before a suicidal crisis emerges.

Suicide prevention action can be taken at the following levels:

<p>Universal NB: These types of actions will support both an authority's staff and clients</p>	<p>Actions that are beneficial to the whole population eg., responsible media reporting,</p>
<p>Selected NB: These types of actions may be directed to an authority's clients and/or to a particular group of staff</p>	<p>Actions that are aimed at people/communities who may be a higher risk eg. counselling/support for families experiencing financial distress,</p>
<p>Indicated NB: These types of actions will likely be directed to a specific group authority's client</p>	<p>Actions directed to people already identified as being at high risk of suicide eg., gender friendly mental health services for LGBTIQ+ people experiencing distress.</p>

The scope of suicide prevention work covers three core areas:

Promotion, Prevention and early intervention

- Shape individual and community attitudes and the way people think and talk about suicide.
- Build resilience in individuals and communities.
- Address the "upstream" social determinants of health and wellbeing such as the impact of inequities and trauma.
- Tailor and target strategies to work with groups in the community who have significant or specific needs or higher rates of risk factors.

Aftercare and support

- "Aftercare" specifically describes the care and supports provided to people who have recently attempted suicide. "Universal aftercare" refers to best-practice care wherein anyone who presents to a hospital, GP or other government service following a suicide attempt will routinely receive follow-up support.
- "Support" more broadly includes services for individuals, both within and beyond the traditional health system, as well as community-based initiatives, often with a strong element of peer support.

Post suicide support

- Post suicide support or "postvention" describes the intervention activities that are conducted after a suicide to help people cope with the loss and increase their resilience. These activities usually target family, friends, professionals, community members and others bereaved by the suicide, who may be at an increased risk of suicide themselves.

Action that prioritises suicide prevention should aim to:

- Promote wellbeing and reduce distress;
- Recognise and respond to suicide related distress earlier;
- Connect people to compassionate programs, services and support;
- Build and look after the suicide prevention workforce;
- Strengthen the capacity of the wider workforce to take action; and
- Strengthen the capacity of the community to take action.

There are some groups across South Australian communities who are disproportionately impacted by

suicide (see page 12 of the Suicide Prevention Plan). Considering how social determinants interact with individual-level risk factors and the diversity of these groups helps in tailoring actions. Social determinants of suicide are the non-medical factors that can increase a person's risk of suicide, such as poverty, unemployment, and discrimination. To prevent suicide, we need to address these social determinants through whole-of-government and whole-of-community action. This includes creating a society where everyone has the opportunity to live a healthy and fulfilling life, regardless of their social background. A focus on family, culture, and community is essential for this approach to be successful.

The Suicide Prevention Plan describes the protective and risk factors as shown below. Please note, this is not an exhaustive list, but serves to illustrate the range of risk factors for suicide.

Characteristics, relationships, circumstances or events that can increase the likelihood of thoughts of suicide. These factors may be present at the individual or family level or at broader social, cultural or institutional levels, although not all individuals or groups may be effected in the same ways or to the same extent. Risk factors should not be confused with warning signs.

<https://lifeinmind.org.au/about-suicide/glossary-of-terms>

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> > Support to develop effective coping and problem solving skills. > Reasons for living (for example, family, friends, pets, etc.). > Strong sense of cultural identity. > Access to secure housing. > Stable employment. > Mental health literacy. > Access to mental health treatment. 	<ul style="list-style-type: none"> > Previous suicide attempt. > History of mental illness. > Serious illness such as chronic pain. > Criminal/legal problems. > Job/financial problems or loss. > Impulsive or aggressive tendencies. > Alcohol and other drug use. > Current or prior history of adverse childhood experiences. > Sense of hopelessness. > Violence victimisation and/or perpetration.
Relationship	<ul style="list-style-type: none"> > Support from partners, friends, and family. > Community support and connectedness. 	<ul style="list-style-type: none"> > Bullying. > Bereavement by suicide. > Loss of relationships. > High conflict or violent relationships. > Sense of isolation and lack of social support.
Community	<ul style="list-style-type: none"> > Availability and timely access to consistent and high quality mental health and general health care. > Provision of readily accessible crisis support and post vention support services. > Feeling connected to school, community, and other social/cultural/religious institutions. 	<ul style="list-style-type: none"> > Lack of access to health care. > Suicide cluster in the community. > Stress of acculturation. > Community violence. > Trauma or abuse. > Discrimination.
Society	<ul style="list-style-type: none"> > Reduced access to lethal means of suicide among people at risk. > Open discussion on mental health and help seeking behaviours. > Strongly held cultural, religious, or moral objections to suicide. 	<ul style="list-style-type: none"> > Stigma associated with help seeking and mental illness. > Intergenerational trauma and loss of connection to culture. > Easy access to lethal means of suicide or availability of information online for people at risk. > Unsafe media portrayals of suicide.

Suicide Prevention Action Plans

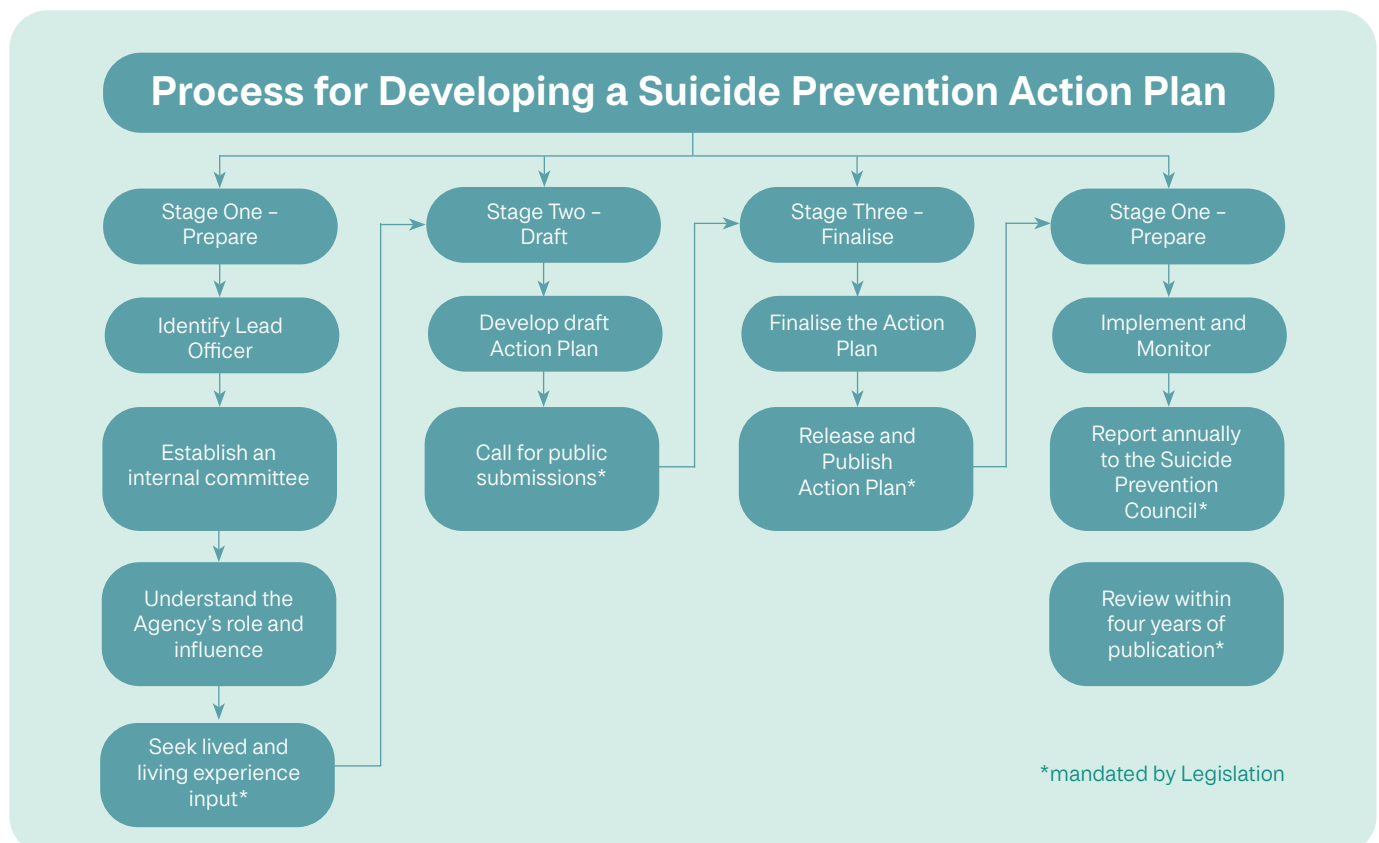
The Suicide Prevention Plan underwent consultation with Chief Executives from various departments within the Government of South Australia. Additional consultation with the Chief Executives included approval of an initial 10 prescribed State authorities tasked with preparing an Action Plan.

The Act states that prescribed State authorities must prepare an Action Plan to give effect to the Suicide Prevention Plan and take action to reduce suicide rates and their impact on individuals, families, and communities. The purpose of these plans is to set out a clear and comprehensive approach to suicide prevention, including strategies and measures to:

- Identify and support people at risk of suicide
- Reduce access to means of suicide
- Promote mental health and wellbeing
- Build resilience to suicide
- Reduce the stigma associated with suicide

The Action Plans must explain how the prescribed state authority will further the objects of the Suicide Prevention Act, give effect to the Suicide Prevention Plan, and support staff and community following the death by suicide of a person. The plans must also explain how suicide prevention strategies will be incorporated into the primary functions and programs of the prescribed state authority.

Action Plans are not intended to replace existing suicide prevention efforts or national campaigns (e.g., R U OK? Day), but rather to build on them through broader-ranging, longer-term, workplace and sector specific solutions that have people with lived and living experience at their core. Prescribed State authorities are required to comply with these Guidelines and the following process in the development of their Action Plan.



Appendix 2 outlines the legislative requirements for preparation and consultation, and a discretionary Action Plan template is provided in Appendix 3. The checklist in Appendix 4 can be used to ensure requirements have been met.

Stage 1 – Prepare

1.1 Lead Officer identification

An important step in beginning the process is identifying the Lead Officer. In most cases this step will have been completed by the prescribed State authority Chief Executive. The Lead Officer will be the prescribed State authorities' key contact, responsible for coordinating and overseeing the development and implementation of the Action Plan.

A Community of Practice will be established for Lead Officers in prescribed State authorities. The Community of Practice will serve as a mechanism to share knowledge and experiences of projects as well as support the identification of potential cross-agency collaboration. Through the Community of Practice Lead Officers will have access to suicide prevention experts and members of the South Australian Suicide Prevention Council who will be able to assist throughout the development process.

1.2 Internal committee to progress development of the Action Plan

An internal committee (the committee) can coordinate and oversee development, monitoring and delivery of the Action Plan. The committee should include key stakeholders from relevant areas within the prescribed State authority, ensuring a diverse range of perspectives and experiences are represented.

Prescribed State authorities may consider providing staff with the opportunity to self-nominate for involvement in the committee. Encouraging participation from individuals with lived and living experience is important to develop strategies that will effectively address the complex challenge of suicide prevention.

When talking, listening and reading about suicide and self-harm, psychological trauma and adversity it is important to create psychologically safe spaces and process to ensure anyone who is emotionally impacted is fully supported. Those involved should be encouraged to take breaks if emotionally impacted and the agency employee assistance program provider or other psychological support should be made available to committee members, and regular check-ins with members undertaken.

If the committee meets the diversity requirements of s 25(4)(b) of the Act, the committee could also provide consultative functions in the development of the Action Plan, as outlined in 1.4.

1.3 Understand the Agency's role and influence in suicide prevention

Prescribed State authorities will have different roles in suicide prevention and distress intervention. One mechanism for understanding each prescribed State authorities' current approach to suicide prevention is to conduct a comprehensive review of existing agency suicide prevention initiatives. The review should include both the internal and external (staff and community) facing operations of the agency including policies, and resources to identify gaps, strengths, and weaknesses.

In 2020 the National Suicide Prevention Taskforce developed [Shifting the Focus: A national whole-of-government approach to guide suicide prevention in Australia \(Shifting the Focus\)](#). This document provides a useful decision-making tool to assist government agencies to identify where contributions can be made to suicide prevention. The tool identifies focus areas (policy, programs, community, and individuals) which can be used to identify progressively specialised actions and may assist in the preparation, assessment and development of the Action Plan. Prescribed State authorities are encouraged to undertake a self-assessment to identify actions or improvements.

1.4 Seek lived and living experience input to inform development of the Action Plan

The Act details requirements for prescribed State authorities to undertake extensive consultation in the preparation of an Action Plan and specifically engage with:

- persons who identify as being within a priority population group; and
- persons who have lived and living experience of suicide; and
- persons who identify as Aboriginal or Torres Strait Islander; and
- persons or bodies who represent persons or groups specified in a preceding subparagraph; and
- any person or body prescribed by the regulations,
- any other person or body that the prescribed State authority thinks appropriate.

People with lived and living experience provide valuable insights into suicide prevention initiatives. The personal experience and understanding of their journey can contribute to, enhance and guide suicide prevention planning. Creating safe and supportive spaces for consultation is of utmost importance to foster open and honest discussions about the unique lived and living experience and insights. It is vital that those consulted feel comfortable sharing their thoughts, knowing that their feedback will be valued and used to guide the development of strategies that are both empathetic and effective. Further information and resources to guide authentic engagement with people with lived and living experience of suicide can be found in Appendix 5.

The South Australian Government's approach to community engagement is outlined in the [Better Together](#) principles, which can be considered by prescribed State authorities when planning this consultation process.

Prescribed State authorities seeking to consult with persons who have lived and living experience should consider whether their Agency committee meets the diversity requirements of s 25(4)(b) of the Act or if further consultation mechanisms and processes are required.

Once this stage of consultation is complete and the committee has finalised the review of existing suicide prevention initiatives, feedback obtained from various stakeholders, community members, and relevant organisations can be collated. Analysis should occur to identify themes and insights into the effectiveness and potential gaps in current suicide prevention measures, to assist with drafting Action Plan strategies.

Stage 2 – Draft

2.1 Develop draft Action Plan

Many prescribed State authorities are likely to already be engaged in work that aligns with the Priorities of the Suicide Prevention Plan. Action Plans provide an opportunity to recognise and build on this work.

Prescribed State authorities are encouraged to use the Action Plan template in Appendix 3 as a guide for drafting their Action Plans. The Action Plan should outline the strategies and measures that will be put in place to support internal and external (staff and community) stakeholders, as well as measures and who is responsible for implementation. Prescribed State authorities are required to give effect to the Suicide Prevention Plan and propose how they will further the objects of the Act, through the implementation of suicide prevention strategies that will be incorporated into the primary functions and programs of the agency.

Once the first draft of the Action Plan has been endorsed by the committee, approval for release to the public for consultation should progress through the agency's approval process.

2.2 Call for submissions from the public on the draft Action Plan

The public engagement process is crucial to gather broader community and stakeholder feedback on the draft Action Plan, and is required under s 25(4)(b) of the Act.

In line with Government policy, it is recommended that public consultation on the draft Action Plan is in line with

the Better Together principles and facilitated through [YourSAy](#), the whole of government online consultation hub. Once the public consultation process is complete, the feedback obtained should be analysed and used to inform the development of the final Action Plan.

Stage 3 – Finalise

3.1 Finalise the Action Plan

Once feedback has been incorporated, the final Action Plan can be endorsed by the committee and progress through the agency's approval process.

3.2 Release and publish Action Plan

After obtaining final approval, the Action Plan can be released and implementation can commence. Under s 25(6) of the Act the Action Plan must be made available on a website of the agency's choosing and a copy provided to the Council for noting.

Stage 4 – Implement, Monitor, Report and Review

4.1 Implement and monitor

Implementation of the Action Plan will require monitoring of progress in delivering the actions and ongoing assessment of their effectiveness. To support the monitoring process, the Council will develop an indicator framework. This framework will encompass a variety of indicators, providing information about the effectiveness of the Suicide Prevention Plan and guiding future actions to mitigate the risk of psychological distress and suicide in the community.

4.2 Report annually to the Suicide Prevention Council

Under s 26(1) of the Act, each prescribed State authority must on or before 31 October in each year, report to the Council on the operation of its Action Plan during the preceding financial year. This report must include a summary of the extent to which the Action Plan has been implemented by the prescribed State authority. The coordination of reporting to the Council will be overseen by the Executive Officer to the Council.

A reporting template will be developed and shared to facilitate a consistent and structured approach to Annual Reporting to the Minister and Parliament as required under ss 26(2) and (3) of the Act.

4.3 Review within four years of publication

Section 25(7) of the Act states that prescribed State authorities must cause a review of their Action Plan to be conducted on or before 31 October in every fourth year after the publication of the prescribed State authority's first Action Plan. Further information will be provided at a later date.

Appendices

◊ **Appendix 1:** Prescribed State Authorities

◊ **Appendix 2:** Legislative requirements for Suicide Prevention Action Plans

◊ **Appendix 3:** Suicide Prevention Action Plan Template

Prescribed State authorities are encouraged to use this template to develop Action Plans to ensure consistency with the Suicide Prevention Plan and compliance with the legislative requirements outlined in the Act. The tables within the template contain example actions and will support the documentation of actions, responsibilities, timeframes and measurable targets aligned to the Priorities of the Suicide Prevention Plan. Whilst prescribed State authorities are encouraged to identify actions under the Strategies of the Suicide Prevention Plan that are relevant to their agency, this is not required for all Strategies if not applicable. The template is provided in a Word version to enable prescribed State authorities to apply their own formatting and branding and modify as needed.

◊ **Appendix 4:** Suicide Prevention Action Plan Checklist

◊ **Appendix 5:** Useful Resources



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Character Illustrations: Freepik.com