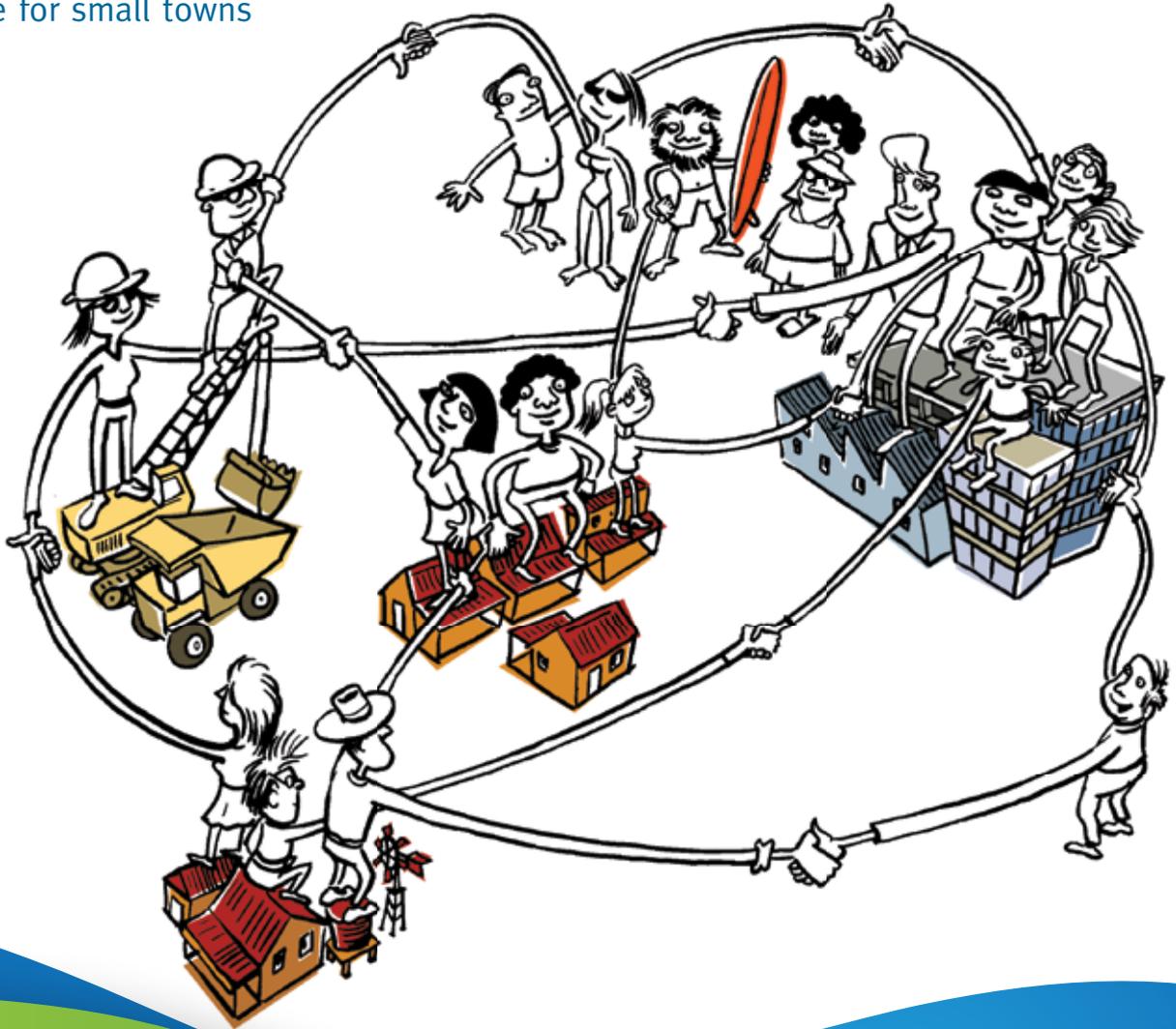


Communities Matter

A toolkit for community-driven suicide prevention

A resource for small towns



**Mental
Health
Commission**
of New South Wales



**Suicide Prevention
Australia**

Acknowledgements

This Toolkit is a partnership between the Mental Health Commission of NSW and Suicide Prevention Australia. It has drawn on the following resources:

- *CommunityLIFE A Framework for Effective Community-Based Suicide Prevention (Draft for Consultation)* (2005) completed under the Australian Government's National Suicide Prevention Strategy.
- *Suicide Prevention in the Community: A Practical Guide* (2011) produced by the Health Service Executive West, Ireland.
- *A Community Based Suicide Prevention Planning Manual for Designing a Program Just Right for Your Community* (2012) produced by Institute of Rural Health, Idaho State University

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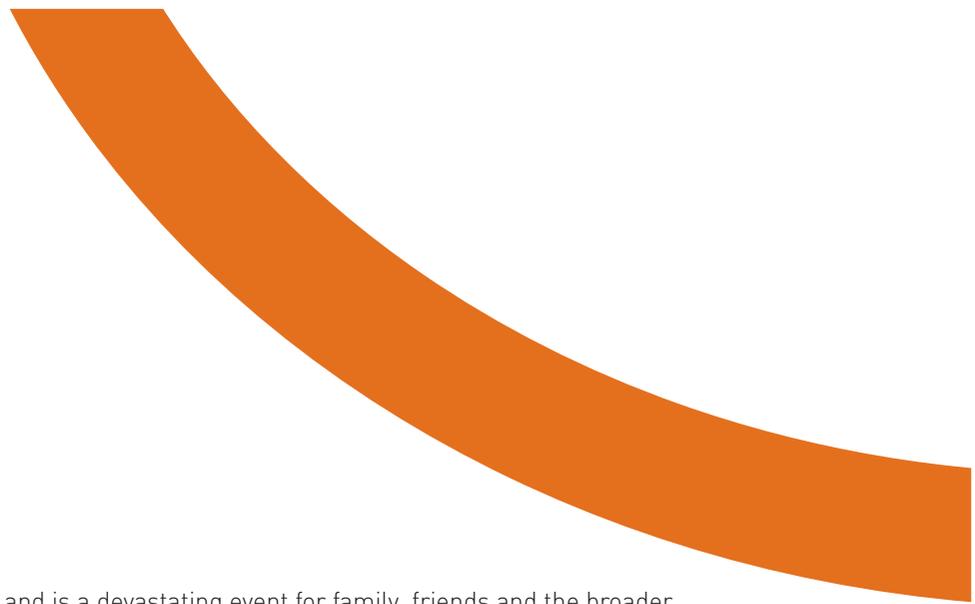
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Foreword

Suicide touches the lives of many people and is a devastating event for family, friends and the broader community. Many of us will know of someone who has attempted suicide or died by suicide. Preventing suicide is an urgent public health issue that requires coordinated action across all levels of government, business, non-government organisations and the community to create healthy and socially inclusive communities.

This toolkit is designed to turn community interest and concern into grass roots local community suicide prevention action responsive to local needs and priorities, with support from relevant agencies as required.

This reflects the principle that **suicide prevention is everyone's business.**

A number of people and organisations from the national, state and local levels have contributed to this toolkit, as outlined in Acknowledgements. By bringing together their expertise, contributors have developed a resource that aims to assist communities, particularly small towns, to engage in community-driven suicide prevention initiatives. Contributors to this toolkit include organisations that are available to support local communities in their efforts. Other organisations are also available to assist communities and information on these is provided in the toolkit.

This document is a consultation draft. This document will be piloted within two small towns and is open to feedback from other stakeholders to ensure that it is indeed a useful document for communities interested in spearheading suicide prevention initiatives. This toolkit is an integral component of the *NSW Small Town Suicide Prevention Strategy* which is currently under development, with the strategy aiming to bring together organisations to develop a coordinated and integrated suicide prevention approach for small towns.

We warmly invite you to provide us with your feedback on this document and work with us to make our communities resilient and a place where all feel valued and supported to live a full and contributing life.



John Feneley
Commissioner, Mental Health Commission of NSW



Susan Murray
CEO, Suicide Prevention Australia

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Glossary

Aboriginal and/or Torres Strait Islander or Indigenous Australians: A person who is of Aboriginal or Torres Strait Islander descent; and identifies as an Australian Aboriginal or Torres Strait Islander person; and is accepted as such by the community in which s/he lives or has lived.

Anxiety: Anxiety is characterised by physiological arousal (including increased blood pressure, heart rate, over breathing), preparing for a 'flight or fight' response. It becomes a disorder when it is out of keeping with the 'threat' and causes distress to the individual and impacts negatively on day-to-day functioning.

At-risk: An individual who exhibits risk factors.

Bereaved/ Bereavement: The period after a loss (usually through death) during which grief is experienced and mourning occurs.

Best practice: The use of methods (often evidence based) that achieve improvements and/or optimal outcomes.

Capacity building:

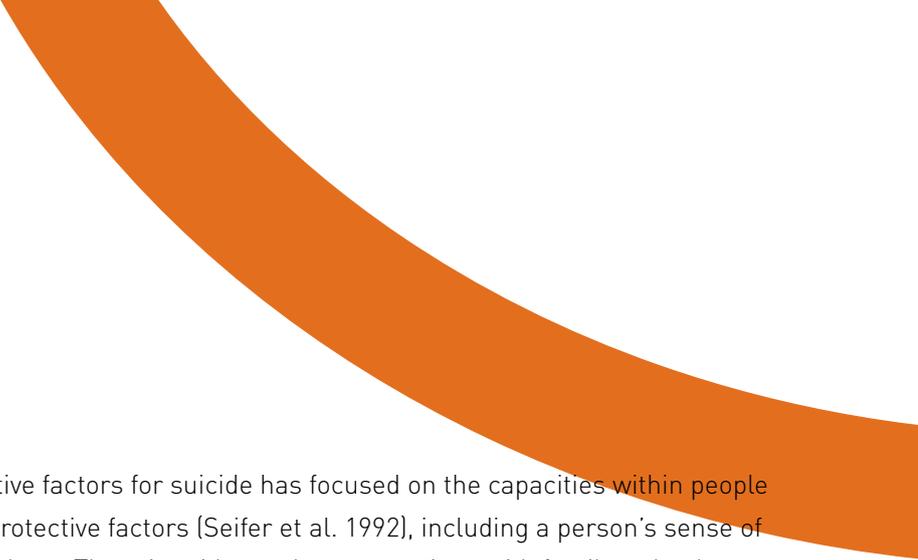
- a) Individual - Enhancing and/or developing personal aptitude, strength, coping and/or independence.
- b) Community - The ability of a community's organisations, groups and individuals (collectively) to build their structures, systems, people and skills, so they are better able to define, implement, manage and achieve their shared objectives.

Carer or support person: A carer is a person whose life is affected by virtue of a family or close relationship and caring role with a mental health consumer.

Community: A community is broadly defined as any group of people with interests in common such as history, geography, culture, religion or a particular circumstance . Most people are members of many different communities at the same time, such as neighbourhood communities, communities of friends, school and work communities, cultural and language based communities.

Community ownership: A community takes responsibility for an issue, such as suicide, and agrees to work together to develop effective and sustainable solutions.





Connectedness: Enquiry into protective factors for suicide has focused on the capacities within people (resilience factors) and on external protective factors (Seifer et al. 1992), including a person's sense of belonging and connectedness with others. There is evidence that connections with family, school or a significant adult can reduce risk of suicide for young people. Feelings of connectedness to a partner or parent or responsibility for care of children appear to be protective factors, and connectedness within a community has been linked to health and wellbeing.

Community connectedness: Creates a sense of community, that feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared understanding that members' needs will be met through their commitment to be together.

Community development: Seeks to empower individuals and groups of people by providing them with the skills they need to effect change in their own communities. These skills are often created through the formation of large social groups working for a common agenda.

Community group: A group of people within a community who come together for a common purpose.

Community leader/champion: A person who is respected and can draw together and provide direction and support to the people who form the community group.

Community organisation: Civil society non-profits that operate within a single local community. They may be a subset of the wider group of nonprofits. They are often run on a voluntary basis and are self funded. Within community organizations there are many variations in terms of size and organizational structure. Some are formally incorporated, with a written constitution and a board of directors (also known as a committee), while others are much smaller and are more informal.

Crisis: A traumatic or stressful change in a person's life.

Culturally and linguistically diverse (CALD): A term which encompasses individuals and groups from diverse religious, racial, ethnic and linguistic backgrounds including Australian born descendants of migrants. Australians may identify with one, two or several identities and seek to express these identities in the dominantly Australian Anglo-Saxon culture. The navigation of this process will vary for each individual and will be impacted by a number of factors such as barriers to services, racism, geographic location, community infrastructure and pre and post migration experience. These factors may both hinder or support cultural identity and the experience passed on to subsequent generations.

Glossary continued...

Culture: an integrated system of learned behaviour patterns which are characteristic of the members of a society and which are not a result of biological inheritance.

Depression: A mood disorder with prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame.

Diversity: most commonly refers to differences between individuals or groups of people in age, cultural background, disability, ethnicity, family responsibilities, gender, language, marital status, religious belief and sexual orientation; diversity may also include other ways in which people are different, such as education, life experience, work experience and socio-economic background. Acknowledging diversity enables differences to be recognised and valued.

Evaluation: The continuous process of asking questions, reflecting on the answers to these questions and reviewing ongoing strategy and action.

Evidence-based: Approaches that use and are based on clear evidence from existing literature.

Gatekeeper: A person who holds an influential position in either an organisation or a community who coordinates or oversees the actions of others. This could be an informal local opinion leader or a specifically designated person, such as a primary-care provider, who coordinates patient care and provides referrals to specialists, hospitals, laboratories, and other medical services.

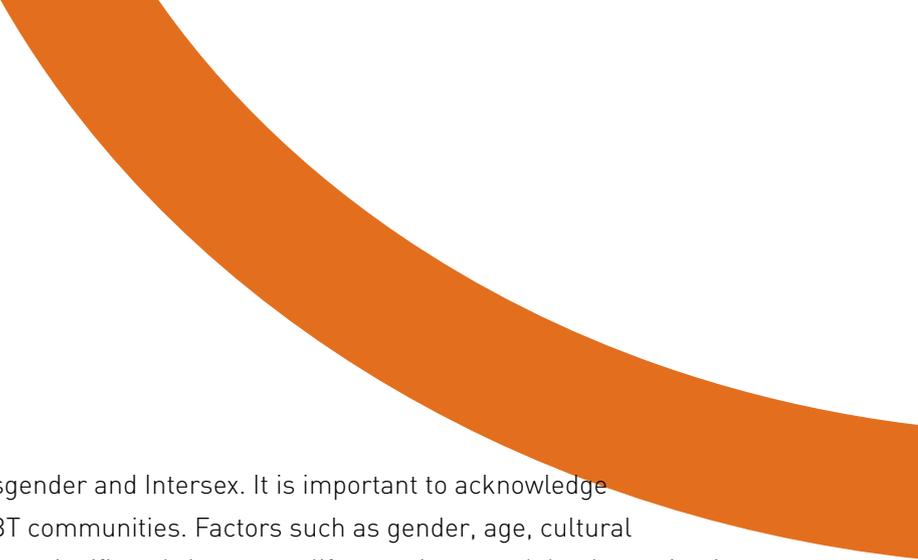
Help-seeking: The process of an individual asking for help or support in order to cope with adverse life events or other difficult circumstances.

Imminent risk: The point at which suicide is extremely likely in the near future; intervention may be necessary.

In-kind donation/pro bono support: The provision of goods or services at no cost to the user.

Inter-agency networks: The coming together of a number of organisations or people within an organisation who are working to a common outcome and whose combined resources have a multiplying effect.





LGBTI: Lesbian, Gay, Bisexual, Transgender and Intersex. It is important to acknowledge the diversity within and between GLBT communities. Factors such as gender, age, cultural background, location and disability may significantly impact on life experience and the determination of appropriate responses to individual situations. Sexual orientation and gender identity should also be distinguished as independent from one another, while also recognising that individuals may or may not identify with the commonly used terms 'gay', 'lesbian', 'bisexual', and/or 'transgender'.

Lived experience: Suicide Prevention Australia defines 'lived experience of suicide' as: having experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.

Mental health: The World Health Organization defines mental health as a state of well-being in which the individual realises his or her own abilities, can manage the normal stresses of life, work productively and fruitfully and is able to make a contribution to his or her community.

Mental disorder: A recognised, medically diagnosable illness or disorder that results in significant impairment of an individual's thinking and emotional abilities and may require intervention. There are many different mental disorders.

Mental distress: a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing or out of the ordinary.

Mental distress has a wider scope than the related term mental illness. Mental illness refers to a specific set of medically defined conditions. A person in mental distress may exhibit some of the symptoms described in psychiatry, such as: anxiety, confused emotions, hallucination, rage, depression and so on without actually being 'ill' in a medical sense.

Mental health problem: A situation in which a person experiences some disturbance or impairment of normal emotions and/or thinking.

Mental illness: Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally. They include anxiety disorders, depression and schizophrenia. Mental disorder and mental illness—according to the World Health Organisation (WHO) ICD-10 Classification of Mental and Behavioural Disorders, a disorder is 'the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions'.

Glossary continued...

Multiculturalism: Respect and support for cultural, religious and linguistic diversity, fairness and inclusion. A community can find and express shared values, experience and cultural traditions.

Multi-sector, multi-disciplinary approach: Approaches that involve a combination of expertise from a range of disciplines and professions, involving agencies, organisations, and persons from a range of distinct parts or branches of enterprise and/or society.

Prevention, Intervention and Postvention:

a) **Prevention:** Preventing conditions of ill health from arising.

b) **Intervention:** To take action or provide a service so as to produce an outcome or modify a situation. Any action taken to improve health, or change the course of, or treat a disease or dysfunctional behaviour.

c) **Postvention:** the provision of crisis support and assistance for those affected by a suicide.

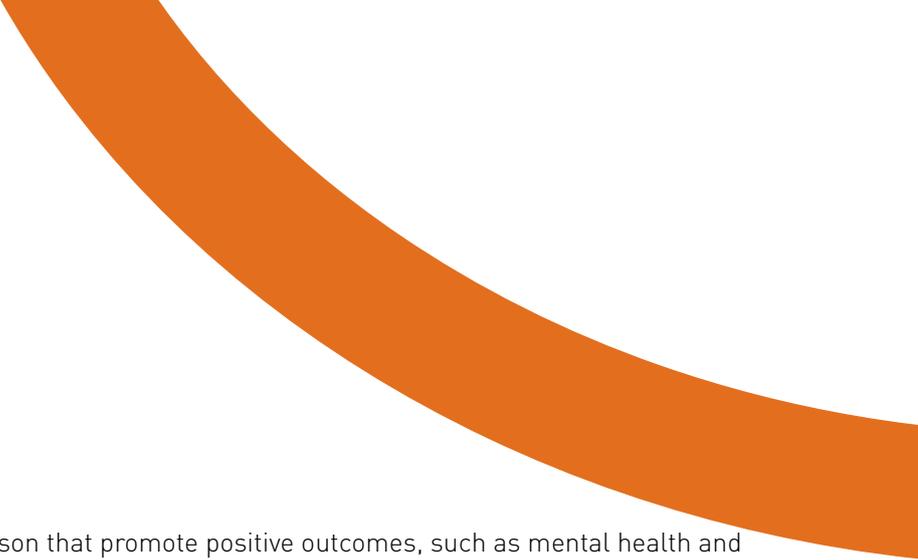
Predisposing factors: Non-modifiable factors that may increase a person's susceptibility to suicidal behaviours, such as genetic and neurobiological factors, gender, personality, culture, socio-economic background and level of isolation.

Primary care: The care system that forms the first point of contact for those in the community seeking assistance. It includes community-based care from generalist services such as general practitioners, Aboriginal medical services, school counsellors and community-based health and welfare services.

Protective factors: Capacities, qualities, environmental and personal resources that drive individuals towards growth, stability, and health.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.





Resilience:

- a) Individual: Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of suicide. Resilience is often described as the ability to bounce back from adversity. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, cognitive and emotional skills, communication skills and help-seeking behaviours.
- b) Community: The capacity of a community to rebound from adversity strengthened and more resourceful.

Risk factors: Factors such as biological, psychological, social and cultural agents that are associated with suicide/suicide ideation and increase their probability. Risk factors can be defined as either distal factors, such as genetic or neurochemical factors, or proximal factors, such as life events or the availability of lethal means - factors which can 'trigger' a suicide or suicidal behaviour.

Resources-people, documents: The tools which will be needed by the community group to deliver the activities required to achieve the agreed agenda.

Schizophrenia: A group of serious mental disorders where imagined and disordered thoughts are key features, often with problems of behaviour, mood and motivation, and a retreat from social life.

Self-injury/self-harm: Deliberate damage of body tissue, often in response to psychosocial distress, without the intent to die. Sometimes called non-suicidal self-injury, self-inflicted injuries or self-harm.

Glossary continued...

Social connectedness: The measure of how people come together and interact. At an individual level, social connectedness involves the quality and number of connections one has with other people in a social circle of family, friends, and acquaintances. Going beyond these individual-level concepts, it involves relationships beyond one's social circles and even to other communities. This connectedness, one of several components of community cohesion, provides benefits to both individuals and society.

Social inclusion: a program of measures to ensure that everyone has the same opportunities to learn, to work, to be involved with their community and to have a voice on decisions that affect them.

Sociological, economical, psychological and biological influences: The full range of factors to which a person is exposed and which can enhance or inhibit their participation in society.

Stigma: Stigma is a mark of disgrace that sets a person apart when a person is labelled by their mental illness they are seen as part of a stereotyped group. Negative attitudes create prejudice which leads to negative actions and discrimination.

Suicide: Suicide is the deliberate taking of one's life.

Suicidal behaviour: Includes the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts. Some writers also include deliberate recklessness and risk-taking behaviours as suicidal behaviours.

Suicidal ideation: Persistent, intrusive thoughts of wishing to be dead, or deliberate planning or actual attempts to take one's own life.

Suicide prevention: Actions or initiatives to reduce the risk of suicide among populations or specific target groups.

Sustainability: The ability of a program or organisation to function over the long-term.





Voluntary organisation: An organisation that is non-profit, autonomous and run by individuals who do not get paid. The main aim of a voluntary organisation is to deliver social benefits in a variety of forms, rather than to generate profit for distribution.

Warning signs: Behaviours that indicate a possible increased risk of suicide, such as giving away possessions, talking about suicide or the withdrawal from family, friends and normal activities.

Wellbeing: A state characterised by health, happiness, and prosperity

Youth: Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community.

For statistical consistency youth is defined as those persons between the ages of 15 and 24 years.



“When I think of suicide prevention I’m not thinking so much of big money grants and urban redevelopment and massive re-education of professional and non-professional staff in hospitals and churches and schools. I’m thinking of a nod of acknowledgement when someone passes through a doorway, a smile of polite greeting, a courteous word such as ‘please’ or ‘thank you’, an inquiry about how a vague acquaintance is doing, a word of welcome to the newcomer on the block or to the building. I’m thinking of waiting for another person to pass through a bottlenecked doorway first, giving directions in a civil manner, offering information to a stranger. I’m thinking of the extra step for the patient or customer, the extra effort for the ailing friend or relative, the extra minute for the bereaved and the lonely, the extra quarter for the working kid, the extra sympathetic smile for the troubled human being nearby. These gestures cost us very little, yet they signal to those around us that we count them worthy of our attention and concern as humans. How many lives have been saved by listening ears and a caring presence!

When we act to show even simple courtesy to another person, however he or she may be dressed, we are helping them feel worth in themselves. We may be helping them to find themselves worth keeping alive”.

**From ‘Worth Another Look’ by David K. Reynolds.
Creative Commons, Constructive Living
unpublished texts.**

Introduction and welcome

Dear reader, we welcome your interest in suicide prevention. Most people's lives have been touched in some way by suicide. This might have been the suicide of a beloved family member or friend, or someone in their community. Perhaps the person was a colleague or the classmate of a son or daughter. In communities across Australia there can be very few people who have not experienced that sense of shock and bewilderment and a terrible feeling of sadness that someone we knew felt so alone and so unhappy that death, to them, seemed to be the only option. The tragic fact, however, is that suicidal behaviour is often associated with intense psychological pain, which the person can see no other way to manage, rather than than a desire to die.

One of the major challenges for effective suicide prevention is to address the stigma associated with suicide and mental health difficulties. Taboos and myths associated with the word 'suicide' and the word 'mental' can prevent people from talking openly and honestly about their difficulties and feelings. Consequently,

some people are unable to get the help they need because they find themselves unable to talk to anyone about their problems. The stigma associated with the word 'mental' even prevents people talking openly about their emotional difficulties with their general practitioner (GP) for fear of being labelled as mentally ill.

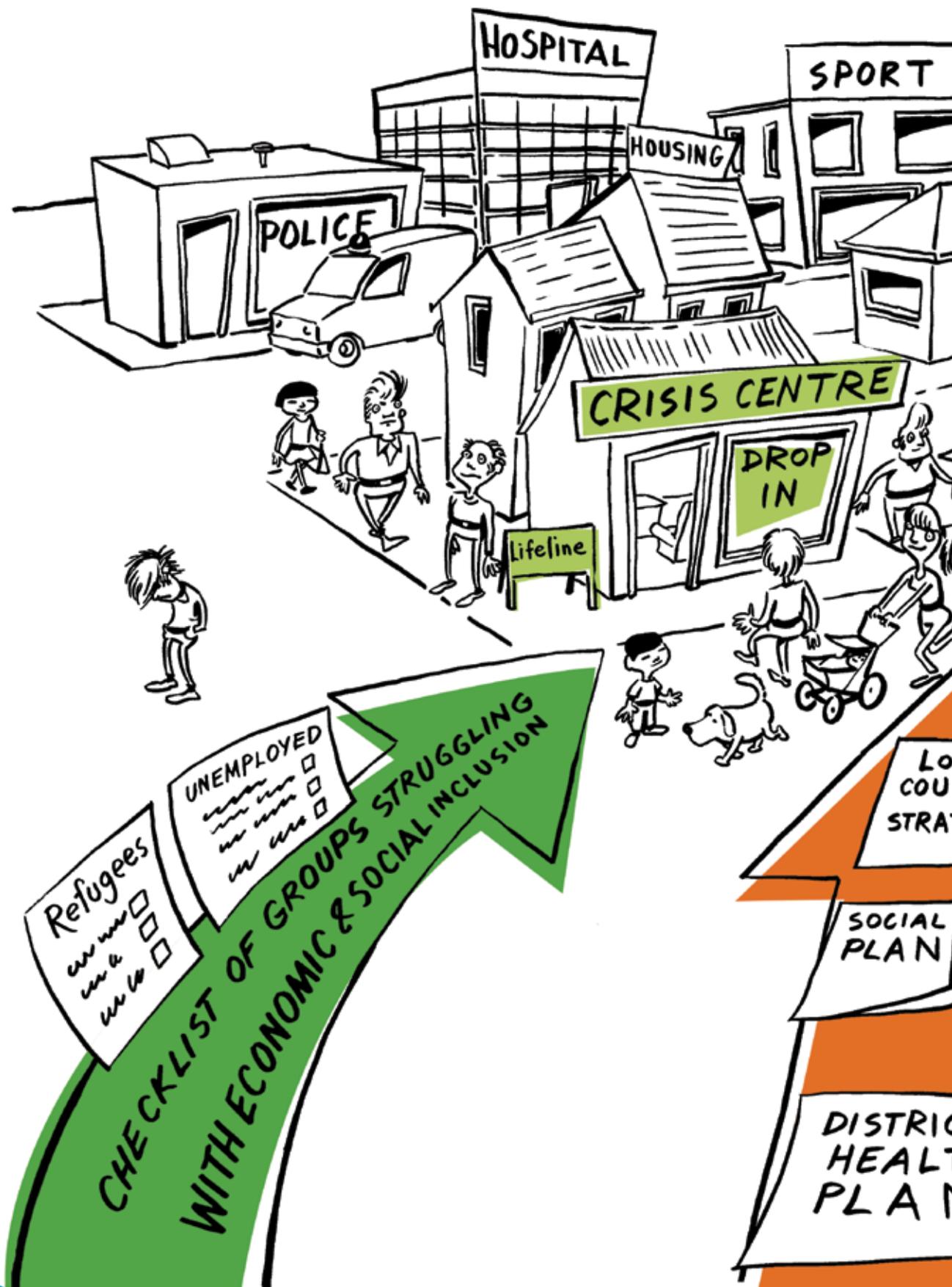
At the same time, concerned people are unable to start conversations with those who may be vulnerable to suicide. As a community we have been much more open about the need to talk about suicide. But people can still be afraid of saying the wrong thing or unsure of how to start a conversation. The chance to express distress, worries and concerns with someone who cares often greatly reduces the pain and the sense of isolation that the person is experiencing. In most situations it leads to a greater sense of hope and connection, encouraging the person to explore ways to move forward and access support.

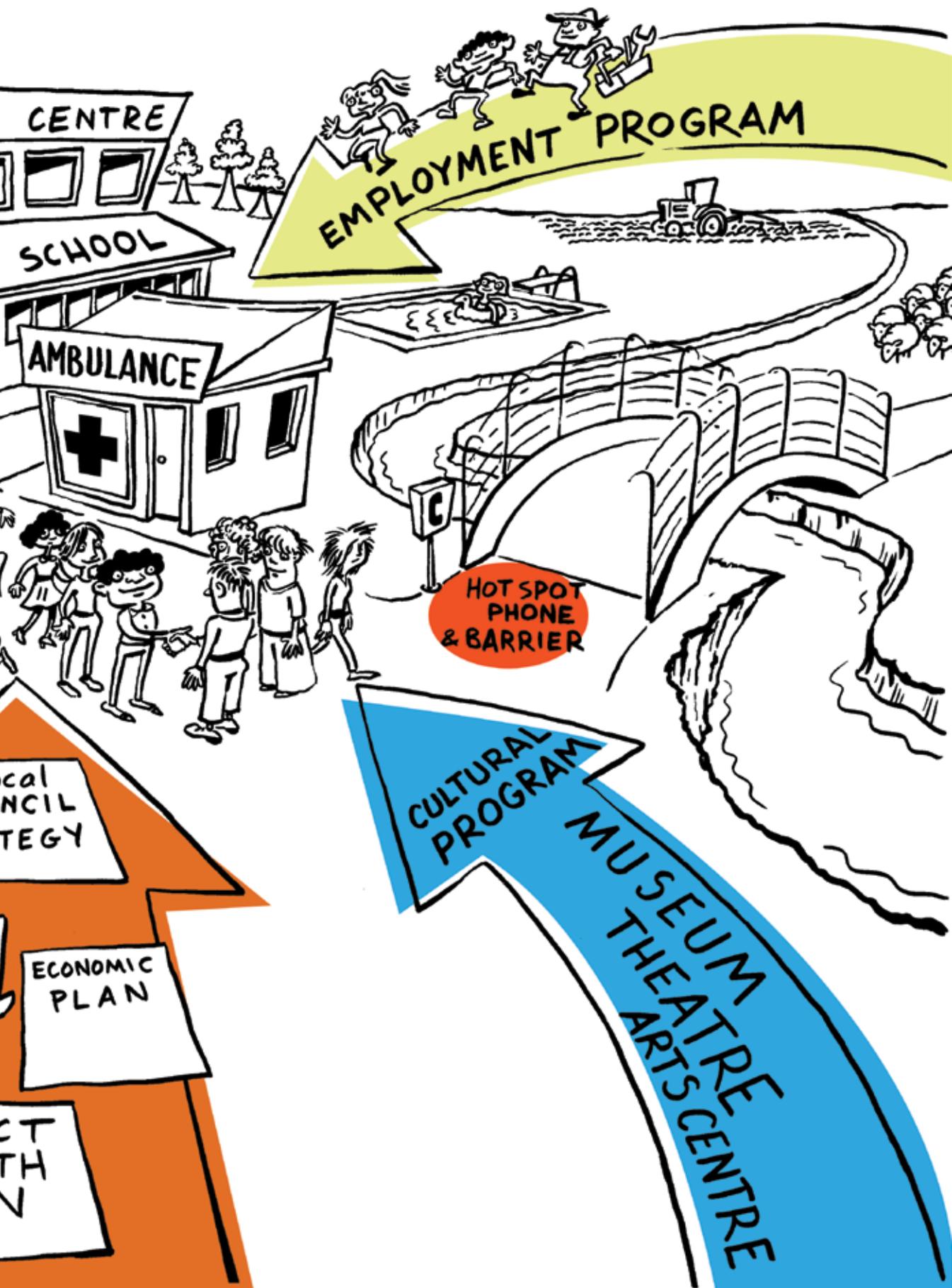
There are lots of different reasons we might talk about suicide and different considerations so this resource, along with another new resource

Conversations Matter, will help communities get started. This toolkit is designed to give individuals and communities practical ideas to build a suicide-aware and responsive community. It needs leadership both formal and informal, with a concerned and passionate individual often key to mobilising the community into action. Most importantly the toolkit aims to engage and support all those networks that form your community – family, social, professional and official. To begin a suicide prevention journey all you have to do is take one step at a time and then get others to join with you to work towards a shared goal – to build a healthier, more connected and resilient community that wraps around those who need its support and makes every person feel valued, believe that life is worth living and that problems can be overcome even when times are tough.

We, the developers of this toolkit, welcome your interest in community-driven suicide prevention and will walk alongside you via the toolkit in your journey towards action in your local community.

Suicide prevention: everybody's business





What is the aim of the Toolkit?

Suicide is a complex issue and has many contributing factors. The thought of doing something about it can be daunting as people don't know where to start or what the options are. The aim of this toolkit is to turn interest in suicide prevention into a conversation within the community that can be progressed to action that responds to local priorities

and needs. Given the fears and concerns that people have about their ability to do suicide prevention, this toolkit includes information on how community-driven suicide prevention can be done in a safe and effective way. It does this by helping community leaders and the community to choose evidence-based suicide prevention strategies that are most suited to their community.

The toolkit outlines the range of evidence-based options that the community has for suicide prevention. It also highlights the range of organisations, services and information available at the national, state and local levels that can support the community in its efforts. You do not have to do this work alone.

The key principles of this Toolkit

The content and format of the toolkit reflects the following key principles:

- The community is best placed to identify its local needs and priorities.
- Suicide prevention is everybody's business and is a shared community responsibility, involving individuals, families and government and non-government agencies at local, state and national levels.
- A community needs support and information on what approaches could be used for the whole community, for specific groups within the community and for individuals at risk to help inform its decisions and actions.
- Community-driven suicide prevention also needs processes that enable input from, and consultation with the community, experts and those who have attempted or are bereaved by suicide. This will ensure that the activities the community implements are accessible, appropriate and responsive to the social and cultural needs of the people it aims to support and assist.
- Community action can result in a once-off activity or can involve a range of activities that occur over a longer period of time.
- It is important for the community to reflect on whether the activity it has undertaken has been effective. That is, evaluation should be part of a community suicide prevention action plan.



Who is this Toolkit for?

This toolkit aims to meet the needs of a range of readers:

- The individual who is keen on mobilising their community into action by establishing a community suicide prevention group.
- An existing community organisation or group that wants to add suicide prevention to its activities.
- An existing community organisation or group that is already addressing suicide prevention and is looking for ideas about other activities it can undertake.

What you will find in this Toolkit

Looking through this toolkit you will find it is divided into sections so that you can look at one section at a time or flick between sections if you want to find more detailed information. The sections following this one are:

Section two: What can a community do to prevent suicide

This section outlines 10 actions that your community can take to build a suicide aware and action focussed. Each action is described in brief accompanied by illustrations which highlight some key points you need to remember when actioning these.

Section Three: How to mobilise the community

Here we provide information that you may want to consider when setting up your community action group. The links in Section Two will make it easier for you to navigate to this more detailed information.

Section Four: Beginning the conversation with the community

Key to the success of your planning will be to engage your community in its broadest context. This section will help you understand your community and the many structures which operate within it. We offer some tools to help with engaging your community and its members.

Section Five: Towards a community suicide prevention action plan

Some communities will want to have more in depth information about the actions they can undertake to help prevent suicide. This section provides some more in depth information you may find helpful when developing your action plan.

Section Six: Preventing suicide by promoting positive mental health

One of the ways we can prevent suicide is by working to create communities in which people enjoy good mental health and wellbeing. This reduces the chances of people getting into difficulties with which they are unable to cope on their own. In this section we focus on ways to promote optimal mental health and wellbeing within your community.

Section Seven: Working with the media

This section is about the media and the important role that it can play in achieving your goals. In Australia, the [Mindframe](#) National Media Initiative, managed by the Hunter Institute of Mental Health,

has been leading work with the media and the suicide prevention sector for more than ten years and can provide support and advice to local networks and media organisations to support suicide prevention activity.

Section Eight: Background information about suicide

It can help to have some background information available for community members when preparing for community meetings and consultations. Here we offer information that you can draw on for this purpose. We also include information from the National StandBy Response Service that will be helpful if your community has been bereaved by a recent suicide. Also in this section is information about ways to have community discussions about suicide with Tips from [Conversation matters](#).

Section Nine: Resources to help you implement your action plan

This section is designed to help you navigate to the resources and organisations you can call upon to help you in making your community both suicide-aware and safe.

How to use this Toolkit

The toolkit is designed to be read from cover to cover by a reader interested in knowing more about the range of options available for community-driven suicide prevention activity before making a decision about their next step. This approach is recommended by the developers of the toolkit, particularly for those new to suicide prevention.

The toolkit is also designed to guide you to the information within the toolkit that is particularly relevant to your

needs. It does this through the use of electronic hyperlinks that take you from where you are in the toolkit to another place in the toolkit that is of interest to you. This reflects the understanding that people process information in different ways and readers have differing needs for information. This internal navigation function may be particularly useful to readers who have previously read the entire toolkit and have come back to it looking for specific information.

This approach may also have appeal to readers who have more experience in suicide prevention. This toolkit also contains external hyperlinks that assist the reader to access information on the internet (where available) that is of interest to them. The hyperlinks have a blue font. The hyperlinks are activated by placing the mouse cursor over it and left clicking. In short, this toolkit is designed to be responsive to the needs of diverse readers.

Undertaking suicide prevention following a suicide death in the community – the do's and don'ts

If your interest in suicide prevention is in response to death by suicide, we empathise with your pain and loss. Wanting to mobilise people and the community to respond after suicide occurs is a normal human response to the tragedy and crisis of suicide. Often people are affected in many different ways and seek to address that effect by 'doing something'. It is important for affected individuals and the community to have a sense of action and control in the time after a suicide crisis and to believe that the safety of community can be restored and the possibility of further suicide loss can be reduced.

This often results in people being very motivated to start suicide prevention initiatives, provide suicide prevention training and raise awareness about suicide warning signs, including speaking to local media to highlight what can seem like an overwhelming crisis facing the township or local region.

Whilst these actions and initiatives are important for a longer term response to preventing suicide and addressing sudden changes in suicidal behaviours, it is important during the initial time after the suicide crisis that the first actions undertaken address and respond to the needs of those affected by suicide and to ensure no further pain and suffering occurs. The following considerations will help guide your actions in this area.

- Be aware of the diversity and sheer pain of grief and its impact across the community for those directly bereaved, those with previous suicide bereavement experience in the area and/or outside the area, those bereaved or affected by other losses or traumas and those who were involved in the initial response including emergency responders, health and other service providers and witnesses. This will ensure that responses are not just limited to those with an obvious relationship to the person who has died by suicide.
- Ensure sensitive monitoring and initial crisis support for the bereaved and adoption of suicide and psychological 'first-aid' practices and practical assistance, with the latter considering attending to needs such as food, accommodation, financial assistance, the provision of company and a shoulder to cry on.
- Check for signs of emotional, physical, social, spiritual and mental health difficulties and suicidal ideas and plans among those directly affected by the suicide death and other vulnerable members of the community.
- Provide information about practical, simple self-care mechanisms for those bereaved by suicide or affected by suicide attempts including how to link to support and professional help.
- Seek to build or maintain the resilience and personal strengths of the bereaved and consider appropriate community and professional support mechanisms where required.
- Respect the value of contact for those bereaved by suicide with others who have attempted or are bereaved by suicide, including professional peer support options.
- Ensure a commitment to genuine, culturally appropriate practice and principles by consulting with cultural advisors, local community representatives and acknowledged community leaders/spokespersons.
- Respect cultural requirements, including personal rituals and mourning practices.
- Be aware that the psychological impacts of previous trauma experience can significantly delay grief responses and requests for support – consider provision of support and information for at least a year after a suicide death in the community.
- Be mindful that suicide loss affects people differently and not all those affected may want their story shared or discussed in public settings. The disclosure of sensitive, confidential information in the context of community-driven responses may require formalised protocols, especially in relation to coronial matters, and adherence to all privacy and confidentiality requirements.

- Be cautious about coordinating suicide prevention training in response to a suicide death as hearing about warning signs, sometimes for the first time, may inadvertently cause guilt and distress for those bereaved who berate themselves about what they missed and actions they undertook or did not undertake prior to gaining this knowledge.
- Providing time and space to grieve is a gift for those bereaved by suicide and supports them to find a way to live with a profound loss. The community's respect and support for individual differences is invaluable to individual, family and community wellbeing following a death by suicide.
- Be aware that the anniversary date for a death by suicide, particularly if it has occurred in the local area, can have a profound effect on the bereaved family, friends and the broader local community. The community can plan for this by developing an action plan that includes promotion of information and support actions at these times. This can be effective in preventing suicide.

Further information on dealing with suicide death is available on a number of websites, listed in the [resources section](#).

Summary of key points

- Suicide prevention is everybody's business.
- The community has a very important role to play in suicide prevention, with anyone and everyone in the community able to contribute – "communities matter".
- This toolkit aims to support the community to undertake suicide prevention activities.
- Suicide prevention is most effective when it involves the whole community and is implemented for the long term.



○ Example

A rural GP, Dr Graham Fleming, from Tumby Bay in South Australia became concerned about the deaths by suicide in his community and took steps to do something about it. He involved the local school, hospital and community groups in addressing suicide prevention and community resilience. He established a reference group, with members representing a range of local organisations, services and the community, with participation by a mental health consumer and carer. Together they targeted depression in the community and undertook community training and other activities, thereby demonstrating the ability of a single-minded individual to mobilise community-driven suicide prevention. Following on from spearheading action in his local community, Dr Fleming undertook research on suicide prevention which showed that “there is a significant increase in suicide rates of young men in towns with fewer than 4000 people, compared with those in more urban areas in NSW”. His research also demonstrated the positive impacts of the community’s suicide prevention initiatives - “The district of just 3000 people lost 12 people to suicide in the 10 years to 1996. In the following 16 years, to now, it has lost four” ([Mission for Life, Australian Rural Doctor, April 2012, pages 10-16](#)).

Examples of community-driven suicide prevention initiatives

○ Example

Wagga Wagga & Region Suicide Prevention Network (WWRSPN) is founded on the belief that people matter. The Network seeks to inform and empower community members by creating awareness about suicide prevention. The Network is made up of community members; representatives from community organisations; and local government agencies, and meets monthly to determine and action network projects.

○ Example

The Wollongong Suicide Prevention Network is involved in a number of suicide prevention projects and related activities. In collaboration with Wollongong Police, the network prepares local support packages for families in crisis. They develop local directories of suicide related services and identify service gaps and needs. The network distributes community information cards which contain local suicide related support numbers, websites and organisations.

2 WHAT CAN A COMMUNITY DO TO PREVENT SUICIDE?

At the local level of small towns and villages suicide prevention is not about creating big bureaucracies or system wide reform or bringing in multiple services.

At a local level it is about community mobilisation, the same thing that already occurs around bushfire, flood, cyclone or vehicle emergencies. In small towns people gather around to help their neighbours when these things happen. Suicide prevention is no different, only that the emergency tends to be less visible and last longer.

Things that count are willingness of the many to get involved for the benefit of the few - sounds familiar, because that is what we already do; the whole community benefits. It is about organisation, but it is also about taking that extra five minutes to talk with that person who looks like they are not having their best day. It is about making sure that the families who are struggling because of circumstances get to have a conversation with others who could help. It is about people new to town feeling included, making sure they have been personally invited, more than once, to be part of things. It is about engaging the young people in town who feel that small towns have little to offer and offering them something. It is not about turning away from those who seem different. Suicide prevention is about getting ahead of the potential emergency, dealing with the emergency when it arrives, but also about doing what we already do best.

Bradley Foxlewin
Deputy Commissioner,
Mental Health Commission of NSW

Community driven suicide prevention

There are a number of things that you and your community can do to prevent suicide and enhance community resilience, with these falling under the following broad headings:

- Increase the wellbeing, [resilience](#) and [social connectedness](#) of your community.
- Increase the capacity of the community to identify those who are in distress and/or having mental health difficulties and provide them with 'mental health first aid'.
- Increase community knowledge about available supports and services for people experiencing high levels of distress and/or having mental health difficulties.
- Develop a community suicide prevention plan.
- Develop a plan to respond to suicide death in the community.

In this section we illustrate 10 actions your community may consider undertaking to build and support a suicide-safe community. We begin with some of the myths and misunderstandings about suicide prevention because these can get in the way of mobilising your community into action. Facts are provided that counter these myths and misunderstandings. Hyperlinks to more information on suicide prevention that the community may find useful are also provided to help in your efforts.



Myths and Facts

Over the years, many myths and misinformation have influenced our beliefs and way of thinking about suicide. Here are some of the more common misunderstandings about suicide¹³.

MYTH	FACT
People who talk about suicide just want attention.	<ul style="list-style-type: none"> • Talking about suicide is a warning sign. • Warning signs should be listened to.
Asking someone if they are suicidal will put the idea into their mind.	Asking someone about suicide directly opens up the channels to talk honestly and openly about the problem. They feel listened to and better able to identify what is happening for them.
If a person wants to suicide nothing can stop it happening.	It is usually a response to intense psychological pain that the person has been unable to manage rather than a desire to die.
If you promised to keep someone's suicide plans secret you should always keep that promise.	<ul style="list-style-type: none"> • You should never promise to keep suicide plans a secret. • Telling you about the plan can be a sign they want help. • It is a massive burden to carry should that person act on those plans.
People who attempt suicide and survive never try again.	<ul style="list-style-type: none"> • Many people who die by suicide have attempted in the past. • A previous attempt is one of the strongest predictors of future death by suicide so it is important to take all attempts seriously, even if they do not appear life threatening.
A sudden improvement means everything is getting better and the danger time for the person to attempt suicide has passed.	<ul style="list-style-type: none"> • It could be the complete opposite. • It could mean that the person has made a final decision to die by suicide and feels "at peace" because they believe they may be closer to ending their pain.
Most suicidal people never ask for help.	<ul style="list-style-type: none"> • People may not ask for help directly. • Many people seek help from friends. • Many people make contact with their doctor or a health professional in the 3 months prior before attempting suicide. • Many people may not be aware of the indicators that someone may be at risk of suicide.
Suicide happens without warning.	Often there are indicators that someone has been thinking about suicide for some time, but these signs can be difficult to pick up, especially if the person goes to great lengths to hide how they are feeling.
The only people who can really help are professionals such as psychiatrists, psychologists, counsellors etc.	<ul style="list-style-type: none"> • There are many people who can help. • Most important are the people "there" - including family and friends. • Everyone can be part of creating a suicide safe community.
Suicidal people are always mentally ill.	<ul style="list-style-type: none"> • Suicide is a complex issue and many factors can be involved. • It is known that mental health problems, particularly depression, can increase vulnerability to suicide. • Having a mental health problem, however, does not mean a person will have thoughts of suicide - many don't. However mental health problems can affect motivation and openness to seek help and therefore we need to be particularly aware of the possible risk of suicide.

Suicide prevention: ten things communities can do

Before embarking on the development of your community action plan for suicide prevention it is important to review any previous action on suicide prevention and the gaps and priorities which are important for your community today.

Below are 10 actions to help you develop a suicide aware and action focussed community. The following pages provide a descriptor for each activity with some key considerations highlighted in the illustrations opposite each activity. Quotes accompanying the illustrations are taken from consultations conducted with the NSW community under *Conversations Matter*. The full report is available from www.conversationsmatter.com.au. There are also some suggestions for how you could monitor and reflect on your progress with your chosen action/s and what sort of information you could collect to help you do this.

1. Form a community action group for suicide prevention.
2. Announce an intention to tackle suicide as a community priority.
3. Formulate a tailored community action plan on suicide prevention.
4. Promote crisis support services and help seeking throughout the community.
5. Equip community leaders – formal and informal.
6. Train the right people as community resources.
7. Appoint a coordinator to link local action to service programs.
8. Establish community media and communications protocols.
9. Join Suicide Prevention Australia (SPA) and start networking with others.
10. Collect information to measure success.

Once you have explored these 10 actions you need to engage members of your community to join in the quest to make your town suicide aware and action focussed. The principles included in [Section Four](#) are designed to help you build community-wide engagement.



Hay Community Action for Suicide Elimination (CASE) Group

Hay is a town of approx. 3000 people in west of NSW. It is over 100km to the nearest larger centre.

The CASE group was formed in 2011 because of the large number of suicides in Hay. It came together as a result of a public meeting that was called to see what could be done about the continuing suicides. The meeting was well attended thanks to the effort of the town Mayor. The group aims to educate the Hay community in caring for each other and look for signs that a person may be contemplating suicide.

CASE uses the Community Response to Eliminating Suicide (CORES) suicide awareness training system, and has trained 90 people so far. We plan to train some locals to be CORES trainers and thus increase the number of locals trained in suicide risk and awareness.

Fundraising has been very successful, so we can heavily subsidise training for all community members. Fundraising also raises the profile of suicide awareness, one very successful project was a pushbike ride from Sheffield in Tasmania (the home of CORES) to Hay, culminating in a "Happy Hay Day" festival in the park.

In 2012 it was decided that local contacts were needed for people seeking help so a local helpline was set up. Our 24/7 emergency mobile phone number is well advertised in the Hay area. As well as the phone, people in need have approached CASE members directly for help. We do not offer counselling, just a friendly ear and support for the person to find professional help.

CASE has recently commenced a monthly mutual support group for people who want to get together for a chat and share their feelings of grief or depression.

CASE has always tried to get the message out to everyone in the community and has regular media spots, as well as distributing [beyondblue](#) material at many local events. Posters and brochures have been put in numerous places around town and CASE members are active in promoting the group.

Peter Dwyer
Mayor (2011)

1

Form a community action group for suicide prevention

Community action, such as organising sporting and social events, occurs best through the combined efforts of members of the community and representatives of local organisations and services. Suicide prevention is no different, with community-driven suicide prevention needing a group of committed people to plan and coordinate activities that address the needs and priorities of the local community. Working with like-minded people from various backgrounds is a great way to bring to the group a wide range of resources, skills, contacts, knowledge and energy.

The group can offer encouragement and support both in good times and when there are setbacks (for example, if another suicide happens in the community). The personal voice of suicide is an important component in community efforts to prevent suicide. Those with lived experience bring their wisdom and an insightful perspective to the planning and implementing of suicide prevention activities.

At the same time, it is vital that all people involved in suicide prevention are well supported, kept safe, feel empowered, involved, valued and respected and that we do no harm.

Remember it is very important to take the feelings of bereaved families into consideration in terms of when you actually set up the group. This is where those with lived experience can provide insight into how best to consider and include those who may be grieving at the time. For example, it would be helpful to let them know in advance of any public meetings and ask them about any level of involvement they may wish to have and what sort of additional support they may need.

This toolkit provides examples of the types of activities that the community action group can undertake. If you or your community have not been involved in setting up an action group previously and would like additional support, further information on how to mobilise the community to tackle suicide prevention through a community action group is provided in [Section Three](#).

Monitoring Questions:

- **Has a group formed and how often is it meeting?**
- **Does the group reflect all parts of the community and are numbers increasing?**
- **Have responsibilities for particular areas of activity been assigned to individuals?**

Information Collection Methods:

- **Records of meetings**
- **Registration roll/membership lists**
- **Feedback from within the group and outside the group**

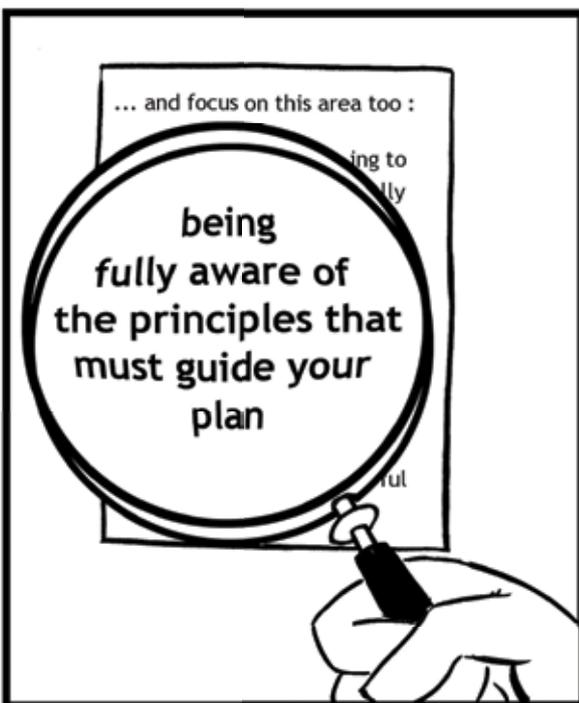
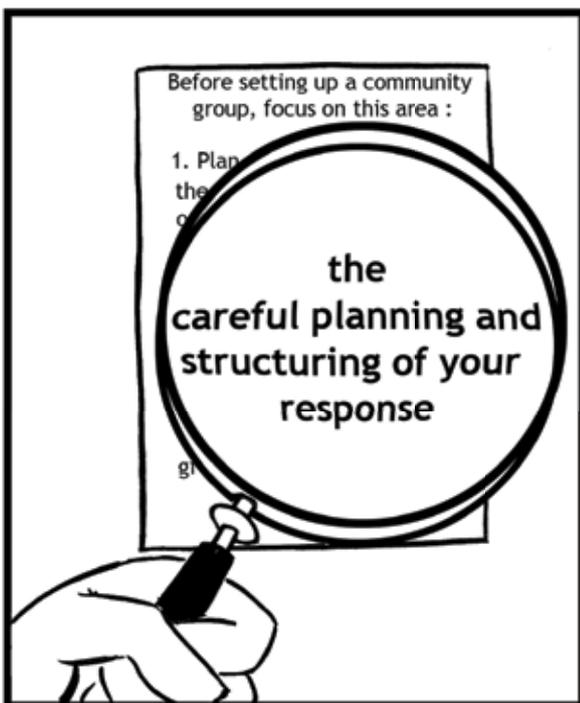


Example

On the Central Coast of NSW a Suicide Safety Network was established in 1996 in response to the Central Coast Coroner's concern over an increase in suicide deaths in the district with 27 in 1995 to 48 in 1996. It is a community-based non-profit organisation which aims to formalise networks between organisations and individuals that want to be involved in helping reduce the incidence of suicide.

“With suicide, until it happens to you it’s a sense of that it only happens to other people and it wouldn’t happen to me... there are all these misconceptions and beliefs about the kind of people that take their own lives...”

(Community member bereaved by suicide)



2 Announce an intention to tackle suicide as a community priority

Suicide prevention involves the whole community. A commitment to tackle suicide should be known by all members of the community to obtain their support and aid their participation. Attention to the physical health, mental health and social inclusion of a community supports suicide prevention – it is important that this is understood by individuals, families, community groups and civil leaders. The commitment to suicide prevention is a commitment to improved quality of life for all - the benefits of the commitment to suicide prevention will be felt by everyone.

Decide what you want to achieve

You will need to dedicate some time to developing your goals and aims for the group. For example you might decide you need to:

- Increase awareness about the issue of suicide and the availability of effective prevention strategies.
- Reduce the incidence of suicide and attempted suicide, thereby preventing premature death from suicide or distress, physical suffering or disability after attempted suicide.
- Build on current community activities that promote resilience and wellbeing through social connection, physical and mental health.
- Reduce stigma associated with suicidal behaviours.

Start small with activities that are manageable and build on these to create a long term and sustained approach to suicide prevention.

Monitoring Questions:

- **Has the commitment to suicide prevention been publicly stated in the community? How?**
- **What recognition is there across all parts of the community to this commitment on suicide prevention? Does everyone know?**
- **How well does the community consider that quality of life (healthy and inclusive communities) is related to suicide prevention?**

Information Collection Methods:

- **Media and public communications – what types, how many mentions, how many repeats?**
- **Interviews with a cross section of people in the community**
- **Surveys of a sample of the whole community**

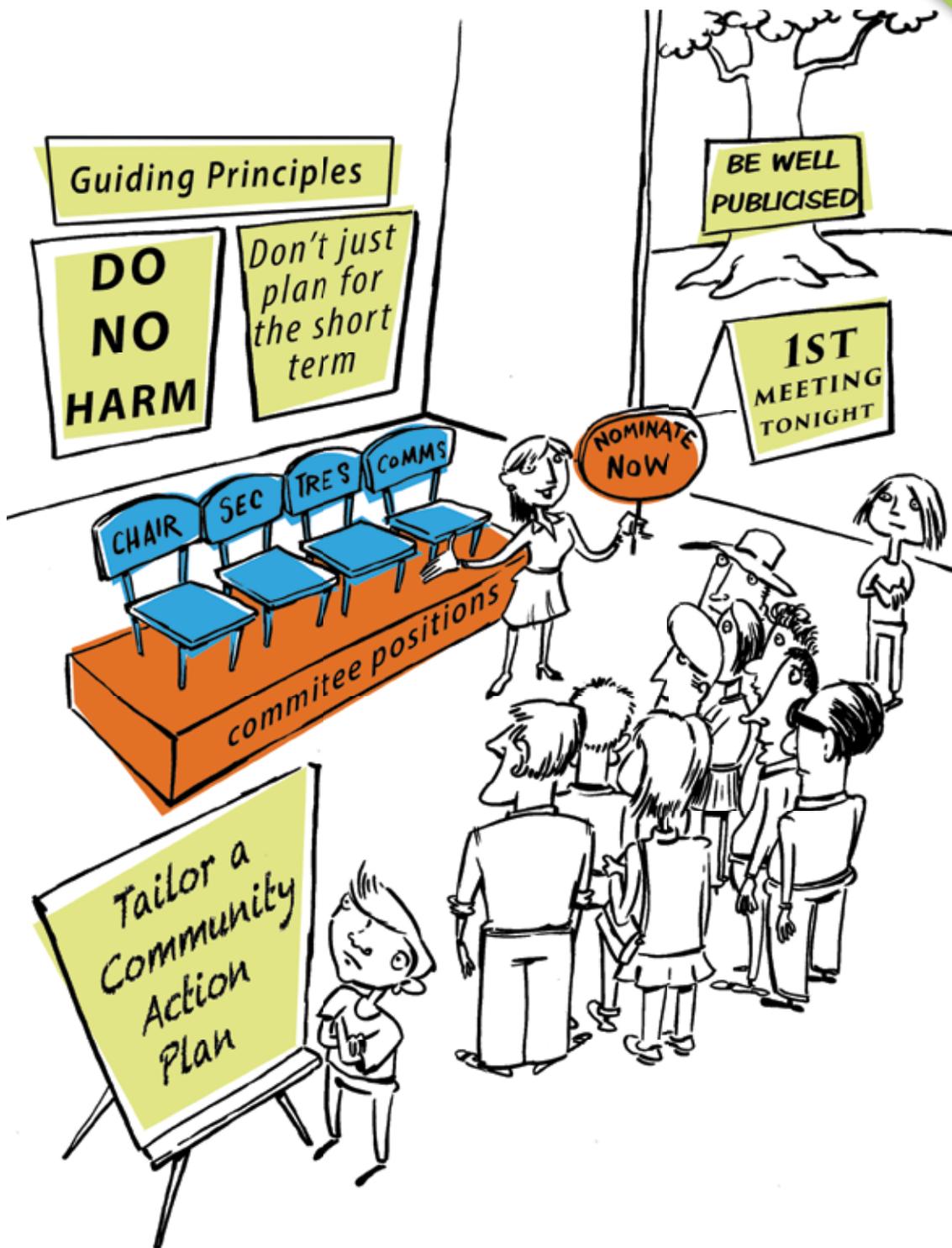
Example

The Mt Gambier Suicide Prevention Network organised a formal launch and media release of their Action Plan. The Network lodged the Plan with the local City Council with this seen to be the first time that such a plan had been lodged with local government in South Australia.

Before you make the announcement about the community action group, you need to consider what will be the focus of your efforts.

What's already happening in the [region] is that Suicide Prevention Day. Usually that is an open forum, unfortunately it does not get advertised enough in the public arena, but at least that is a starting point.

(Community member in carer role)



3 Formulate a tailored community action plan on suicide prevention

No two communities are the same and no two suicide prevention community action plans should be exactly the same. Planning should involve an appraisal of the current action on suicide prevention in the community and the gaps and priorities for further effort. A community action plan on suicide prevention should be documented and available for stakeholders and members of the action group to see and respond to.

If you or your community have not been involved in developing a community action plan previously and would like additional support, further information on how to develop a community suicide prevention action plan is provided in [Section Five](#).

Monitoring Questions:

- **Who has seen the Plan? Where has the document been distributed?**
- **How well informed were the processes to formulate the Plan?**
- **How is the Plan used in organising local activities?**

Information Collection Methods:

- **Feedback from stakeholders and civic organisations on the usefulness of the Plan**
- **Description of information and processes used to formulate the Plan**
- **Records of meetings – Suicide Prevention Action Group**

Example

Mt Gambier has recently completed an example of an action plan. [The Mt Gambier Suicide Prevention Action Plan 2013-2016](#) includes four goals with actions, members of the Suicide Prevention Network responsible for each action and the timeframe for completion.

.....it [suicide] has to be dragged out of the closet, like with cancer...cancer used to be spoken in very harsh terms. Suicide needs to be brought out [too]. It shouldn't be hidden away.

(Male community member)

FOUNDATION PLANNING

Reflection :
what's community's current plan for suicide prevention ?

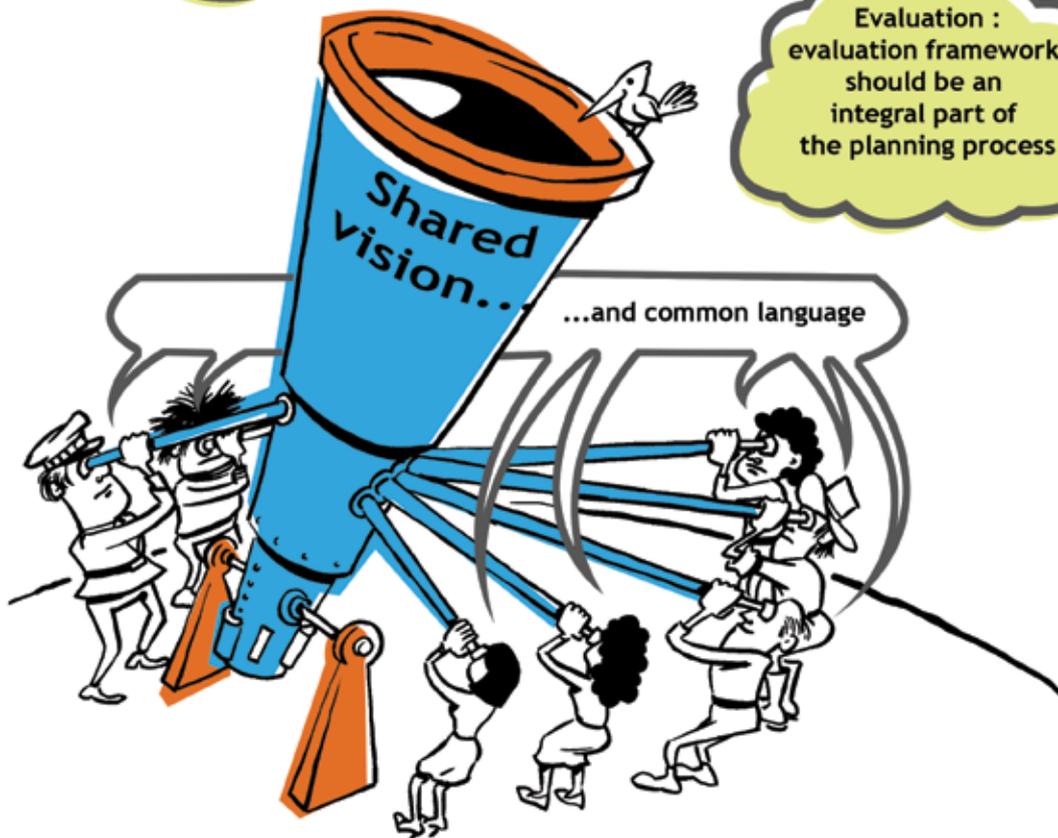
Infrastructure :
needs to be adequate and include sound organisational structures and systematic documentation

Resources :
need funding and community participation

Information :
gather information to ensure that planned activities take into account existing activities and areas of need

Sustainability :
link into existing community efforts and structures and establish long term funding

Evaluation :
evaluation framework should be an integral part of the planning process



4

Promote crisis support services and help seeking throughout the community

Suicidal behaviour often occurs when a person is in a state of personal crisis – when they are struggling to cope with a difficulty in their lives, or when something happens to them that affects them deeply. At these times, immediate crisis support can help prevent a suicide. Telephone crisis lines, online chat services and accessible services such as drop in crisis centres, should be promoted in the community with messages that encourage help seeking in times of personal difficulty. Crisis support services include:

- Lifeline: 13 11 14
- Kids Helpline: 1800 55 1800
- Suicide Call back Service: 1300 659 467

If there is a suicide in your town there are key services that are available on request.

- National StandBy Community Response Service: 07 5442 4277
Email: standbynational@unitedsyneries.com.au
- Headspace School Support: 1800 688 248 Email: schoolsupport@headspace.org.au

See [Section Nine](#) for a more detailed list of organisations able to offer crisis support along with information about on-line supports available on the internet.

Monitoring Questions:

- **What promotion and outreach of crisis support services occurs routinely, and to specific groups?**
- **How aware are people in the community of the crisis support services available to them?**

Information Collection Methods:

- **Observation of community outreach activities and materials**
- **Community surveys on awareness of crisis support services**

I thought that I was stronger than I was, but I found out that I wasn't and I didn't realise that there was so much help available ... I wasn't aware of facilities that were available to me, if I was aware I may not of gone down that particular road.

(Community member with mental illness)



5 Equip community leaders – formal and informal

In order to engage the community, the World Health Organisation (WHO) Guidelines on Effective Suicide Prevention Strategies identify leadership as a key factor for success. In a local community, leaders are those who make a difference by bringing others together. They may be 'formal' leaders, holding positions such as the Mayor, Police Commander, RSL Club Secretary; they may also be 'informal' leaders, who influence others – they are the 'go to people' in the community who know what is going on. These leaders can use their standing in the community to encourage action on suicide prevention – and to reinforce the importance of being a healthy and inclusive community. Sometimes, they may play a specific role in supporting the community through the tragic loss of someone to suicide.

Monitoring Questions:

- Do the leaders support the Community Action Plan on Suicide Prevention?
- How confident do the community leaders feel about playing a role in suicide prevention?
- Have resources or awareness courses been arranged for community leaders?

Information Collection Methods:

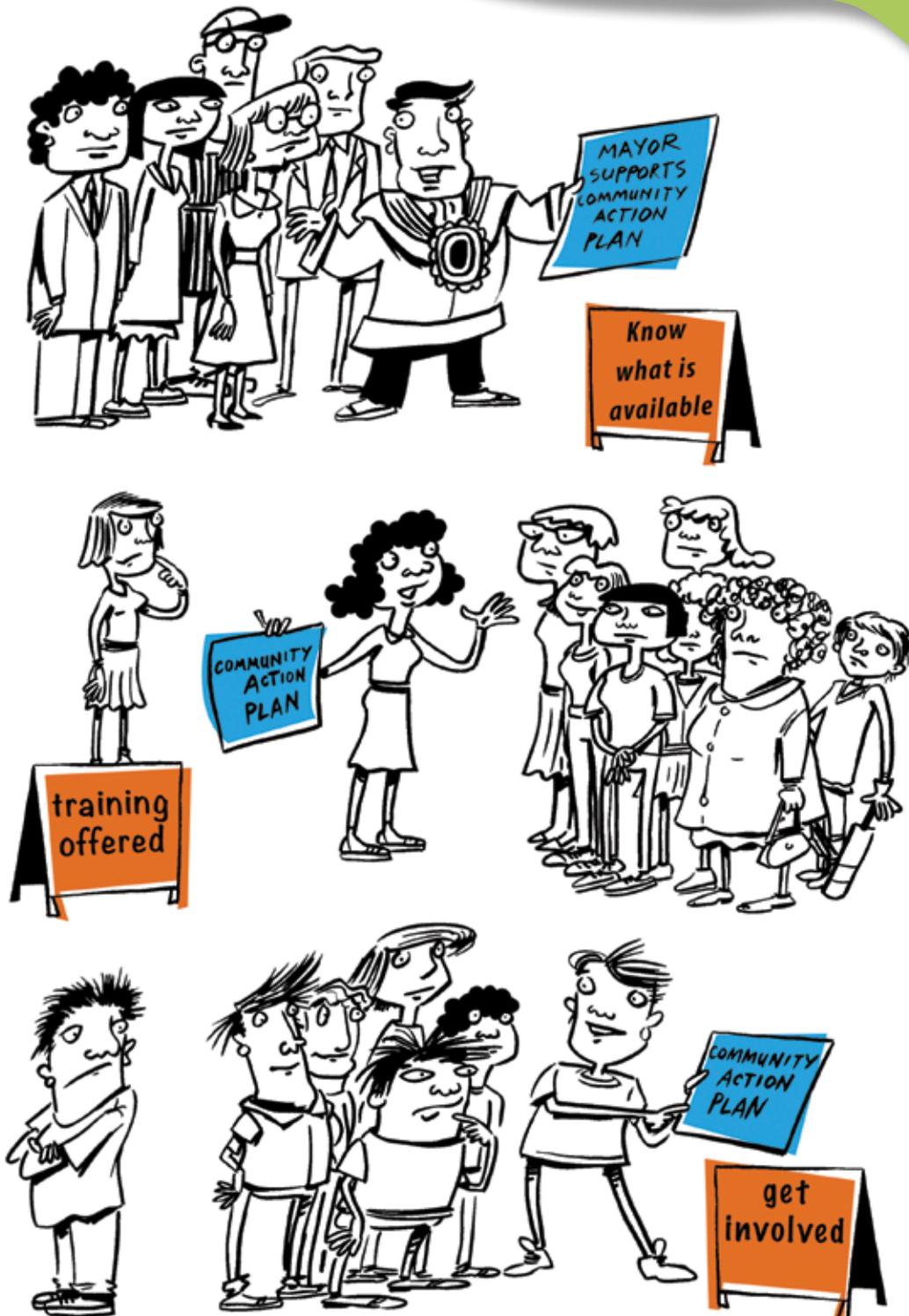
- Interviews with and feedback from community leaders
- Nature of and responses to reports to civic leaders from the Suicide Prevention Action Group
- Number of awareness courses for community leaders and their feedback on these courses

Conversations Matter

With access to practical information, many in the community may be empowered to talk about suicide in ways that breaks down stigma, increases understanding and supports those thinking about suicide or affected by suicide. The [Conversations Matter](#) resource provides easy to use information for community leaders, community members and professionals to support safe and effective discussions about suicide and suicide prevention.

“[We need] the skill base to be able to assist people to cope and that may be as simple as actually getting to professional help...it’s just ordinary people, you don’t need a degree”.

(Rural community member)



6 Train the right people as community resources

Suicide prevention is a complicated business. Education and training for selected individuals on the current knowledge about suicidal behaviour and effective community responses will build the whole community capability to prevent suicides. These people can be advisors and key participants in local activities. It is important that these individuals be strong and well within themselves to take on this additional role. The education and training programs should be matched for suitability to the local community context, and align to the existing background and skills of the individuals concerned.

Make your education and training message positive. This will help to lessen the stigma linked to talking about mental health. It will also help people to associate the subject with positive thoughts.

Don't lose heart

Forming a group to oversee such community initiatives is a difficult process – so don't lose heart if the development of your community group isn't going as planned. The process of building a group can be as useful as what it actually does.

Monitoring Questions:

- **How many individuals have attended specifically-chosen education/training courses?**
- **To what extent is the training useful and have you put the skills to use in the community?**

Information Collection Methods:

- **Records on training activities for selected individuals**
- **Interviews with these individuals, before and after the training courses.**

Example

The Community Drug and Alcohol Team (CDAT) at Glen Innes added suicide prevention to its responsibilities and has coordinated suicide awareness training for the community.

If you've got a broken arm obviously someone is going to say how did you break your arm, if you're [suicidal] they're not going to say what's going on inside your head.

(Community member)



7 Appoint a coordinator to link local action to service programs

There is an array of services and programs on suicide prevention in Australia, some national in their reach and some state based or local in nature. It is difficult for local communities to work out which ones apply to them and how good they are. The Community Action Group may wish to appoint a single person or small working group to coordinate the communication and interaction between the community and the service providers. This will help create a safety net for vulnerable people who need help in the community and ensure that they get the help they need, when and where they need it.

Who can I see in my community?

- Your local GP
- Local Lifeline Centre
- Local hospital

Where can I go online?

- reachOut.com
- lifeline.org.au
- beyondblue.org.au
- ontheline.org.au
- conversationsmatter.com.au

Who can I call?

- Lifeline: 13 11 14
- Suicide Callback Service: 1300 659 467
- Kids helpline: 1800 55 1800
- Mensline: 1300 78 99 78

Monitoring Questions:

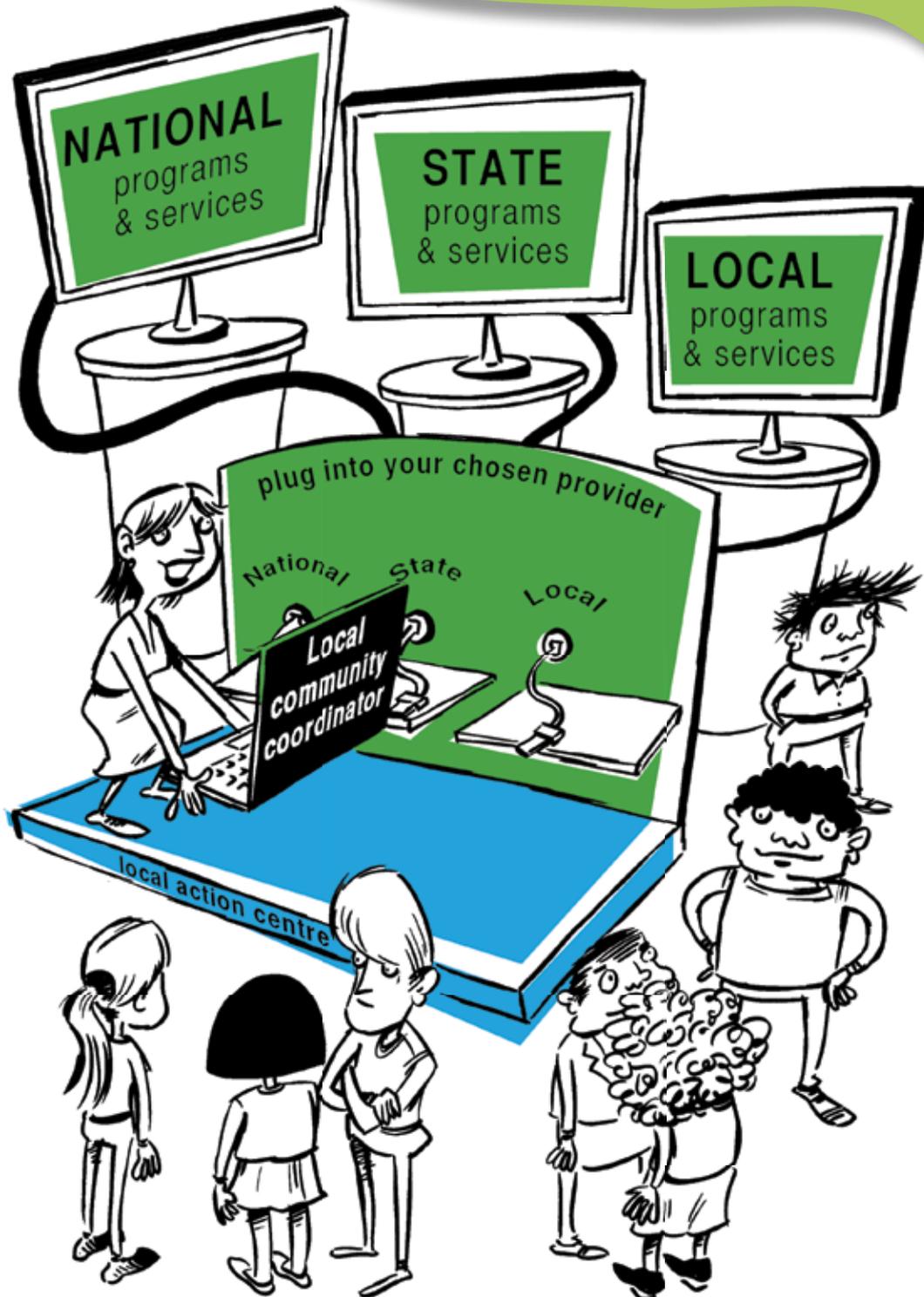
- **Has the community become more aware of services and programs that can support them in suicide prevention?**
- **Have people in the community used services and programs more in the past 12 months?**

Information Collection Methods:

- **Records on liaison with other services and programs**
- **Interviews with providers of selected services and programs**

why make it so hard..... I think it would be really helpful if somebody in charge made some sense of what's out there so I knew where to send [someone who was self-harming] really clear referral information.....and 24-hour numbers. I don't know why but everything bad usually happens at three o'clock in the morning.

(LGBTI community member)



8 Establish media and communications protocols

In your community the media, particularly newspapers and the local radio, can be excellent places to publicise:

- Positive mental health messages.
- Suicide prevention activities in your area.

Following a suicide, these media can also be very useful for:

- Promoting messages of hope and empowerment.
- Making people aware of support services available within the community.

On the other hand, negative or insensitive reporting of suicide can cause great hurt and offence to an already grieving family, friends and members of the wider community. If the media sensationalises a suicide or gives it too much or inappropriate coverage it can increase the risk of further suicides, especially among teenagers and young adults.

Guidelines developed by Mindframe, the National Media Initiative, exist to enable responsible and helpful communication and media reporting on suicide deaths, and on suicide prevention activities.

The Mindframe team at the Hunter Institute of Mental Health or the SANE Media Centre can provide assistance and advice to media as well as suicide prevention networks to support local activity

See more at: www.mindframe-media.info www.sane.org

Monitoring Questions:

- **Are key spokesperson and local media outlets aware of the media/communication guidelines? Have they used the guidelines in their work?**
- **What changes in the appropriateness of public communication and media coverage have occurred in the past 12 months?**

Information Collection Methods:

- **Interviews with key spokespersons and journalists/editors**
- **Media monitoring, ie: stories, content, frequency**

What comes to my mind is when they have those community announcements and things like that it would be interesting to actually have those in different languages Because there is a whole pocket of people who miss out on that awareness campaign... So I kind of thought I was marginalised for that.

(NSW community member,
CALD background)



9 Join Suicide Prevention Australia and start networking with others

We are all in this together! Australia was one of the first countries to adopt a national suicide prevention strategy. We can all learn from each other. Join Suicide Prevention Australia (SPA) to be part of the community action on suicide and to network with others who are experiencing similar issues. Register to be part of the Small Towns Resource Network – sharing your experiences with others so everyone can learn more about what works best in our communities.

To learn more and join Suicide Prevention Australia visit www.suicidepreventionaust.org, or email admin@suicidepreventionaust.org or phone 02 9223 3333.

Monitoring Questions:

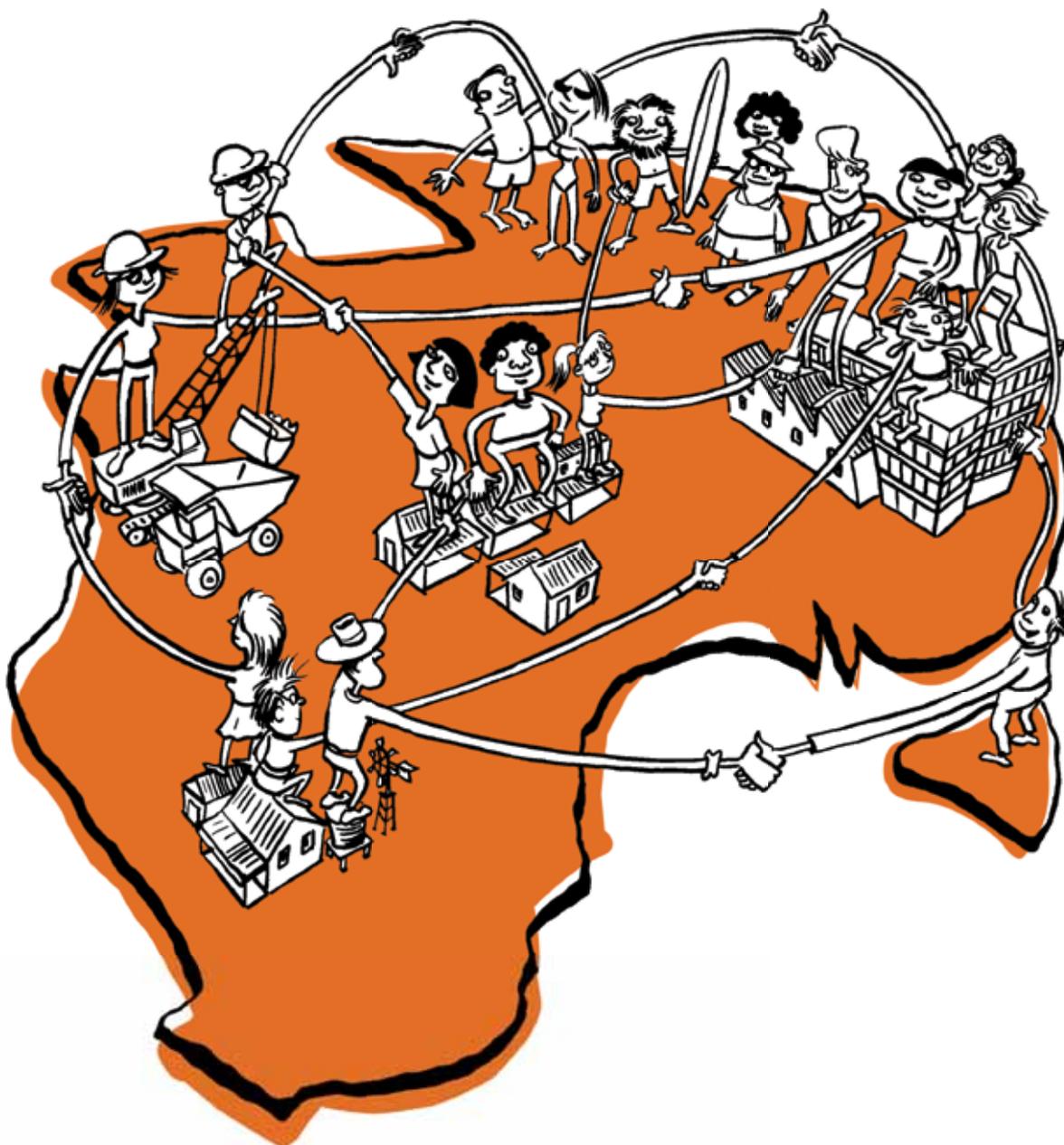
- **Has the local community registered with SPA?**
- **Has information from SPA been utilised in community activities?**

Information Collection Methods:

- **Feedback from Suicide Prevention Action Group members**
- **Self assessment on what application SPA information has had in the local community**
- **Records on community involvement in national action, eg World Suicide Prevention Day**

....talk about mental health and wellbeing everywhere and anywhere. It can be part of an online thing, it can be down at the pub, at a restaurant over dinner, it can be at school, it can be at work, on the bus or train travelling to and from work. It can be anywhere at all where an opportunity arises

(NSW community member, carer)



10 Collect information to measure success

Making a plan is one thing; checking progress against the plan is another. Assessing if you have made a difference can be even harder. Evaluation should be integrated into the community action plan at its development. Without evaluation, we do not know if what we have done works, whether it has helped or harmed people, who it was suitable for, what processes were important and whether it can be used in other communities. Prevention activities should therefore systematically collect useful information and document the activity's successes and challenges. For each of the 10 actions various monitoring questions and some information collection methods are included. Scheduling time to reflect and review progress using the information collected can ensure that the need for any changes or refinements to the Community Action Plan can be identified.

Evaluation of prevention efforts adds to existing knowledge and understanding of what works and does not work in suicide prevention.

Additionally, suicide prevention activities that can demonstrate effectiveness are more likely to obtain ongoing community, practical and financial support. An evaluation framework should be integrated into the action plan at the planning stage to ensure that all activities are evaluated.

Two useful documents that focus on conducting evaluations are:

[Evaluation: A guide for good practice \(2001\)](#) – provides useful background and step-by-step information on how to conduct an evaluation

[A manual to guide the development of local evaluation plans \(2003\)](#) – provides the information to put into evaluation plans.

These documents are available at www.livingisforeveryone.com.au

Monitoring Questions:

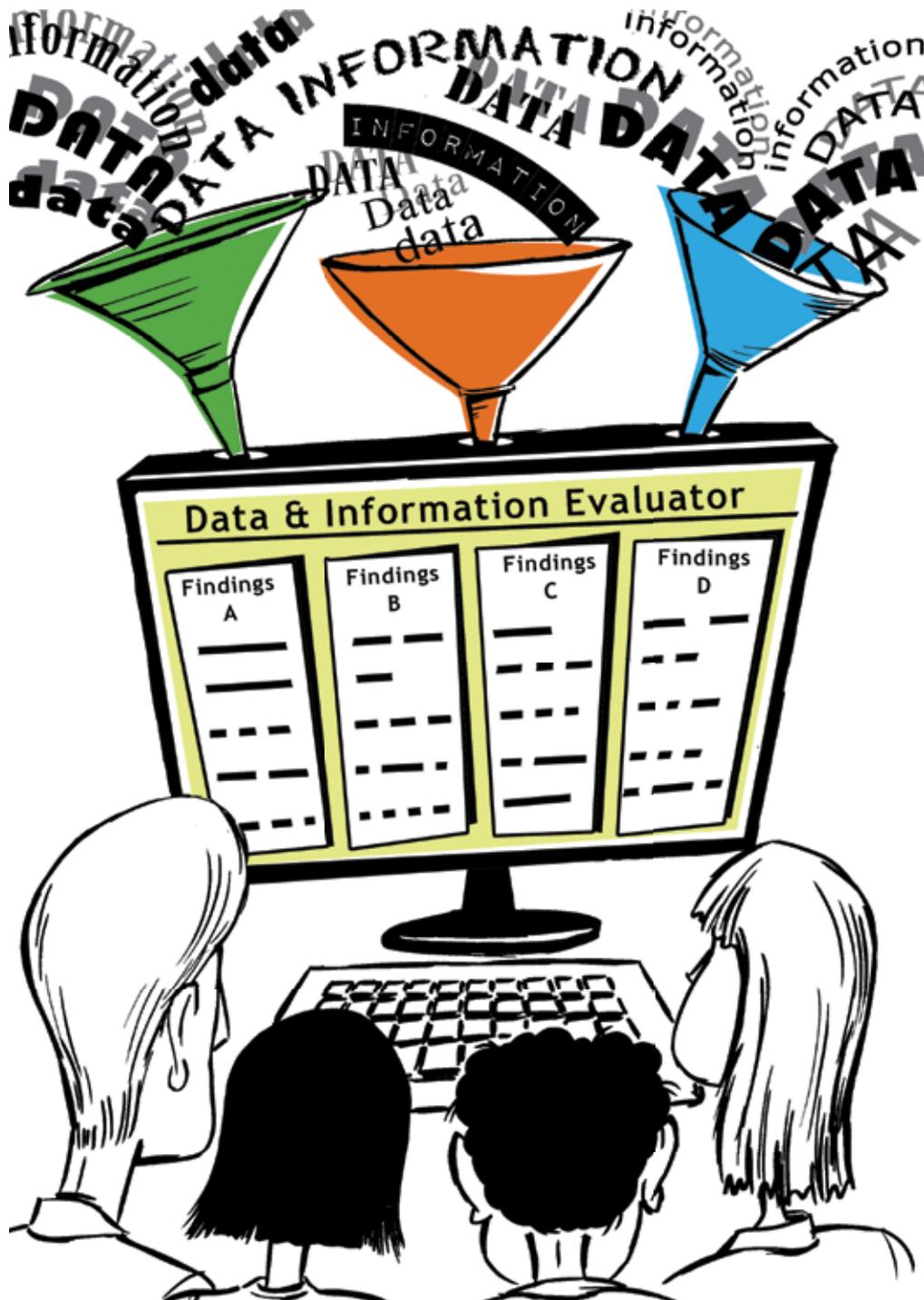
- **Has information been collected and utilised in continuous improvement?**
- **Have decisions on changes and refinements been made collaboratively in the community?**

Information Collection Methods:

- **Records of meetings (planning forums) for the Suicide Prevention Action Group**
- **Feedback from group members and stakeholders on the application of information to continual improvement**

Checklist, tell us what to do. So someone say "Yes I am suicidal, give me three options, one that does not cost no money and one that is available at three o'clock in the morning when everyone is trashed." You know, tell me what to do to make me feel skilled in how I can be a good person but also help me know the ends of my responsibility

(LGBTI community member)



Examples of community-driven suicide prevention initiatives



Example

The Hilltops Suicide Prevention Network aims to:

- Inform their community.
- Reduce the stigma surrounding suicide.
- Improve access to support.
- Maximise community resources by filling resource gaps .
- Promote holistic wellbeing.
- Gain experience and tools for other communities to use.
- Provide a forum for existing organisations, and individuals, to develop collaborative projects in suicide prevention.
- Help develop better language for the community to understand suicide.



Example

The Bega Valley Suicide Prevention Action Network (SPAN) is a community-based committee that works to reduce the impact of suicide in the Bega Valley. They plan to hold workshops to increase the community's early intervention skills and, by raising awareness of the issue, also hope to eliminate the stigma associated with suicide.



The importance of forming a community action group for suicide prevention

This section provides additional information on how an individual, community organisation or group can mobilise the local community to undertake suicide prevention by setting up a community action group. This may involve adding suicide prevention to an existing community action group or setting up a purpose-specific suicide prevention group.

Community action, such as organising sporting and social events, occurs best through the combined efforts of members of the community and representatives of local organisations and services. Community-driven suicide prevention needs a group of committed people to plan and coordinate activities that address the needs and priorities of their local community.

A group can get more done than someone working on their own, this is particularly true for suicide prevention. Community groups often start with one person or a group of people calling a community meeting for those who have similar concerns. In most cases, group members offer their time and expertise on a voluntary basis. However,

if the member is representing an organisation or service, their participation costs will generally be met by their employer.

Working with like-minded people from various backgrounds is a great way to bring a wide range of resources, skills, contacts, knowledge and energy to the group.

The group can offer encouragement and support both in good times, when planned activities have been successfully implemented, and bad, when there are setbacks (for example, if another suicide happens in the community).

It is important that the group provides a place for those with [lived experience of suicide](#). Such experience gives insightful perspectives about how best to plan and implement the group's suicide prevention activities. Those with such lived experience do not need to provide specific details of their own experience to the group in order to make a valuable contribution. Rather they can serve as the voice of experience to heighten the group's awareness of the needs of those in similar situations

and how their needs can be best addressed.

It is important that the group is sensitive to the issues that may arise for members with lived experience by being supportive, respectful of the confidentiality of private information that they may disclose and not share it outside the group without their permission. They, along with everyone else in the group need to feel heard, valued, empowered, supported by and safe within the group. The group may wish to develop guidelines for itself that reflect these expectations, thereby giving greater voice to these principles.

Why are community suicide prevention groups set up?

Many community groups come together after a death by suicide occurs in their area, with the intention to support vulnerable individuals, families and groups and to:

- Prevent further deaths by suicide.
- Create a sense of hope and strength among people in the community in a time of great distress.
- Put together an effective local community suicide prevention action plan.

Deciding who will be members of the group

The group should consist of people who agree about the need for suicide prevention and who have the skills to develop an action plan for the group.

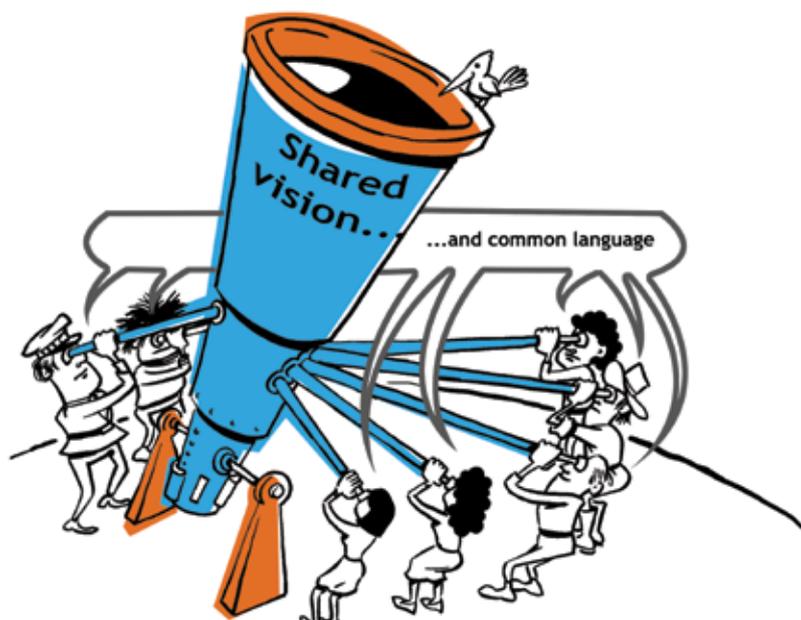
As outlined in [Table 5.1](#) of this toolkit, the group may decide to:

- Increase the wellbeing, resilience and [social connectedness](#) of the entire community.
- Increase the level of support given to vulnerable individuals and groups in the community.
- Reduce stigma about mental health and seeking help and assistance.

At first, these aims might be short-term and include distribution of available information, or the undertaking of a forum on community wellbeing, resilience and social connectedness. When the group gets established, they may want to involve the wider community in deciding what needs to be done in the medium to long-term, such as starting up initiatives that aim to reduce the isolation of elderly people who live on their own.

The membership of the group needs to reflect:

- The organisations, services and people that will implement the strategies and activities planned by the group.
- The organisations, services and people that will be the focus of those strategies and activities.
- Community leaders who will be instrumental in facilitating engagement of those that are the focus of the strategies and activities. (e.g. religious leaders and GPs as a way of engaging isolated older people).
- All relevant local groups, voluntary organisations and government agencies working towards suicide prevention in your locality.



Examples of membership in other community suicide prevention action groups include, but are not limited to:

- Community representatives.
- Community leaders.
- Community members with a lived experience of bereavement by suicide (particularly if the group's focus is on responding to deaths by suicide).
- Religious leaders
- Police
- Teachers
- Community members with a lived experience of suicide attempts (particularly if the group's focus is on responding to suicide attempts)
- Sporting organisations, for example, members of the local football club
- Health professionals (e.g. doctors, health nurses, mental health workers, Medicare Local)
- Young people and youth workers
- Local support agencies (voluntary or community groups in the area, for example, community development projects and family resource centres)
- Local businesses (e.g. employers or businesses that often have a social role such as postmen and women, publicans, taxi drivers, hairdressers and vets).

Structure the group

Write the basic rules and guidelines about how the group will function (i.e. its code of conduct), what it aims to do (i.e. its Terms of Reference), dispute resolution processes and process for dissolving the group when it has achieved its objectives. Decide who will carry out the different and varying roles in the group, for example, chairperson, secretary, treasurer, publicity and communications person and fundraising as appropriate.

Guiding principles

Do no harm

Before setting up any suicide prevention project, the most important thing is to look at what works. This includes consideration of a range of issues, including the timing of suicide prevention initiatives if there have been deaths by suicide in the community ([see page 22 of this toolkit](#)). It also includes seeking the advice of organisations such as Suicide Prevention Australia in relation to suicide prevention and the [National StandBy Response Service](#) in relation to community response to deaths by suicide in the local area.

Plan your activities

Emotions may spur communities into action but it is better to take the time to consult with the community and experts about how best to address the needs of the community. This involves considering whether the community action group has enough staff, volunteers and resources to undertake the activities it has planned.

Community readiness and capacity

For some people being bereaved by suicide is emotionally devastating. The grieving process can be more complex than grieving for someone who died from natural causes. Therefore, if people with lived experience of suicide are members of the group and/or are volunteers helping implement the group's action plan, one needs to discuss with them their readiness and provide appropriate support to assist their participation.

Other considerations in setting up a community group

Before you set up a community suicide prevention group, you also need to consider other issues to maximise its chances of success, with these outlined below.

Planning actions

- How often should the group meet?

This is determined by whether a one-off activity is planned, or whether a longer term action plan is proposed. The duration reflects the length of time required to plan, implement and review the group's action plan. Typically, at least 6 months is required to plan, implement and review an activity.
- What are the key objectives of the group?

These need to be reflected in its draft Terms of Reference which outlines what the group is aiming to achieve. This helps create common ground among members of the group and shared expectations.
- Are there lessons to be learned from other groups?

Could they act as mentors and advisors? One can find out about other groups through word of mouth. One could also approach organisations such as Suicide Prevention Australia to find out about such groups. This sort of information is invaluable as it provides information that promotes the success and functioning of the group and helps avoid difficulties.

Don't lose heart

Forming a group is a difficult process – so don't lose heart if the development of your community group isn't going as planned. The process of building a group can be as useful as what it actually does.

The benefits of a group are:

- Meeting people you wouldn't normally meet.
- Talking to others and sharing ideas.

This all helps to form a sense of community that can help protect against suicide. It is also important not to lose heart if, despite all your hard work, other suicides happen in your community. It takes energy, enthusiasm and a lot of hard work to achieve your goals. Caring for yourself and others in your group is really important to prevent stress and burnout.

Suicide is complex and there can be as many different responses as there are people in your town. It may take time for a community to feel ready to respond to a call to action. Try to gauge when people are ready to join the effort to build a suicide aware and safe community.



Summary of key points

- Establishing a community action group is a step towards developing an action plan that addresses local needs and priorities.
- The membership of the group needs to reflect the people who will be involved in implementing, monitoring and reviewing the plan.
- The membership also needs to reflect the people that will be the focus of the action plan.
- Right from the beginning it is important to make sure that the group is adequately supported and resourced.
- Announcing the establishment of the group to the community helps mobilise their participation.

Examples of building a suicide aware community

○ Example

On the Central Coast of NSW a Suicide Safety Network has been established. It is a community-based non-profit organisation which aims to formalise networks between organisations and individuals that want to be involved in helping reduce the incidence of suicide.

○ Example

A Life Worth Living Committee has been established in Narrabri. The Committee was formed following an above average number of suicides in the Narrabri area in recent times and brings together numerous stakeholders within the community. The Committee has enhanced knowledge of mental health in the area and access to local and other services, such as the National StandBy Response Service which helped the community address suicide bereavement.



Conversing with the Community

You've identified there is something you want to do about suicide prevention and have established a community action group and now want to engage the community in developing and implementing an action plan that addresses the needs and priorities of your community.

Although this concept sounds straightforward, examining a variety of views about community may suggest a fresh approach to prevention efforts. This section provides a more detailed discussion on assessing and developing your community's readiness for engaging in suicide prevention.

What is a community?

A community is broadly defined as any group of people with interests in common such as history, geography, culture, religion or a particular [circumstance](#)¹. Most people are members of many different communities at the same time, such as neighbourhood communities, communities of friends, school and work communities, cultural and language based communities. Belonging to a community teaches people about relationships and values,

and enhances connectedness and resilience. Being rejected by, or feeling excluded from, a community can result in feelings of alienation, isolation and powerlessness, with potential mental health implications.

Many people successfully move between communities but for some people, transitions between different communities can become difficult, leading to feelings of [disconnectedness and alienation](#)¹. The resilience of a community can be enhanced by an understanding of the [diversity](#) and strengths of individuals within the community and drawing on those strengths.

Feelings of connection to a community can help people to:

- Achieve full potential
- Attain or reflect cultural identity
- Know the importance of family
- Develop a conscience
- Become self-reliant
- Manage stress and frustration
- Handle worry and fear
- Develop and maintain relationships.

'No man is an island, entire of itself...any man's death diminishes me, because I am involved in mankind...'

– John Donne Meditation XVII

Who is your community?

An important step is to identify who makes up your community. A community can consist of a range of smaller communities such as: the school community, work community, cultural, social and language based communities, sporting community, community of young people, parents, men, retirees and so on. Most people are members of many different communities at the same time. Your plan will require you to clarify your idea of community to ensure appropriate community representation in the community suicide prevention action group (see [sample tools](#) to get started) and participation in prevention efforts.

Using the tools at the end of this section may help you better identify community members, groups and organisations that are involved in current community issues and can be engaged in suicide prevention. They will also help to identify members of your community who may not currently be involved but should be.

Including community members in suicide prevention activities

Community members should reflect a diverse cross-section of the wider community – try to engage broad representation that will reflect the [diversity](#) of your community. [See [page 66](#) for how to ensure this]. It is quite important that groups that may find it difficult to be heard are represented in suicide prevention activities.

The advantages of including a wide range of community members in suicide prevention activities are:

- Issues and ideas can be explored from a number of different perspectives.
- Collective ideas, perceptions and resources are pooled.
- An approach that suits local circumstances is ensured.
- Participation can build a sense of ownership.
- The development of shared visions can improve the sustainability of programs.
- Creating an environment of collective responsibility can create a commitment to working together.

It is important to seek the assistance of people from community cultural groups (cultural advisors). Cultural advisors need to be known and respected by the community, and have a good understanding of cultural complexities, mores and protocols. This knowledge can help guide ways of communicating, identifying key people, making decisions and meeting and engaging with diverse cultural groups.

Particular strategies will need to be used to encourage some individuals and community/cultural groups to be involved. For example, when working with indigenous community members, you will probably need to consult with respected leaders and elders; use a more personal, informal approach; take time; and expand networks. Be guided in all these aspects by an advisor from within the communities you are working with.¹

A number of activities for facilitating broad community representation are included at the end of this section.

Community ownership

Community ownership occurs when a community becomes aware of a problem, develops a shared understanding that the problem needs to be addressed, makes a commitment to address the problem, and works together to seek solutions.

The process of bringing people together to develop ownership in solving community problems is not a new idea. Communities around the world have used it extensively to tackle a wide variety of economic, social and health problems. Evidence shows that community determination and ownership of priorities are critical factors in the long-term engagement of the community and the sustainability of prevention programs.²

The benefits of community ownership include:

- Development of 'empowered' communities, which respond effectively to community issues and problems.
- Improved community satisfaction and commitment; solutions have more meaning and value than those recommended by external people and organisations.³
- An increase in self-reliance and decision-making powers of a community.
- An increase in self-confidence, social contact and mutual support among community members.
- Improved level of skills and knowledge of community members.
- Building participation, a sense of community belonging and connectedness.

Evaluation of community suicide prevention projects undertaken as part of the National Suicide Prevention Strategy (2000) found it was often difficult to create a long-term commitment when the community concerned had not previously identified the issue of suicide as a priority concern. Trying to encourage a community to take up issues defined as priorities by external organisations is time consuming, labour intensive and may not succeed. This may be particularly so when other issues within the community are seen as more pressing. Therefore, this toolkit aims to support action on suicide prevention issues that have been identified as priorities by the local community.²

What is a community-wide approach to suicide prevention?

A community-wide approach to suicide prevention aims to encourage community ownership of suicide prevention activities and to facilitate community members in playing an active role in the planning, development and implementation of the activities. A community-wide approach aims to improve the quality of community life for the benefit of all community members.

Why use a community-wide approach?

Involving the whole community is a strategy that can mend breakdowns in the social fabric of a community. Providing a space where people can gather, spend time, feel they belong and make a difference is very important. Community factors, such as having a hopeful community that promotes resilience, connectedness and belonging, protects against suicide.

Effective solutions that address factors that increase the risk of suicide for some people and promote protective factors are best understood within the context of a particular community. Working with those who are directly involved is very important. Involving community members in achieving local solutions helps build a sense of community and empowerment. Alternatively, imposing external notions of health concerns may risk being irrelevant to the community, increasing the community's sense of powerlessness.³

Utilising a community approach provides vulnerable individuals, community members and practitioners with the opportunity to work as a mutually supportive team. This mutually supportive team model can increase the value and resilience of the 'safety net' around vulnerable individuals.

Engaging the community in conversations about suicide and suicide prevention

Beginning conversations about suicide and suicide prevention with the community can appear daunting, yet this is necessary to engaging them in local action. In addition to the information provided in the toolkit on ways of engaging the community, [Conversations Matter](#) is a new practical online resource developed to support community discussion about suicide. The resource provides support for communities and professionals to guide conversations about suicide.

Who will the *Conversations Matter* resources be for?

- Community members (individuals, families, and community groups) who need some general advice about ways in which we can safely talk about suicide
- Professionals from a range of sectors who need advice about how best to engage with and support communities to talk about suicide
- Aboriginal communities (including the services that work with communities) who need some culturally specific advice and support about discussing suicide.

Summary of key points

Identifying, understanding and involving the community:

- Identify your community and ensure broad representation of community members.
- Undertake cultural consultation and cultural awareness training, especially when diverse cultural groups are present within the community.
- Focus on inclusivity to engage groups who may inadvertently be excluded
- Create processes to increase connection and contact with community/cultural groups.
- Provide opportunities for participation of community members and encourage responsibility and ownership of local problems.

Examples of building a suicide aware community

Example

A local community group was concerned about the level of drug misuse and binge drinking among young males aged 15 – 25. The group established a Community Drug and Alcohol Team (CDAT) comprising members of local health services, police, schools and the community to deliver harm minimisation education at local schools. The CDAT also organised a local football team that included young men who had come to police attention for alcohol related offences. The CDAT, through local fund raising activities, raised money for sporting equipment, uniforms and transport to regional sporting events. Within a 12 month period the number of drug and alcohol related offences recorded for the local area had significantly reduced.

Example

A local Lions Club organised a series of 4 health forums over 12 months addressing healthy lifestyles and wellbeing for different groups in the community, with guest speakers from local organisations and services. A number of positive activities resulted from the forums including the establishment of a local walking group for retirees and a cooking group for men that was open to all ages.

Conversations Matter is a new practical online resource developed to support community discussion about suicide. The resource provides support for communities and professionals to guide conversations about suicide.

Sample tools to get you started

Practical tools for identifying the community

On these next pages we offer some examples of template documents to help you map the answers to questions about your community.

Who do we identify as being part of our community??	
What is our community?	
What is impacting on our community?	
What is happening right now in our community?	
Who is involved?	
Create a 'who is our community' database. (List the names and contact details of all the community/cultural groups within the community.	
What are the current priorities?	

(Adapted from Commonwealth Department of Health and Aged Care 2001a, Community Matters.)⁴

Sample worksheet to build a picture of your community

The resource includes worksheets to help develop your community action plan.

The countries in which members of our community were born?	
Major religious affiliations?	
Age breakdown?	
Number of people living within/outside the community?	
Gender split?: Males% Females %	
Types of occupations?	
Levels of education?	
Levels of income?	
Are there any under-represented groups?	

BEGINNING THE CONVERSATION WITH THE COMMUNITY

Ensuring inclusion and encouraging participation in the community action

Consider the following questions in relation to your community

Who represents the various groups within the community?	
Who else could be involved?	
How can we create opportunities for others to participate?	
Who are the appropriate representatives, cultural advisors for identified groups?	
How can we increase our connections and contact diverse groups?	
How can we involve diverse groups?	
Are translator services required?	

Undertake an audit of your community’s strengths and assets

Action

<p>List the talents, skills and strengths of community members</p> <p>For example: childcare expertise; fluency with languages; understanding of the history of the community</p>	
<p>List the strengths of the various associations within the community</p> <p>For example: religious, cultural, athletic and recreational clubs and organisations.</p>	
<p>List the strengths of the formal organisations within the community.</p>	
<p>How can these strengths be used to build community capacity?</p>	

BEGINNING THE CONVERSATION WITH THE COMMUNITY

Inclusivity of suicide prevention initiatives

Use the following checklist to assess the extent to which your suicide prevention activities are inclusive and culturally appropriate.

There is cultural awareness within the community.	
There are links and consultation with extended families and local culturally and linguistically diverse communities	
Advisors are available and fully utilised for advice on inclusiveness and cultural matters.	
There is use of appropriate protocols, services and resource materials as far as possible.	
The activity is supportive and affirming of participants' identity.	
The activity is endorsed by community leaders.	
The activity operates within appropriate cultural settings as far as possible.	
There is availability and active participation in inclusivity awareness training.	
The activity focuses on wellbeing and relationships within families and communities (an understanding of holistic health), not just individuals.	
There is community pride, knowledge and understanding of its history and heritage.	
The activity involves continuing education across generations	
There is liaison with specialist service providers, who have specific knowledge, experience and skills, relevant to communities.	
There is provision of translation and language services, if needed.	

(Ratima 2000⁵; Thomas 2002⁶; Dusevic et al. 2002⁷; Cox 2003⁸)

From idea to action

Prior to the community action group developing a suicide prevention action plan, it is important to ensure that there is an appropriate foundation on which to base the plan. Outlined below are a number of actions that are essential steps to an effective suicide prevention plan. This section also contains tools to assist the development of the plan.

Contact relevant groups

Involve all relevant local groups, formal groups, voluntary organisations and government agencies working towards suicide prevention in your locality. This is the time to try and identify those members of the community who are likely to be important as leaders or champions for suicide prevention. Think about how to involve the groups which are most important, for example young people, rural workers, older people.

Different communities may be at different stages of readiness for implementing suicide prevention activities. Readiness can be a major factor in understanding whether a local suicide prevention activity is effectively implemented and supported by the community. The development of strong

community capacity is also an essential prerequisite to building readiness. Suggestions on how to build community capacity are noted throughout this toolkit and in this Section.

Towards a tailored community action plan on suicide prevention

There are a number of key considerations that will guide a community action group to develop a tailored community action plan on suicide prevention that addresses local needs and priorities.

Foundation planning actions

- Reflection
- Common language and shared vision
- Infrastructure
- Resources
- Information
- Sustainability
- Evaluation

Seven actions for developing the plan

Action 1: Reflection

- What is your community's current status with respect to the development and/or implementation of a community plan for suicide prevention?
- Are there any prevention efforts/groups that already exist?
- Who are the key local people working in suicide prevention?
- Can you build on existing efforts?

Action 2: Common language and shared vision

It is important to gain the consensus and commitment of all those involved and the community at large. This is facilitated by the community action group announcing its establishment and its intention to tackle suicide as a community. Once the vision has been endorsed, the group can proceed to a plan of action.

Begin by agreeing on definitions and language that you wish to use. The glossary in [Section One](#) can help you come to a common understanding of suicide prevention terms you wish to use. Again it is important to gain insights from those who have lived experience so that stigmatising language can be avoided.

Action 3: Infrastructure

Ensure that the infrastructure for the action plan, such as the community action group, is adequate. This means ensuring that the group has the appropriate membership, skills, knowledge and supports to develop, monitor and evaluate the action plan ([see Section Three](#)). This includes having sound procedures such as terms of reference, code of conduct, mechanisms for conflict resolution, documentation of activities (e.g. meeting minutes) and mechanisms for reviewing the group's functions. It also means that relevant organisations, services and community members are engaged by the action group to inform the development and the implementation of the action plan.

Action 4: Resources

People power is one of the greatest resources in an action plan, hence the importance placed in this toolkit on engaging the participation of community members. This means having a strategy in place to have back-ups for community action group members, key community resource people and community leaders should the need for this present itself. This will ensure that the plan is sustainable and not derailed.

The realities of life mean that financial resources may also be required to enable the action plan to be implemented. Local fund raising, particularly from businesses, is one way of obtaining needed funds. Another option is for the community action group to consider applying for external funds, from organisations such as your local council, business groups or government sources and private foundations.

As resources are always limited, it is worthwhile considering having a 'phased in' approach to the action plan, in which successive strategies and activities build on those that have gone before. This approach prevents burnout and facilitates the ongoing participation of people by promoting balance between participation in suicide prevention activities, other work and personal commitments.

Action 5: Information

Gather information to ensure that planned activities take into account existing activities and areas of need:

- Your local council or state government can provide regional statistical data/information about the community - demographic, social, health and economic indicators.
- Use community surveys or focus groups to identify and examine community suicide issues, risk and protective factors and potential target groups.
- Where necessary obtain information about relevant, safe and effective suicide prevention interventions from experts such as Suicide Prevention Australia and the other [agencies](#) noted throughout the toolkit, whilst maintaining ownership of local activities.

Action 6: Sustainability

A variety of strategies are recommended for increasing sustainability including:

- Linking with other community resilience, wellbeing and suicide prevention efforts.
- Using existing community structures relevant to your action plan, such as: involving the local sporting clubs; local community organisations for wellbeing initiatives; free venues for community action group meetings, community forums and presentations.
- Building and maintaining a strong and stable community action group, with this supported by the recruitment of new members as required.
- Local fundraising and applications for external funds for initiatives.
- Development of in-kind donations, that is, utilising volunteers and utilising access to free resources provided by participating organisations and services (e.g. photocopying, telephone, internet services).
- Building towards long-term and sustainable levels of funding and resources.

Action 7: Evaluation

Evaluation of prevention efforts adds to existing knowledge and understanding of what works and does not work in suicide prevention. Additionally, suicide prevention activities that can demonstrate effectiveness are more likely to obtain ongoing community, practical and financial support. An evaluation framework should be integrated into the action plan at the planning stage to ensure that all activities are evaluated.

Two useful documents that focus on conducting evaluations are:

- [Evaluation: A guide for good practice \(2001\)](#) – provides useful background and step-by-step information on how to conduct an evaluation
- [A manual to guide the development of local evaluation plans \(2003\)](#) – provides the information to put into evaluation plans.

Research your idea

Find out what community suicide prevention initiatives are being undertaken in other areas. Suicide Prevention Australia coordinates the Small Towns Resource Network – this enables communities to share their experiences with others so everyone can learn more about what has or has not worked in local communities. This can provide information on how other community action groups operate and what suicide prevention initiatives they have carried out.

Be thorough in your research – meet people who are involved in the existing projects. Ask questions. Has their initiative made an impact on the community? How? What are the key components of the initiative/s? But remember – even though the project may work well in one community, the local issues and needs of your own community may be different and may require tailoring.

Understand the needs of your community

Before developing an action plan there are certain questions you need to answer in order to arrive at a plan that addresses local needs and priorities:

- What are your community's needs?
- What are the local issues?
- What initiatives are already underway?
- What resources are available?
- What supports are available?

What are your community's needs?

Know and understand the needs of your local community. You can formally assess what the needs are by using, for example, surveys and statistics; and informally through public discussions, interest groups and local media.

What are the local issues?

Learn to understand the issues that might affect suicide rates in your local area, for example, poverty, high levels of unemployment, a recent suicide, or bullying. This will help you to identify specific groups of people within your community that you might wish to target. Does the community want to target all ages or particular age groups? Decide who exactly in the community has been most affected by suicide.

What initiatives are already underway?

Find out what initiatives are already underway in your area. This will help to identify available services, organisations, supports or training and identify any gaps in local services and initiatives. It will also help you to avoid duplicating any efforts that are already in place.

What resources are available?

Research what resources are available at the local, state and national levels and find out the answers to the following questions:

- Are there small towns that have already undertaken or are in the process of undertaking suicide prevention initiatives?
- What worked well for the community?
- What didn't work well?
- Who is willing to share their skills and knowledge with us?
- What existing community resilience, wellbeing and suicide prevention resources and education programs are available for us to access?
- What funds are available, and what funds would we need to be able to implement our action plan?
- What resources does the community action group require (e.g. do you need a venue, equipment and so on)?

What supports are available?

A range of organisations and agencies are available to support communities with their action plan, with these outlined throughout the toolkit (e.g. [Section Nine](#)). It is important to be realistic about what resources your own community can provide and for how long they can be provided. This is particularly relevant in relation to volunteers and communities seeking to set up ongoing initiatives.

Spreading your message

Beginning conversations about suicide and suicide prevention with the community can appear daunting, yet this is necessary to engaging them in local action. In addition to the information provided in the toolkit on ways of engaging the community, *Conversations Matter* is a new practical online resource developed to support community discussion about suicide. The resource provides support for communities and professionals to guide conversations about suicide.

Use the community action group network to get your message out into the public domain in as many different ways as possible. When raising awareness in your community, everyone needs to know how to get the information they want when they need it.

Keep asking:

- What do people already know?
- How do we tell everyone about new information?
- What members of the community are we forgetting about?
- How can we reach everyone?

Branding your message

Ask local role models, such as well-known and respected people in the community, for support (e.g. a local sporting hero might help to attract interest from young people). Also, it's useful to develop partnerships with local businesses. Building relationships can help you to get your message to more people in the community.

When choosing your role model, make sure they can relate to your target audience and that they have a real understanding of the issues you want to address.

Make your message positive. This will help to lessen the stigma and negative attitudes associated with talking about mental health. It will also help people to associate the subject with positive thoughts.

Decide what positive information you want your target population to know. For example the benefits of:

- Exercise on mental health.
- Using a helpline or support group.
- Getting involved in the community.
- Knowing that most people experiencing a mental health difficulty will recover.



Suicide prevention strategies

1. Sample strategies for the whole community	2. Sample strategies for vulnerable people and groups in the community	3. Sample strategies for people at risk of suicide
<p>These are strategies aimed at:</p> <p>a) increasing the wellbeing, resilience and social connectedness of the entire community.</p>	<p>These are strategies aimed at</p> <p>a) Improving the capacity of the entire community to identify and support members who are experiencing high levels of distress and/or having mental health difficulties and being able to provide them with 'mental health first aid'.</p> <p>b) Improving the community's knowledge of services and organisations that can provide support and assistance to vulnerable people and groups with a view to helping link them with these services and organisations if required.</p> <p>c) Improving the wellbeing, resilience and social connectedness of vulnerable people and groups through targeted initiatives.</p>	<p>These are strategies aimed at:</p> <p>a) Improving the capacity of the entire community to identify and support members who are at immediate risk of suicide.</p> <p>b) Improving the community's knowledge of services and organisations that can provide immediate support and assistance to people at risk of suicide.</p> <p>c) Improving the wellbeing, resilience and social connectedness of those at risk of suicide through targeted initiatives</p>

Table 5.1: Range of potential community-driven suicide prevention strategies

Community involvement in suicide prevention

Reducing suicide rates requires a collective, concerted effort from all the members of the community: health and social services, other professionals, communities and community leaders, government agencies and voluntary organisations, parents, friends, neighbours and individuals. It also requires the careful nurturing of a culture in which people in psychological distress don't hesitate to seek help.

Suicide prevention is a difficult area. However, it is important to recognise and appreciate the energy, enthusiasm and good work that community groups are increasingly doing.

Examples of the kind of work some groups have done are provided in the Table 5.1 and add to the examples outlined in other parts of the toolkit, particularly [Section Two](#). These examples can be used to inform discussion about what activities should be included in the local action plan.

Information in the Table 5.1 does not list all the potential strategies; rather it provides examples to encourage the community to have conversations about what may be the best way/s of addressing local needs and priorities.

1. Sample strategies for the whole community	2. Sample strategies for vulnerable people and groups in the community	3. Sample strategies for people at risk of suicide
<p>Examples of strategies:</p> <ul style="list-style-type: none"> a) Ensuring that the community has access to wellbeing, resilience and social connectedness information (e.g. organising forums and workshops on these issues). b) Enhancing availability and use of recreation and sporting facilities and opportunities in the community, particularly for young people. c) Enhancing social activities in the community, particularly for young people and young adult males. d) Enhancing educational and/or employment opportunities for the community. e) Creating sister town initiatives and partnerships to enhance availability of resources and opportunities for wellbeing, resilience and social connectedness initiatives. f) Capacity building key individuals and organisations in the community (e.g. teachers, police) to coordinate grass root wellbeing, resilience and social connectedness initiatives. g) Establish a network of local, state and national organisations to enhance wellbeing, resilience and social connectedness initiatives. 	<p>Examples of strategies:</p> <ul style="list-style-type: none"> a) Undertaking forums, workshops and/or presentations on mental health issues, available services and interventions (including mental health first aid). b) Distributing information on mental health issues to the community via posters, pamphlets and local media. c) Developing initiatives that target vulnerable and isolated individuals such as: <ul style="list-style-type: none"> - organising the provision of breakfast, lunch & dinner for disadvantaged children at the local school/s, with the intent of also supporting connectedness and school attendance; - organising peer support, sporting, recreational and/or social events for disadvantaged and vulnerable young people; - sponsoring educational scholarships for bright but disadvantaged children and young people; - organising community support for single parent families (e.g. peer support groups, parenting training and/or mentorship initiatives; respite; social events; food, clothing and toy drives); - regular home visits and/or phone calls to isolated elderly, particularly those who are single, recently divorced and widowed; - initiatives linking retirees, business people, community leaders, resourceful members of the community to act as supports and mentors for vulnerable people and groups needing support and capacity building (e.g. big brother, big sister initiatives, adopt a grandma/pa initiatives); - establishing a men's shed, particularly for single, recently divorced and widowed men; - organising peer support, sporting, recreational and/or social events for recently divorced men. 	<p>Examples of strategies:</p> <ul style="list-style-type: none"> a) Undertaking forums on suicide prevention. b) Distributing information on suicide prevention to the community via posters, pamphlets and local media. c) i) Developing an action plan where there have been deaths by suicide, with this to include provision of bereavement support and services following the deaths and at anniversary dates. ii) Development of an action plan where there has been a significant incidence of suicide attempts, with this to include targeted strategies for the relevant population identified as being at risk (e.g. young women). iii) Engaging specialist services and/or experts to work in partnership with the local community to undertake death by suicide bereavement initiatives and/or suicide prevention initiatives.

Table 5.1

Immediate and short-term goals

Depending on the readiness of the community some of these activities can be undertaken immediately, others can be undertaken in the short term (less than 6 months), while others can be medium (6 months to 1 year) or long terms (over 1 year). Further information about this is provided below.

Information

Suicidal behaviour often occurs when a person is in a state of personal crisis – when they are struggling to cope with a difficulty in their lives, or when something happens to them that affects them deeply. At these times, immediate crisis support can help prevent a suicide. Telephone crisis lines, online chat services and accessible services such as drop in crisis centres, should be promoted in the community with messages that encourage help seeking in times of personal difficulty.

Immediately following death by suicide, many community groups want to send out clear messages:

- Support – ‘there is help out there’.
- Showing that ‘we can respond in a positive way’.
- Hope – ‘this community cares’.

As a first step, many have made a full list of agencies and groups, both at local, state and national levels, which are involved in suicide prevention and who can offer support and provide safe services for those bereaved by suicide.

Some groups have sourced relevant information leaflets and booklets and developed their own local credit-card sized support cards. These have been widely distributed to:

- Health settings – health centres, GP surgeries, pharmacies
- Businesses – shops, hairdressers, workplace settings
- Social settings – churches, pubs, nightclubs, sport clubs, youth centres
- Local media
- The online community
- Every home in the community.

Education and training

Right after one or more suicides, many communities often wish to come together to discuss the impact of the death or deaths. Small, well-organised public gatherings provide an opportunity to:

- Offer support to people who are grieving.
- Provide information on looking after yourself during this traumatic time.
- Get advice on what to look out for and what to say and do if you are worried about someone else.
- Offer practical advice and help, through a question and answer session.
- Put ‘faces to names’ – to meet those who provide services in the area.

Managing Safety and Risk

Consider the target audience of any public meetings, giving attention to potentially vulnerable groups. Young people for example can be at greater risk and thought should be given to the involvement of people under 18 years at a public forum. Other opportunities to participate should be considered eg. headspace school support.

Find suitable speakers

You can find suitable speakers and experienced people through Suicide Prevention Australia or other contacts in the community. Look for people who have knowledge and expertise, or who work in this area (see [Section Nine](#)).

Sort out practical issues

Choose a venue that is:

- Comfortable
- Accessible
- Big enough.

Build in tea-breaks and allow time after the event to let personal issues be addressed outside of the group gathering. Provide leaflets and handouts as appropriate.

If possible, have counsellors available at the meeting and ensure participants have a contact number to get support if new issues come to light in the days following attendance at the meeting.

Support

Immediately after a suicide occurs, service providers need to make available a range of suitable formal support services as and when they are needed. For example, they may need to consider offering a fast track, more flexible or extended-hours service to respond to increased demand from those who are in distress or at risk.

Medium to long-term goals

Information

No matter how long groups or support services are in operation or how well established they are, there will always be a need to do things like:

- Continuously publicise their existence.
- Update and replenish information and resources.
- Regularly distribute materials like support cards.

Education and training

Ongoing education, training and development are important because they help to build knowledge and skills within a community. Offer education and training programs to as wide an audience as possible. You should also target specific individuals or professional groups who work directly with more vulnerable people in your community.

Organisation

Consider the following when organising these events:

Timing

Don't offer training to grieving community members immediately after a death or deaths. Perhaps after a year or more, they will be ready and willing to take part ([see Section One](#)).

Provide healthy food and drinks

Community groups might run a wide range of events including lunches, meetings and educational events.

Here are some suggestions on promoting healthy lifestyle choices:

- Provide healthy food choices.
- Have alternatives to foods that are high in fat, salt or sugar.
- There should be no alcohol at events, except in exceptional circumstances.
- There should be no alcohol provided at an event where young people under the age of 18 are present or if the event is during normal working hours.

Where a decision is taken to serve alcohol, make sure that:

- Non-alcoholic alternatives and food are always available.
- Alternative transport options are promoted.
- An appropriate member of staff is designated to oversee the event.

Support

In the weeks and months following a death by suicide in your area, it is a good idea to link in with all service providers in the area. It is appropriate to meet service providers to:

- Work out agreements for how you will manage referrals.
- Plan how people will access services.
- Examine how existing services can be networked.

Your community group might also wish to promote the development of more services or resources for suicide prevention.

Other medium and long-term initiatives

Your community group might want to look at a wide range of other initiatives including:

- Promoting positive mental health and wellbeing
- Promoting the safe use of alcohol in your community; and,
- Continuing to grow and learn as a community group.

To maintain interest and active involvement, community groups need to develop and continue to evaluate and review their activities and initiatives. They also need to be involved with learning opportunities and to take part in conferences. For example, the annual conferences hosted Suicide Prevention Australia.

It is good to share the experience of setting up and operating a community-based group with other community groups and also with communities who are starting out; Suicide Prevention Australia provides that opportunity.

Summary of key points

Identifying, understanding and involving the community:

There are a range of options available for the community to undertake suicide prevention. Strategies may be aimed at:

- Strengthening the whole community
- Learning how to identify members of the community who may be at risk of suicide and developing a suicide prevention action plan to enable the community to better support them
- Supporting vulnerable and disadvantaged members of the community
- Developing a suicide bereavement action plan to address the needs of the family, friends and broader community impacted by deaths by suicide.
- Anyone and everyone can contribute to suicide prevention.
- Suicide prevention can be a one-off activity, or can involve a longer term action plan, depending on the needs of the community.

Examples of building a suicide aware community

Example

A network of local business people, in combination with fund raising by the local Rotary Club, was able to sponsor trade apprenticeships in the local and regional area.

Example

A non-government community organisation applied for a NSW Department of Sport and Recreation participation grant to purchase sporting equipment and cover the costs of young people aged 15-19 in the community to participate in sporting activities at the local, regional and state levels.

Example

A local partnership program between the PCYC and Evolution Youth Services targeted young people who were repeatedly suspended from school, allowing the opportunity for mentoring and activities whilst under supervision.

Setting SMARTER goals and objectives for the plan

There are various options for developing the plan, with some utilising the SMARTER approach to assist the articulation of action plan items such as objectives, timeframes and responsibilities, with this outlined in Table 5.2. A sample action plan format is also provided, however many formats are available, with the community action group able to utilise a format that best meets their needs.

S: SPECIFIC	<p>State exactly what you want to accomplish</p> <p>Example: To enhance the community's knowledge about depression, its treatment, available supports and services via a local health forum.</p>
M: MEASURABLE	<p>How will you measure and evaluate whether the objective has been met?</p> <p>Example: Pre and post questionnaire at the end of the forum which addresses the expected impacts of the forum.</p>
A: ACHIEVABLE	<p>Is the objective achievable given the available resources, the activities planned, the people involved and the specified timeframe?</p>
R: RELEVANT	<p>Is the objective relevant to your target group and its identified needs and priorities?</p>
T: TIMING	<p>What is the time frame? By when do you expect to achieve your objective?</p> <p>Short= less than 6 months, Medium= 6 months to 1 year, Long term = over 1 year</p>
E: ENGAGEMENT	<p>Will the objective engage the community? Has the target community been engaged in setting the objective?</p>
R: RESPONSIBILITY	<p>Who is responsible for implementing, monitoring and evaluating the objective?</p>

Table 5.2

Action plan sample

Target Area	Goal	Objective	Activities	Support and resources	Who is responsible?	Measures of success – process	Measures of success – impact/outcome



Preventing suicide, promoting mental health

One of the ways we can prevent suicide is by ensuring the wellbeing, [resilience](#) and social connectedness of the community. Wellbeing is comprised of physical, mental, emotional, social and spiritual health. This reduces the chances of people getting into difficulties that they are unable to cope with on their own. A community can enhance wellbeing by addressing the 'Physical, mental, emotional, social and spiritual health literacy' of its members. This includes enhancing the community's knowledge about:

- Physical wellbeing such as: diet, nutrition, healthy cooking, exercise and activity levels and the negative impact of lifestyle factors (including negative factors such as excessive drinking, smoking, drug misuse, high salt intake, low exercise and activity levels).
- Resilience, that is ability to: problem solve, set achievable goals, ask for help when required, see a glass as being half full rather than half empty, manage stress, tolerate frustration, create work/life balance, engage in personally meaningful activity, education and/or work (paid, voluntary).

- Emotional wellbeing, that is: being able to cope with everyday stresses of life, manage stress and negative emotions, connect with others, having a sense of control and confidence in one's ability to deal with negative life events.
- Social health, that is: being able to identify at least one current supportive and valued relationship in one's life, feeling that one is part of a community, feeling that one is valued within the community, participating in social activities.
- Spiritual health, that is: a sense of having a valued and meaningful role and place in the community, sense of one's life having purpose and meaning.
- The interdependency of physical, mental, emotional, social and spiritual health and their shared contribution to a sense of wellbeing, resilience and social connectedness.

The community's strengths can be enhanced by the strategies identified in [Table 5.1](#) and through education initiatives aimed at enhancing literacy about the above factors. Individuals with these strengths can be mobilised as role models, mentors and supports for vulnerable members of the community.

What is mental health and wellbeing?

When we talk about a person's mental health we are talking about how a person thinks, feels and acts in relation to life itself and, in particular, how they manage life's challenges. Positive mental health describes a sense of well-being and the ability to live a full, 'resourceful' life.

Living resourcefully

When we live resourcefully we have the inner strength to manage the challenges that life presents to us and harness outer resources to support us when needed (such as the support of family and friends).

Emotional health

When we talk about mental health, we are also talking about emotional health and about how we feel. People who are emotionally healthy are aware of their thoughts and feelings and are able to manage their emotions and control their behaviour, rather than being overwhelmed by them.

Having good mental and emotional health includes:

- Being comfortable with who you are.
- Having fulfilling relationships.
- Being flexible enough to learn new things.
- Being able to adapt to change.
- Being able to manage stress and 'bounce back' from difficulties.
- Having the ability to think realistically.
- Having a positive outlook on life.
- Having access to help and being able to ask for help when you need it.

Example

A local senior citizens group was concerned by the number of elderly people in the community who lived on their own. They undertook a volunteer recruitment program in the community and provided training and support to recruits. Twenty volunteers, most of whom were retirees, undertook at least one weekly home visit or phone call, with the older person able to call in the interim. The initiative was viewed very positively by all participants.

Example

The group also established an initiative with local schools that involved a reading mentorship program by volunteer retirees. The retirees were linked to a particular class where the retirees supported teachers with reading classes at least once a week for 1 hour. The initiative was positively evaluated by both the students, teachers and retirees, with retirees reporting enhanced wellbeing and improved quality of life.

Being strong

If you are emotionally and mentally healthy, you still have to deal with tough times or emotional problems. We all go through disappointments, loss and change and, while these are all part of life, they can still cause sadness, anxiety and stress. However, being emotionally and mentally strong means we are more able to manage these difficulties in a more positive way.

Key skills are being able to:

- Balance our emotions.
- Recognise our feelings.
- Express them appropriately.

These skills help us to avoid getting stuck in depression, anxiety or other negative mood states.

It is also important not to be alone and to have a good support network of trusted people to whom we can turn.

Physical health

Taking care of our bodies is an important part of protecting and improving our mental health. When we improve our physical health, we experience better mental and emotional well-being. Regular exercise not only strengthens our hearts and lungs but it also releases powerful chemicals that energise us and lift our moods.

Recovery and Wellbeing

People with mental illness can also use the principles of positive mental health in their recovery. From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem. Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite serious mental illness. Recovery is often referred to as a process, outlook, vision, conceptual framework or guiding principle.

Example

A local community started up a Blokes Breakfast initiative. It is a free men-only breakfast held once a month with a focus on improving the wellbeing of men who may be isolated and disengaged from the community.

Initiatives that promote mental health

Modern research has shown us a range of fresh approaches that have proven to be effective in promoting mental health.

Parents and children

The mental health of parents and children can be promoted in the following ways:

- Parents of young children supported through training programs in parenting skills.
- Young children supported directly through pre-school education.
- Children and young people supported through schools that promote health.
- Young people supported through continuing education.

Workplaces

The mental health of people in the workplace can be improved by encouraging:

- Work/life balance.
- Ways of working that respect and take into account the mental well-being of employees.

Housing and environment

The mental health of local communities can be supported by improving:

- Housing conditions, accessibility and affordability
- Environmental conditions.

If we promote mental health in our community we can:

- Improve physical health and well-being.
- Provide the skills to help people cope with mental distress in life.
- Help prevent or reduce the risk of some mental health problems.

Improving people's mental health means that people's overall health improves. People are happier and fitter through approaches that are aimed at:

- Improving stress management.
- Reducing stress in the workplace.
- Tackling bullying in schools.
- Increasing access to green spaces for walking and leisure.
- Reducing crime.
- Improving healthy eating habits.
- Raising awareness of the importance of looking after mental health.

By doing these things, we can begin to move towards a healthy community, which helps protect against suicide.

Positive steps for good mental health⁹

To protect and improve our mental health we should:

- Keep physically active.
- Eat well.
- Drink alcohol in moderation only.
- Value ourselves and others.
- Talk about our feelings with friends, family members or our doctor.
- Care for others.
- Keep in touch with friends and loved ones.
- Get involved.
- Learn a new skill.
- Do something creative.
- Take a break.
- Ask for help.

Promoting mental health and wellbeing is about attitudes, the attitudes we have both to ourselves and to each other. Recognising the vulnerability of our own and other people's mental health should help us to be more understanding both of ourselves and of other people who find themselves in a place where life seems too difficult and hard.

For people who have a mental illness, the good news is that recovery from mental illness is possible. The experience of recovery is deeply personal and individual, however it usually involves managing your mental health, developing new skills, and rediscovering a meaningful sense of belonging and identity.

Recovery does not happen in isolation. People who have experienced mental illness and recovery talk about the importance of developing quality relationships that support them. Developing and maintaining hope and inspiration, self-determination and taking responsibility for the process, also all support recovery.

As each person has a different pathway to recovery, people find their own activities and approaches to situations that work for them. Some people will find mindfulness exercises such as meditation contribute to their wellbeing, while someone else may not. (<http://www.mindaustralia.org.au/resources/recovery-and-well-being.html>)

The Foresight Report: Mental Capital and Well-being¹⁰ published in the UK and based on research by a panel of leading scientists says there are [five key ways](#) to achieve happiness.

The Report also recommends:

'Do something nice for a friend or stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself and your happiness as linked to the wider community can be incredibly rewarding and creates connections with the people around you.'

Five key ways to achieve happiness

1. Connect

Developing relationships with family, friends, colleagues and neighbours will enrich your life and bring you support.

2. Be active

Sports, hobbies such as gardening or dancing, or just a daily stroll will make you feel good and maintain mobility and fitness.

3. Be curious

Notice the beauty of everyday moments as well as the unusual. This helps you understand and appreciate what matters to you.

4. Learn

Fixing a bike, learning an instrument, cooking – the challenge and satisfaction brings fun and confidence.

5. Give

Helping friends and strangers links your happiness to a wider community and is very rewarding.



Example

A non-government community organisation applied for a NSW Department of Sport and Recreation participation grant to purchase sporting equipment and cover the costs of young people aged 15-19 in the community to participate in sporting activities at the local, regional and state levels.



Example

A network of local business people, in combination with fund raising by the local Rotary Club, was able to sponsor trade apprenticeships in the local and regional area.

Public communication and media coverage

Example

Border Mail Suicide Prevention Campaign in Albury

For more than a year, The Border Mail deliberated over how it could tackle an issue that has been silently shattering the lives of people in our community – and in our newsroom.

Suicide.

When 15-year-old schoolgirl Mary Baker, the daughter of a former Albury mayor, took her own life in March 2011, it created a ripple effect throughout the community. Her public funeral held in the civic square was attended by more than 1000 mourners.

This brave acknowledgement of a very private issue was the catalyst for The Border Mail's decision to research and discuss the ways it could start a community conversation about suicide.

Responsible and sensitive reporting was paramount because for a long time this issue has been a no-go zone for the media.

We consulted with families affected and worked with them for months so their stories would be told in a respectful manner. We

consulted leading authorities who actively endorsed our project.

On Saturday, August 4, 2012 The Border Mail launched its Ending the Suicide Silence campaign.

Our initial commitment was to a week-long campaign telling the personal stories of those affected by suicide, examining the mental health system and lobbying for better services and support.

Every single edition included an extensive panel of where to find help.

Our reporting forced health officials to open up about previously closed topics, such as the fact more than 2000 mentally ill patients were being seen each month on the Albury/Wodonga Border and resources were strained to capacity.

The response from the community was instantaneous and overwhelming.

In letters, tweets, emails and phone calls, our readers thanked the newspaper for opening up the discussion and offered words of support to those affected.

And with this conversation within the community then came action – the Winter Solstice.

More than 600 people attended the Winter Solstice for Survivors of Suicide in Albury's Civic Square on June 21, 2013.

It is hoped that the Winter Solstice for Survivors of Suicide will become an annual event.

Ashley Argoon

Journalist, Border Mail &

2013 Young Australian Journalist of the Year

Managing media and communications

Public communication and media coverage on suicide can have a positive impact, and it can be unsafe and inappropriate, because of the complexities associated with suicidal behaviour. Guidelines developed by Mindframe, the National Media Initiative, exist to enable responsible and helpful communication and media reporting on suicide deaths, and on suicide prevention activities. The community action plan should include specific reference to how these guidelines will be disseminated and applied in the local area.

About Mindframe

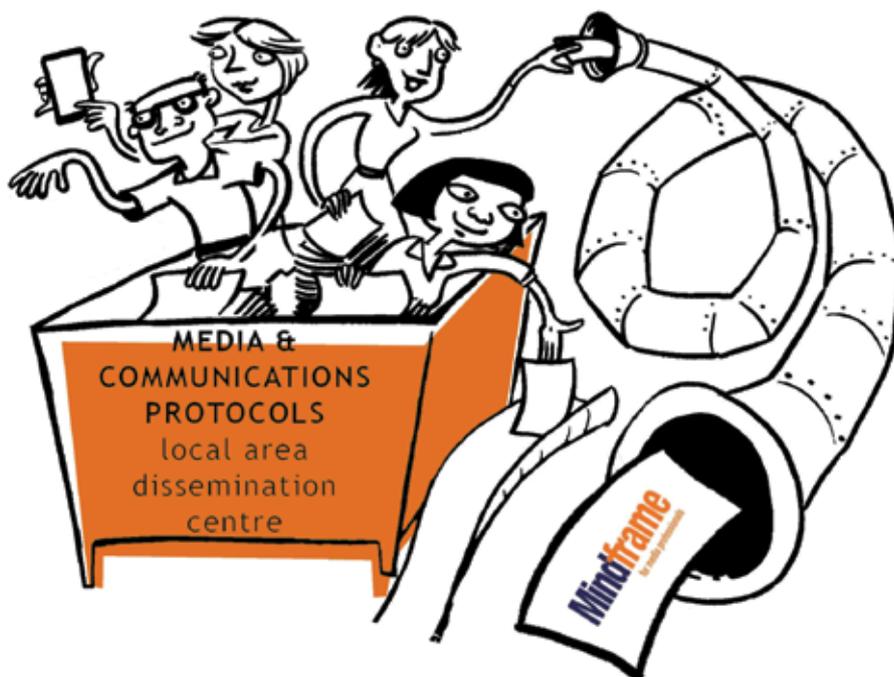
Funded by the Australian Government's Department of Health and Ageing under the National Suicide Prevention Program Mindframe aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian mass media. The initiative involves building a collaborative relationship with the media and other sectors that influence the media (such as key sources for news stories).

Rather than include these resources within the toolkit you can link through to them on the Mindframe website. The types of resources you can find include:

1. [Tools for working with the Media](#)
2. [Media and Public Speaking Guidelines](#)

Conversations matter

When a suicide occurs, the effects can be far-reaching. Questions come up about who to tell and what to say. While the death should not be kept a secret, some consideration should be given to how it is talked about, with whom and in what setting.



Why do people die from suicide?

There are no simple or definitive explanations as to why people take their own life. However researchers have gathered information over time from people who have considered or attempted suicide, and from families and health professionals connected to people who have died by suicide.

This information suggests that there are many different reasons people choose suicide and often the reason is not clear to others. These can be sociological, economical, psychological and biological influences. The person's decision to take their own life may be driven by a number of motives including:

- It may seem like the only way to escape intolerable emotional or physical pain or a sense of hopelessness
- It may be an expression of ambivalence about living.
- It may be a way of sending a message. This could include symbolic gestures linked to the chosen method or the location of the suicide.¹¹

Fast facts about suicide¹²

- Suicide is the leading cause of death for men under the age of 44 yrs.
- Suicide is the leading cause of death for women under the age of 34 yrs.
- The population death rates are around 10/100,000 people every year.
- Annual number of deaths by suicide has changed little over the last two decades remaining plateaued at around 2,300 each year.
- 65,000 people plan or attempt to take their life each year.
- 400,000 people think about taking their life each year.
- Four in every five suicide deaths are men.
- Men aged 35-50 years are the age group most likely to die by suicide.
- Many suicides can be prevented.
- The Global Burden of Disease Report cited 36 million years of healthy life were lost as a result of suicide in 2010.

'Suicide is not a disease. It is an expression of a host of emotions; hopelessness, guilt, sorrow, loneliness, rage, fear, shame that have their roots in psychological, social, medical and biochemical factors.'

- Psychological Society of Ireland, 1992, cited in Suicide Prevention: A Resource Handbook for Youth Organisations.¹³

Interpersonal Theory of Suicide: Thomas Joiner

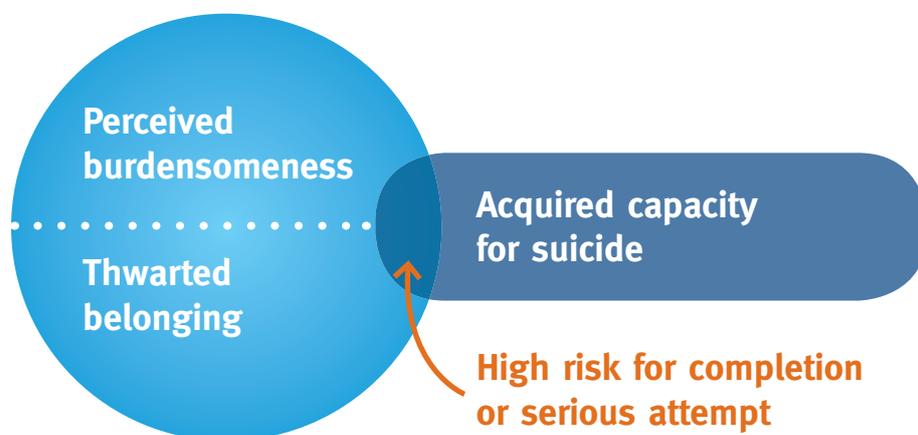
Why a person chooses to take their own life remains for many, an unanswered question. In 2005 Professor Thomas Joiner published his theory of the interpersonal-psychological theory of suicidal behaviour. This helps us understand factors which may predispose a person towards taking their own life. He proposes that an individual will not die by suicide unless s/he has both the desire to die by suicide and the ability to do so.

The theory asserts that when a person holds two specific psychological states in their minds simultaneously, and when they do so for long enough, they develop the desire for death.

The two psychological states are perceived burdensomeness and a sense of low belongingness or social alienation. In regard to the issue of capability for suicide, self-preservation is a powerful enough instinct that few can overcome it by force of will. The few who can, have developed a fearlessness of pain, injury, and death which according to the theory, they acquire through a process of repeatedly experiencing painful and otherwise provocative events. You can read the full article here:

<http://www.apa.org/science/about/psa/2009/06/sci-brief.aspx>

This diagram illustrates Professor Joiner's theory



Below are some of the things that can put people at risk of dying by suicide. Not everyone in these situations will go on to end their lives by suicide. However, the more of these things that someone experiences, the higher their risk of suicide (see also Figure 1).

Sociological reasons that can put people at risk

Family structures

Changing family structures can make people more at risk of suicide. These include:

- Marriage breakdown.
- Divorce.
- Death of a spouse
- Living alone
- More people living in cities or big urban areas.
- Less people living in rural areas with fewer supports.

Other factors

Other sociological factors that can put people at risk include:

- Changing cultural values and religious or spiritual practices.
- Issues around unemployment or employment.
- Debt.
- Alcohol and substance abuse.
- Sexuality and gender issues.
- Social isolation such as that experienced by refugees.
- The availability of ways to die by suicide.

Psychological reasons that can put people at risk

Mental ill-health

Depression is very often associated with suicide. Many of those who die by suicide are mentally unwell. How people think can affect their risk for suicide. They may be more at risk if they:

- Have poor coping skills.
- Think too much in black and white or an 'all or nothing' way.
- Have low self-esteem.
- Feel everything is hopeless.
- Are impulsive.
- Suffer from stress.
- Have poor social supports.

Biological reasons that can put people at risk

Genetics

Some research suggests that suicidal behaviour is partly influenced by our genetic makeup – that is, things about us that have been passed down from our parents and earlier generations. It should be noted however that this is not always the case.

Physical illness

Some physical illnesses put people at a higher risk of suicide. For example, someone is more at risk:

- If they have been diagnosed with a terminal illness.
- If they suffer long-term pain.

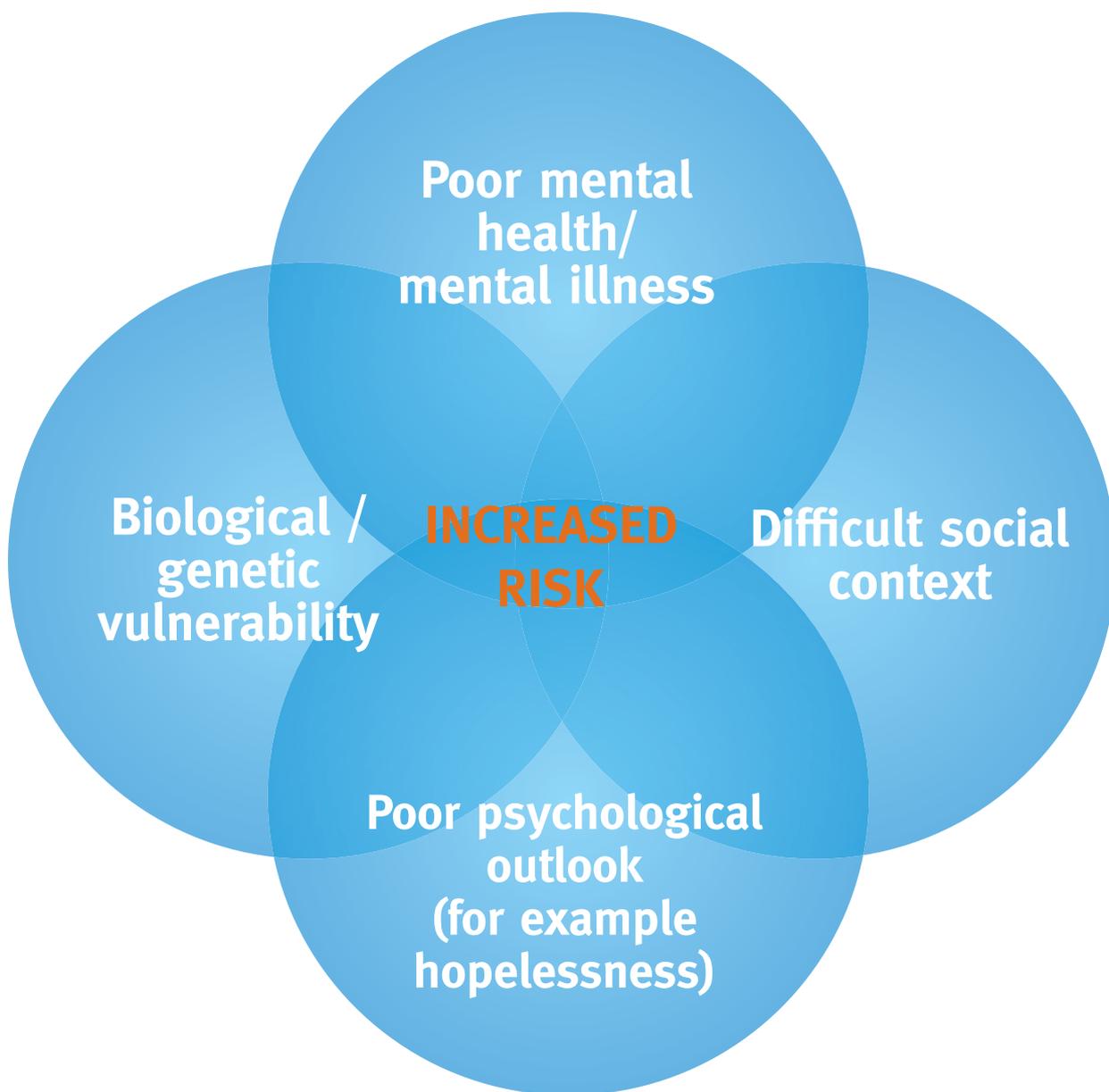


Figure 1: The more risk factors someone has, the more they are at risk of dying from suicide.

What warnings signs should I look for?

The more warning signs there are, the higher the risk. Some of these signs can be associated with everyday behaviour. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. On the other hand, others might show some of these signs but are coping alright. It can be different for everybody so it is important to treat each person and their circumstances as individual and unique.

Suicide warning signs	What to look for?
Behaviour that shows someone may be at risk of suicide.	<ul style="list-style-type: none"> ● Becoming isolated ● Sudden changes in mood or behaviour ● Abusing drugs or alcohol ● A suicide attempt or act of self-harm. ● Difficulties in school or at work Dropping out of activities ● Disinterest in usual activities ● Sleeping or eating difficulties ● High-risk behaviours such as driving a car at high speed.
Physical signs that someone may be at risk of suicide.	<ul style="list-style-type: none"> ● Neglecting their appearance. ● Neglecting personal hygiene, or clothing, or both ● Persistent physical complaints like chronic pain ● Weight loss or weight gain due to appetite loss or gain ● Tired or finding it difficult to concentrate due to change
Feelings that someone may have if they are at risk of suicide.	<ul style="list-style-type: none"> ● Depression. ● Hopelessness. ● Helplessness ● Failure ● Feeling life is meaningless
Thoughts someone may have if they are at risk of suicide.	<ul style="list-style-type: none"> ● Gloomy, negative thoughts. ● Unable to find solutions to problems. ● Very self-critical.

Specific warning signs that someone is at risk of suicide	
Constantly thinking about death	<p>Talking about:</p> <ul style="list-style-type: none"> ● Dying ● Disappearing or going away; ● Funerals; ● Suicide methods; or ● Other types of self-harm. ● Listening to songs with a suicidal theme. ● Drawing or writing about suicide. <p>The more detailed a person's plan for suicide is, the more at risk they may be.</p>
Recent loss or some other trigger	<p>A person may be particularly vulnerable at a specific time or event such as:</p> <ul style="list-style-type: none"> ● Anniversaries ● A life change ● Change in financial circumstances ● A trauma or a loss.
Putting things in order	<ul style="list-style-type: none"> ● Tidying up affairs (like arranging wills, childcare, care of pets and so on) ● Giving away prized possessions.

What is a suicidal crisis?

A suicide crisis, suicidal crisis, or potential suicide, is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered to be an emergency, requiring immediate suicide intervention.

Just about everyone has considered suicide, however fleetingly, at one time or another. There is no danger of 'giving someone the idea.' In fact, it can be a great relief if you bring the questions of suicide into the open, and discuss it freely without showing shock or disapproval. Raising the question of suicide shows that you are taking the person seriously and responding to the potential of her or his distress.

Eight key steps to help prevent suicide

1. Take all threats seriously
2. Ask the person to tell you what is wrong
3. Listen and offer support
4. Remove anything that could be dangerous
5. Don't leave the suicidal person alone
6. Be positive and point out choices
7. Don't promise confidentiality
8. Get professional help.

Addressing barriers to help seeking by those at risk

In helping those at risk get the support they need, one needs to be aware of what type of help they want and/or are open to receiving and any barriers to accessing that help. There are a range of reasons why people may not feel comfortable about seeking help.

Some of these reasons include:

- Not knowing what help is available
- Fears of being stigmatised
- Fears over loss of autonomy and fears of breaches of private confidential information

These fears may be particularly prominent in small communities, where people may want to also know about help seeking options outside the community (such as telephone and internet based options). It is important that information on various forms of help are promoted and made available throughout the community and that fears are addressed.

This can include promoting and distributing information about:

- Web-based self help for those experiencing mental health difficulties,
- Local services that can help – and the confidentiality of those services,
- Telephone based counselling services and help lines.

Having access to a range of options increases the likelihood that help seeking will occur and addresses some of the barriers that may get in the way. A misplaced sense of pride, concerns over privacy and other potential barriers can be overcome by access to such information. Access to such information also increases the capacity of the community, family and friends to help mobilise the appropriate help. This can be significantly supported by other forms of community education, with these also outlined in [Section Nine](#), page 103.

Example

Following deaths by suicide in the community, contact was made with the National StandBy Response Service (NSRS). They assisted the local community action group to develop a suicide bereavement action plan. Within the plan, the NSRS engaged the community in a Critical Postvention Response, with this consisting of an 8 week program. This included linking the bereaved families into local services. The initial response was focused on practical issues such as food, accommodation and financial aid as required. As part of the plan, the NSRS undertook follow up at 1 week, 3 months and planned for a one-year follow up via the phone, with the bereaved able to access their services at any time in the interim.

How to understand and support someone bereaved by suicide

The following is drawn from “You are not alone” support pack information from by the National Standby Response Service.

People are often prepared for the deaths of elderly parents, friends or relatives who have a serious illness, but we are rarely prepared for the impact of a sudden death. We are usually even less prepared for the suicide of someone we know.

Suicide leaves behind a large group of people who often find themselves asking ‘why?’ or ‘what could I have done?’ Whilst death is a natural part of life, suicide is not. Those left behind by suicide may experience emotions including alarm, disbelief, denial, regret, anger, shame, sadness, rejection, yearning, despair, blaming, detachment, loss of confidence and guilt. This range of reactions emphasises the quite dramatic personal effect that an unexpected loss through suicide can have on each and every one of us. It also emphasises the important and sometimes difficult task we all have when we want to help someone who is bereaved by suicide.

Finding a source of comfort and discovering a way to live with the loss caused by suicide become important goals for those left behind. People bereaved by suicide experience a very complicated form of bereavement, partly due to the combination of the sudden shock, the unanswered questions of ‘Why?’, and the sense of rejection and possibly the trauma of discovering or witnessing the suicide.

PREVENTING SUICIDE BY PROMOTING MENTAL HEALTH AND TACKLING STIGMA

Unfortunately, the grief reactions of those bereaved by suicide can be made worse by insensitive responses from their friends, the community and the media. When a person loses someone to an accident or illness, well-meaning family and friends often spend time with the bereaved just listening to them and comforting them. However, if the death is by suicide, people tend to draw back from the bereaved. Frequently we don't

know how to begin a conversation or know what to do or say. People bereaved by suicide often tell of how they felt stigmatised by some of their friends not being able to speak to them. When their friends have finally spoken, they very often say 'I didn't know what to say' or 'I didn't know what to do'.

Three steps to understanding

The ripple effects of a suicide (or any death) are far reaching. We often take our range and extent of relationships and influence for granted. We are all involved in networks of friendships, families, work mates, neighbours, colleagues, sports clubs and social groups. We all meet the same passers-by in the street, the supermarket, the local coffee shop, the sports club or at the local pub.

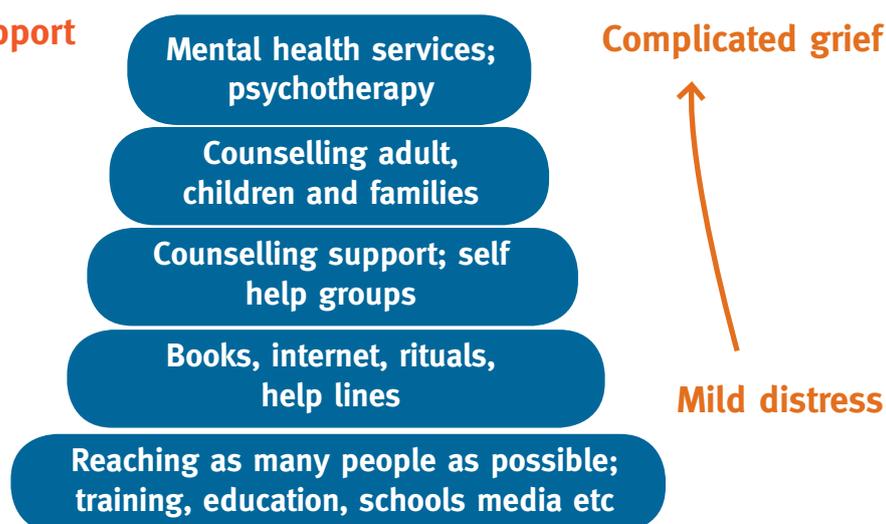
Inevitably, a death by suicide can impact in different ways on all of these people; from casual acquaintances to close friends and family. The tragedy of a suicide shows us just how many lives an individual life can touch and reminds us that even if we do have our differences, we share one common humanity. Everyone who has been affected by suicide needs to be reminded and reassured that they are not alone.

Follow these three steps:

- Be respectful of the bereaved, their loved ones and the experience they are going through. It is a normal human reaction to grieve for a lost loved one and someone lost to suicide creates a different and often more intense sense of grief.
- Understand the individual experience of grief associated with suicide – emotions can fluctuate from surprise and not understanding through guilt and anger to deep sadness, feelings of loss, confusion and depression.
- Help and support the person to grieve without guilt. The role of the helper is to support and enhance the normal experience of grieving, not to 'cure'.

In a small number of cases people may get stuck in a deep state of mourning known as complicated grief. They may need support from mental health services or might benefit from speaking with a psychologist or being referred by the GP to a psychiatrist. Some people may use all services available to them, others will use only some (see figure below). Each person may need to or want to seek support at different times and stages along their own journey of grief.

Sources of support



How you can best help a person bereaved by suicide?

Listen to the story – if needs be, over and over again. Or, alternatively sit with them in their pain – sometimes this may be a time of silence.

Listen without judging – Those who are bereaved will have intense feelings that are likely to include anger, sadness, fear and guilt. You cannot change this or take their pain away but you can help them by being there, caring and listening.

Be prepared for any and all reactions. Be particularly aware of the needs of children.

Remember that there are some very important things that people want to know. Offer to find out about resources and information that may assist them in their grieving. Support them in accessing specialist care if they need more help or have no 'good' days.

Keep in touch on a regular basis. Don't abandon those mourning this loss.

There may be times when your offers of help are refused. Try again later. If you feel awkward because you don't know what to do or say, be honest – 'I don't know what to say... is there anything I can do?'

Offer to do something practical such as making a meal, paying bills or doing the shopping or washing.

Send a note – If you don't know what to say, you can just write 'thinking of you'.

Share good memories of the person who died and what they meant to you.

Give people bereaved by suicide time to begin their healing process. Don't expect that they will be 'over it' in a few weeks or months. It can take months or years to find a way to live with the loss. Try to remember birthdays and other special days. Be aware that these may be particularly difficult times.

Be kind to yourself – It can be draining to share another's loss. You may also be affected by this loss and have your own grief to deal with. Take time to do some special things for yourself or access help if you feel the need.

'DO NO HARM' – WHAT YOU SHOULD NOT DO

- Don't keep asking for details of the suicide.
- Don't blame or give reasons for the suicide.
- Don't avoid talking about the deceased person. It may seem that you are denying they ever existed which can be very hurtful to those left behind.
- Don't use clichés that make judgements or assumptions about the deceased person – such as 'They've gone to a better place' or 'It was the best thing for them'.
- Don't use clichés when talking to the bereaved person such as 'You must be strong' and 'Life goes on'.

Memorials

Remembering those who have died by suicide should be carried out in a fitting and safe way. Here are some suggestions which aim to limit 'copycat' acts and increase suicide prevention.

They deal with:

- Funeral services.
- Public memorials.
- School memorials.
- On-line memorials.

Funerals

Communities that have experienced suicide often say that the day of the funeral is very important in terms of managing grief. Keeping in mind that there is variety of spiritual and religious beliefs in most communities and a variety of religious institutions, we recommend that members of the relevant institution, such as the clergy, other spiritual leader or celebrant prepare the funeral service in the same way as they would prepare for any other death but with the following extra considerations:

Speak to those who are living

Aim your message at the living not the dead. If the family accept that it is a suicide death, don't be afraid to speak to the congregation to dispel any myths, stigma or gossip surrounding mental ill-health or the circumstances the person was in before their death. Do not speak about how the deceased person took their life.

Language

People preparing a funeral service should use appropriate language – avoid phrases such as 'committed suicide' or 'successful suicide'. Phrases such as 'died by suicide', 'took his life', or 'ended her life', are more accurate and less hurtful to friends and family of the deceased.

Avoid making suicide sound glamorous or normal

It is important that people speaking at the funeral do not glamorise the 'state of peace' the deceased may have found through death. Equally, those speaking should not give the impression that suicide is a reasonable response to distressful life circumstances.

Encourage unity

Encourage the congregation/community to get together to improve its community resources. This includes understanding, supporting and caring for each other more effectively.

Encourage the community to watch over one another for signs of distress and encourage friends and family to seek help.

Address young people directly

In preparing for a young person's funeral service, clergy, spiritual leader or celebrant should not be afraid to speak directly to young people. It is particularly useful to let them know who they can call on for help.

Help young people to understand that it is normal to look for professional support for mental health issues. Encourage adults to listen and talk to young people in need if they come to them for help. Young people should be encouraged to act immediately if they notice signs of distress in their friends. They should tell a caring adult, particularly if their friend who is in distress has discussed suicide.

Large crowd

The suicide of a young person or an adult often draws large crowds of mourners. Be prepared for this and plan how best to deal with this situation.

Clergy, spiritual leader or celebrant may also need help

You should remember that members of the clergy, spiritual leaders or celebrants might also experience grief following a suicide, particularly if they have provided support to the person who died. Encourage the person leading the funeral to get support from their colleagues, friends, family, and professionals.

Communities that have experienced suicide often say that the day of the funeral is very important in terms of managing grief. Keeping in mind that there is variety of spiritual and religious beliefs in most communities and a variety of religious institutions, we recommend that members of the relevant institution, such as the clergy, other spiritual leader or celebrant prepare the funeral service in the same way as they would prepare for any other death but with the following extra considerations:

Public memorials

Those affected by a suicide often want to have some kind of memorial for the person who has died. A memorial could be an event commemorating the person's life or an object which reminds others of the person who has died.

It gives friends, families and communities the chance to mourn together, share their grief and demonstrate the significance of their loss. When it's a young person who has died, the urge to create a memorial can be particularly strong. This can play an important role in the grieving process of friends and fellow students.

While it's beneficial for young people to grieve in this way, it's important they memorialise the deceased person in a respectful way. They should address the needs of family and friends and avoid glamourising the person or the way that they died. Glamourising suicide can increase the risk of suicide 'contagion' (see [headspace School Support fact sheet on Suicide Contagion](#)) amongst other vulnerable young people.

Stopping memorials is not the way to avoid glamourising a suicide. If you prohibit a memorial, you may stigmatise the family and friends of the person who has died, which can lead to anger and further distress for those affected.

Treat the death as you would any other.

This is a better way of ensuring suicide is not glamourised in any way. It also sends a message to young people that any death is tragic, painful and worthy of acknowledgement. Discussing the connection between suicide and mental health problems can also help to limit glamourisation and reduce the risk of suicide contagion. It will also help you discuss strategies aimed at preventing suicide.

There are many ways to create a respectful and meaningful memorial. Including friends and family in the planning of a memorial is a good way of making sure that those closest to the deceased person are not caused any further distress.

PREVENTING SUICIDE BY PROMOTING MENTAL HEALTH AND TACKLING STIGMA

Activity-focused memorials

We recommend activity-focused memorials such as:

- Fundraising for local or national suicide prevention, mental health and voluntary support groups
- Volunteering in a local support group or helpline.

These activities help to raise public awareness of:

- Suicide.
- Mental health issues.
- Support services.

They also:

- Help to channel people's energy into a constructive action that is good for their mental health.
- Help to unite the community rather than focusing on the suicide itself.

Consult families before any activity or event

Make sure that the family or families of the person or people who have died are told about any suicide prevention awareness activities or events planned for the locality.

School memorials

Projects that can help

Schools should put effort into projects that help the living cope with the loss, such as:

- Organising peer mentoring in the school or supporting a peer counselling program.
- Raising funds to donate to suicide prevention activities or assist with family funeral expenses.
- Organising a day of community service.
- Sponsoring mental health awareness programs.
- Buying library books on how young people can cope with loss or deal with mental health issues.

Plan ahead

It is advisable to include a policy statement on memorials in their critical incident response plan. It will help staff to stick to school procedure, rather than being driven by intense emotion in a time of crisis.



Online memorials

Public discussion following a sudden death, including death by suicide, can have both a positive and negative impact on those bereaved, including family members, friends and wider communities. Nowadays, these wider communities extend beyond more traditional settings – like schools, colleges and workplaces – to include online communities to which the deceased person may have belonged. The response in online settings has become an important area to consider when someone dies.

Those affected by a sudden death can be increasingly vulnerable to negative thoughts, depression and even thoughts of suicide.

We recommend that any public communication about a suicide:

- Avoids glamorising the death in any way.
- Avoids providing details of particular suicide methods.

This will help you to manage a safe and sensitive response to a death by suicide.

We recommend taking this approach to online communication as well as in more traditional settings.

Online communications include:

- Social networking websites that large groups of people can access.
- More private interactions, such as one-to-one instant messaging.

Online communication has become an everyday way of relating to other people. Online communication platforms (for example facebook, Twitter and so on) are extensions of more traditional social spaces such as schools, sports teams, workplaces and the family home.

When someone dies suddenly, social networking sites become an area of great concern. They can host both personal and memorial profiles of the person who has died and these profiles and memorials are accessible to the public.

A personal profile is the identity that was used by the deceased person to communicate with their online network; a memorial profile is a profile that is set up to honour and remember someone after they have died.

How to manage online activity

There is little clear guidance available in the area of online [postvention](#). However, there are two things you can do:

- Limit and manage access to personal and memorial profiles on social networking sites; and
- Use personal and memorial profiles to highlight available support services for anyone affected by the death or the public discussion of the death.

facebook

At the moment, facebook is the single largest social networking website in Australia with an almost 12 million monthly active users or 51% of Australians. facebook is also global in its reach and people of all ages use it.

As more and more people use facebook and other social networking technology, issues related to the personal profiles of deceased people become more relevant. For example, in the United States an estimated 375,000 facebook users die every year, leaving behind an online legacy and, potentially, an online outlet for the bereaved to remember and mourn their friend. However, as in more traditional settings, it is important to encourage safe, helpful and responsible conversation online following a death.

Just as public discussion following a death is controlled in the context of funeral speeches, the conversation online can be managed too. To help with this, facebook have put in place procedures that can be followed when a loved one dies.

How to manage a facebook profile when someone dies

When a facebook user dies, facebook 'memorialises' their account to protect their privacy. Memorialising an account removes certain sensitive information – for example, status updates and contact information.

facebook sets privacy so that only confirmed friends can see the profile or locate it in a search. The deceased's facebook 'Wall' remains so that friends and family can leave posts in remembrance. Memorialising an account also prevents all login access to it.

How to 'memorialise' a facebook account

When someone dies, please report the information to facebook. This web address will bring you to a special facebook form which you fill in and submit to the network's administrators. facebook can then memorialise this person's account. facebook says that to protect the privacy of the deceased user, it cannot provide login information for the account to anyone. They do, however, honour requests from close family members to close the account completely.

How to remove a facebook account

Immediate family members may ask facebook to remove a loved one's account. This will completely remove the account from facebook so that no one can view it. facebook will not restore the account or provide information on its content unless required by law. If you ask for an account to be removed and are not an immediate family member of the deceased person, facebook will not process your request, but they will memorialise the account.

If you have a special request regarding a deceased person's user account, go to <http://www.facebook.com/help/408583372511972/>. This form is only for accounts that have already been memorialised. facebook will also remove a memorial group at the request of a family member.



Community resources

This section provides hyperlinks to useful information on the internet on suicide and suicide prevention to assist communities to develop an action plan addressing local needs and priorities. This information is also intended to alert communities to available resources and organisations that can support them in their efforts.

Listed below is a summary of key crisis support services available across Australia.

Services	Who?	Telephone counselling	Online crisis counselling	Other details
Lifeline Phone: 13 11 14 www.lifeline.org.au	Anyone experiencing a personal crisis or thinking about suicide	Available 24/7	Available at set times - see website for details	
Suicide Call Back Service Phone: 1300 659 467 suicidecallbackservice.org.au	Anyone aged 15+ yrs who is suicidal, caring for someone who is suicidal, bereaved by suicide, or a health professional supporting a suicidal individual	Available 24/7	Available at set times - see website for details	Access up to 6 x 1 hour telephone counselling sessions
Kids Helpline Phone: 1800 55 1800 www.kidshelp.com.au	Young people aged 5-25 yrs	Available 24/7	Web & email counselling	
Mensline Australia Phone: 1300 78 99 78 www.menslineaus.org.au	Men, all ages	Available 24/7	Online & video counselling at set times - see website for details	Access up to 6 x 1 hr telephone counselling sessions. Services also available in Arabic.

If life is in danger call 000.

General information on suicide prevention

● **Suicide Prevention Australia (SPA)**

Phone: 02 9223 3333

Website: www.suicidepreventionaust.org

SPA is the peak body for the suicide prevention sector in Australia. SPA brings together diverse interests across disciplines to promote collaboration and partnerships between communities, practitioners, research and industry. SPA works to develop a community that knows how to ask for help and how to give it. As the lead agency of the National Coalition for Suicide Prevention, we work in partnership to reduce the stigma around mental illness and suicide and to assist the healing for people with lived experience of suicide attempts and suicide.

● **Conversations Matter**

Website: www.conversationsmatter.com.au

Conversations Matter is a practical online resource to support safe and effective community discussions about suicide.

● **LIFE Communications**

Phone: 03 8398 8426

Website: www.livingisforeveryone.com.au

Living Is For Everyone (LIFE) provides the available evidence and resources to guide activities aimed at reducing the rate at which people take their lives in Australia. The site is designed for people across the community who are involved in suicide and self-harm prevention activities. LIFE Communications is a National Suicide Prevention Strategy project.

● **Lifeline**

Phone: 13 11 14

Website: www.lifeline.org.au/Get-Help

Lifeline provides all Australians experiencing a personal crisis with access to online, phone and face-to-face crisis support and suicide prevention services. A range of services are also provided through local Lifeline Centres across Australia that meets the needs of local communities. In the 'Get Help' section of the website, access various information and self-help tools for suicide prevention as well as online crisis chat.

Crisis support services

● **Kids Helpline**

Phone: 1800 55 1800

Kids Helpline is a free, private and confidential, 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web.

● **MensLine**

Website: www.menslineaus.org.au

Phone: 1300 78 99 78

MensLine Australia is a professional telephone and online support, information and referral service, helping men to deal with relationship problems in a practical and effective way.

● **Suicide Call Back Service**

Phone: 1300 659 467

Website: www.suicidecallbackservice.org.au

The Suicide Call Back Service is a 24-hour, nationwide service that provides telephone and online counselling to people 15 years and over who fit one of the following categories: people who are suicidal, people caring for someone who is suicidal, people who are bereaved by suicide, or a health professionals supporting a suicidal individual.

● **State mental health crisis lines (available 24/7)**

Contact your state or territory mental health crisis line to ask about crisis support services in your local area including psychiatric crisis teams or Crisis Assessment and Treatment Teams (CATT).

● **ACT - Mental Health Triage Service**

Phone: 1800 629 354

● **NSW - Mental Health Line**

Phone: 1800 011 511

● **NT - Top End Mental Health Service**

Phone: 08 8999 4988

● **QLD - 13 HEALTH**

Phone: 13 43 25 84

● **SA - Mental Health Assessment and Crisis Intervention Service**

Phone: 13 14 65

● **TAS - Mental Health Services Helpline**

Phone: 1800 332 388

● **VIC - Suicide Help Line**

Phone: 1300 651 251

● **WA - Mental Health Emergency Response Line**

Phone: 1800 676 822

Specialist support after a suicide

● National StandBy Response Service

Phone: 07 5442 4277

Email: standbynational@unitedsynergies.com.au

The National StandBy Response Service provides a 24 hour coordinated community response to families, friends and communities who have been bereaved through suicide. Working in partnership with other local groups and services the service aims to reduce adverse health outcomes and prevent further suicidal behaviour. The program has demonstrated that providing support to the bereaved at a time convenient to them is more effective when available and delivered from within the local community.

● headspace School Support

Phone: 1800 688 248

Email: schoolsupport@headspace.org.au

Website: www.headspace.org.au/what-works/school-support

headspace School Support is an initiative funded by the Federal Government, Department of Health. It provides localised support to secondary schools affected by a suicide. The service is flexible and is designed to respond to the individual needs of schools. Support is provided by working with relevant education bodies, local headspace Centres and other service providers.

● Coroners Offices

Various – contact your nearest Coroner’s Office and ask about the support they offer after a suicide.

Links

- In this section you will find contacts for a wide range of web links to organisations or services that may be able to assist communities understand and prevent suicide. The organisations and services selected typically work right across Australia and are able to assist you connect with state, territory, regional or local services (where available). These links offer a great starting point when looking for information about a diverse range of topics relevant to suicide prevention.

Categories are presented in alphabetical order and organisations are listed in the most appropriate category. Note that many organisations work across categories (e.g. they provide information about local networks as well as offering training) so it is recommended you have a good look at their website to see what assistance they may be able to provide your community.

Australian Government sites

● Australian Medicare Local Alliance

Website: www.amlalliance.com.au

Australian Medicare Local Alliance brings together a network of 61 primary health care organisations called Medicare Locals from across Australia. Use the search tool on the website to locate the Medicare Local in your area.

● healthinsite

Website: www.healthinsite.gov.au

Access quality information from leading health information providers, including government agencies, educational and research institutions and not-for-profit organisations.

● mindhealthconnect

Website: www.mindhealthconnect.org.au

The mindhealthconnect website aggregates mental health resources and content from the leading health focused organisations in Australia. You can access a range of mental health resources including online programs, fact sheets, audio and video, and online support groups provided by our trusted content partners.

● National Mental Health Commission

Website: www.mentalhealthcommission.gov.au

The National Mental Health Commission focuses on three main things, to report, advise and collaborate with the aim of transforming systems and promoting change, so that all Australians achieve the best possible mental health and wellbeing.

State Mental Health Commissions

● NSW Mental Health Commission

Website: www.nswmentalhealthcommission.com.au

● Queensland Mental Health Commission

Website: www.qmhc.qld.gov.au

● Western Australia Mental health Commission

Website: www.mentalhealth.wa.gov.au

Each State Mental Health Commission is an independent body which helps drive reform that benefits people who experience mental illness and their families and carers.

Aboriginal and Torres Strait Islander

- **National Aboriginal Community Controlled Health Organisation (NACCHO)**

Website: www.naccho.org.au

NACCHO is the national peak Aboriginal health body representing 150+ Aboriginal Community Controlled Health organisations and provides policy, advocacy, information on Indigenous health and access to networks.

- **Social and Emotional Wellbeing and Mental Health Services in Aboriginal Australia**

Website: www.sewbmh.org.au

Access information on ways of meeting the social and emotional wellbeing and mental health needs of Aboriginal and Torres Strait Islander people and communities.

Carers

- **Carers Australia**

Phone: 1800 242 636

Website: www.carersaustralia.com.au

Carers Australia is the national peak body representing Australia's carers, and has a network of state and territory carers associations which deliver a range of essential national carer services. Offer information and referrals via national telephone number.

- **Partners in Depression**

Website: www.partnersindepression.com.au

Partners in Depression is an education and support group program for people who love, live with or care for someone experiencing depression. It provides people with the information and tools to better support the person in their life with depression, and themselves.

Culturally and linguistically diverse Communities (CALD)

- **Federation of Ethnic Communities' Councils of Australia (FECCA)**

Website: www.fecca.org.au

FECCA is the peak, national body representing Australians from culturally and linguistically diverse backgrounds. Website offers resources on CALD issues and links to state/territory networks.

- **Mental Health in Multicultural Australia (MHIMA)**

Website: www.mhima.org.au

Offers information about suicide prevention for individuals and families from immigrant and refugee backgrounds and information about accessing CALD services. Website includes translated mental health information.

- **Transcultural Mental Health Centres**

Enter 'transcultural mental health' plus your state/territory into an online search engine to locate your state-based centre.

Transcultural Mental Health Centres work with mental health services and the community to improve the mental health of people from culturally and linguistically diverse communities. Many offer mental health services to individuals as well as translated information.

Eating disorders

- **National Eating Disorders Collaboration (NEDC)**

Website: www.nedc.com.au

NEDC brings research, expertise and evidence from leaders in the field together in one place. It's a one stop portal to make eating disorders information a lot more accessible for everyone.

Events and national days for suicide prevention

● R U OK? Day

Website: www.ruokday.com.au

R U OK? Day is a national day of action on the second Thursday of September and dedicated to reminding people to regularly check in with family and friends.

● World Mental Health Day

Website: www.1010.org.au

World Mental Health Day is held every year on 10th October and coincides with National Mental Health Week. This is a time to encourage the community to learn more about mental health and wellbeing, with many events and campaigns run across the country.

● World Suicide Prevention Day (WSPD)

Website: www.wspd.org.au

World Suicide Prevention Day is held every year on the 10th September. On this day, numerous events, conferences, campaigns and local activities call to public attention one of the world's largest causes of premature and unnecessary death – suicide.

Grief and loss

● Hope for Life Suicide Prevention & Bereavement Support (Salvation Army)

Website: www.suicideprevention.salvos.org.au

Hope for Life Suicide Prevention & Bereavement Support provides information, resources and training for those that support people who are at risk of suicide or have lost a loved one to suicide. Use website to access training and information as well as links to suicide bereavement services across Australia.

● Support After Suicide (Jesuit Social Services)

Website: www.supportaftersuicide.org.au

Support After Suicide is a program which provides support to people who are bereaved by suicide, including friends, family and young people. Based in Melbourne, Victoria, they offer counselling, group support and an online community website. The website provides information, stories and links to suicide bereavement services across Australia.

● The Compassionate Friends Australia (TCF)

Website: www.tcfaustralia.org.au

TCF is part of a world-wide organisation offering friendship and understanding to families following the death of a son or daughter, brother or sister. TCF offers support in the grief and trauma which follows the death of a child at any age and from any cause. Visit the website to be linked with The Compassionate Friends network in your state or territory.

Lesbian, gay, bisexual, transgender, and intersex people and other sexuality and gender diverse (LGBTI)

● National LGBTI Health Alliance

Website: www.lgbtihealth.org.au

The Alliance is a coalition of organisations from across Australia which provide health-related programs, services and research targeting LGBTI people. Visit the website for information about mental health and suicide prevention as well as links to organisations in your state/territory.

● QLife

Phone: 1800 184 527

Website: www qlife.org.au

Supports thousands of LGBTI Australians across the country to have a conversation about their health and wellbeing.

Local suicide prevention networks

● Wesley LifeForce

Website: www.wesleylifeforce.org

Wesley LifeForce is working with communities to develop Suicide Prevention Networks, known as Life Networks. These networks are designed to provide a framework for the development of localised suicide prevention. They form an integral part of Wesley LifeForce's aim to educate, empower and resource Australian communities to be aware of the issues of suicide.

RESOURCES TO HELP IMPLEMENT AN ACTION PLAN

Media

- **Mindframe National Media Initiative**

Website: www.mindframe-media.info

Mindframe provides access to up-to-date, evidence-based information to support the reporting, portrayal and communication about suicide and mental illness.

- **SANE StigmaWatch**

Website: www.sane.org/stigmawatch

SANE StigmaWatch reflects and acts on community concern about media stories, advertisements and other representations, which stigmatise people with mental illness or inadvertently promote self-harm or suicide.

Men

- **Australian Men's Sheds Association**

Website: www.mensshed.org

Men's sheds provide men (and women) with a place to go to connect with others, learn some skills and access health and wellbeing information. Website provides information on finding or setting up a shed in your area.

- **MensLine**

Phone: 1300 78 99 78

Website: www.menslineaus.org.au

MensLine Australia is a professional telephone and online support, information and referral service, helping men to deal with relationship problems in a practical and effective way.

Mental health and suicide prevention

- **beyondblue**

Phone: 1300 22 4636

Website: www.beyondblue.org.au

beyondblue is the national depression and anxiety initiative, working for an Australian community that understands depression and anxiety, empowers people to seek help, and supports recovery, management and resilience. Provides information and advice via website and telephone support line.

- **Black Dog Institute**

Website: www.blackdoginstitute.org.au

The Black Dog Institute is a world-leader in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder. Access the website for information, tools and education programs.

- **Community Mental Health Australia (CMHA)**

Website: www.cmha.org.au

Community Mental Health Australia (CMHA) is a coalition of the eight state and territory peak community mental health organisations, established to provide leadership and direction promoting the benefits of community mental health and recovery services across Australia. Website provides links to state/territory based peak community mental health organisations.

- **Children of Parents with a Mental Illness (COPMI)**

Website: www.copmi.net.au

The COPMI (Children of Parents with a Mental Illness) national initiative develops information for parents, their partners, carers, family and friends in support of these children. Access a wide range of resources via the website.

- **Hunter Institute of Mental Health**

Website: www.himh.org.au

The Hunter Institute of Mental Health provides a range of services and information, all related to improving mental health and well being, preventing mental illness, and supporting people who are affected by mental illness or by suicide.

- **Mental Health Council of Australia (MHCA)**

Website: www.mhca.org.au

The MHCA is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector.

- **Mental Illness Fellowship of Australia (MIFA)**

Website: www.mifa.org.au

MIFA is a national network of service providers, with members in every state and territory working alongside individuals and families affected by mental illness.

- **SANE Australia**

Phone: 1800 18 SANE (7263)

Website: www.sane.org

SANE Australia helps all Australians affected by mental illness lead a better life – through campaigning, education and research. Provide information and advice via the SANE Helpline 9-5 weekdays.

Older people

● National Seniors Australia

Website: www.nationalseniors.com.au

National Seniors provides information and advocacy for older Australians and access to a network of 150 community branches across Australia.

Parenting and families

● Parentline

Website: www.parentline.org.au/useful-information/interstate-parent-lines

Parentline is a confidential telephone counselling service providing professional counselling and support for parents and those who care for children. Contact numbers vary from state-to-state.

● Raising Children Network

Website: www.raisingchildren.net.au

This is a website for Australian mothers, fathers, grandparents and anyone else who has responsibility for the care of children. It provides information, assistance with particular problems or issues, and personal support by helping to connect people through the forums and help locate local services using the My Neighbourhood feature.

Research centre

Research centres can provide access to the latest evidence base about what works in suicide prevention. They may also be able to assist local networks in evaluation and/or provide opportunities to participate in research. Key research centres for suicide prevention are:

● Australian Institute for Suicide Research and Prevention (AISRAP)

Website: www.griffith.edu.au/health/australian-institute-suicide-research-prevention

● National Centre of Excellence in Suicide Prevention (CRESP)

Website: www.cresp.edu.au

Note that CRESP provides information on eHealth sites that support self help for issues such as anxiety and depression - <http://www.cresp.edu.au/cre-ehealth-sites>

Rural and remote

● Centre for Rural and Remote Mental Health (CRRMH)

Website: www.crrmh.com.au

The Centre works in close collaboration with rural Area Mental Health Services, rural communities and a wide range of organisations and agencies in the design and delivery of its programs. Website provides information and resources including links to the Farm-Link training program.

● National Rural Health Alliance

Website: www.ruralhealth.org.au

The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health. Access the website for links to resources and organisations focused on rural and remote health.

Schools and teachers

● KidsMatter

Website: www.kidsmatter.edu.au

KidsMatter is a mental health and wellbeing framework for primary schools and early childhood education and care services – like preschools, kindergartens and day care centres. KidsMatter comes with professional learning for staff, resources, and ongoing support throughout implementation.

● MindMatters

Website: www.mindmatters.edu.au

MindMatters is a resource and professional development initiative supporting Australian secondary schools in promoting and protecting the mental health, and social and emotional wellbeing of all the members of school communities.

● ReachOut.com Professionals

Website: <http://au.professionals.reachout.com>

Provides recommendations and advice for youth support workers and education professionals on a range of online interventions, tools and resources that can be used to support young people experiencing mental health difficulties and to build young people's wellbeing and resilience.

RESOURCES TO HELP IMPLEMENT AN ACTION PLAN

Setting up a community organisation

- **Justice Connect**

Website: www.justiceconnect.org.au

Justice Connect's program Not-for-profit law has a comprehensive range of information resources for community organisations based in NSW or VIC on issues from getting started, to record keeping, holding meetings, managing employees and tax concessions.

- **Our Community**

Website: www.ourcommunity.com.au

Our Community provides advice, tools, resources and training on a wide range of topics relevant to community groups including governance, fundraising, marketing and advocacy.

Statistics

- **Australian Bureau of Statistics (ABS)**

Website: www.abs.gov.au

The ABS publishes causes of death data including suicides on an annual basis (search for catalogue number 3303.0).

- **LIFE Communications**

Website: www.livingisforeveryone.com.au

Living Is For Everyone (LIFE) provides a fact sheet on suicide statistics.

- **Mindframe National Media Initiative**

Website: www.mindframe-media.info

Mindframe provides a summary of key suicide statistics.

Suicide awareness training

Suicide awareness training is offered by a range of organisations across the country including the following:

- **Australian Institute for Suicide Research and Prevention (AISRAP)**

Website: www.griffith.edu.au/health/australian-institute-suicide-research-prevention

- **Hope for Life Suicide Prevention & Bereavement Support (Salvation Army)**

Website: www.suicideprevention.salvos.org.au

- **Lifeline**

Website: www.lifeline.org.au

- **LivingWorks Australia**

Website: www.livingworks.com.au

- **Mental Health First Aid**

Website: www.mhfa.com.au

- **MindOut! The National LGBTI Mental Health & Suicide Prevention Project**

Website: www.lgbtihealth.org.au/mindout

- **On the Line**

Website: www.ontheline.org.au

- **QPR Suicide Prevention online training program**

Website: www.suicideprevention.salvos.org.au/training/qpr-suicide-prevention

- **Suicide Story (Indigenous suicide prevention)**

Website: www.mhaca.org.au

- **Wesley LifeForce**

Website: www.wesleymission.org.au/Centres/lifeforce

Veterans

- **At Ease**

Website: www.at-ease.dva.gov.au

At Ease can help veterans, Australian Defence Force personnel, and family members identify the symptoms of not coping and provides tips, treatment options & resources.

- **Veterans and Veterans Families Counselling Services**

Phone: 1800 011 046

Veterans Line can be reached 24 hours a day across Australia for crisis support and counselling.

Women

- **PANDA (Post & Antenatal Depression Association)**

Website: www.panda.org.au

Operates the National Perinatal Depression Helpline 1300 726 306 (available Mon-Fri, 10am-5pm). Website provides practical information and factsheets about depression and adjusting to parenthood.

Workplaces

● **Mentally Healthy Workplace Alliance**

Website: www.workplacementalhealth.com.au

The Mentally Healthy Workplace Alliance is a new national approach by business, community and government to encourage Australian workplaces to become mentally healthy for the benefit of the whole community and businesses, big and small.

● **SuperFriend**

Website: www.superfriend.com.au

SuperFriend is a nationwide health promotion foundation aimed at promoting and facilitating the best possible mental health and wellbeing of members of industry superannuation funds. Website includes information for individuals and employers.

Youth

● **eheadspace**

Phone: 1800 650 890

Website: www.eheadspace.org.au

eheadspace is a confidential, free and secure space where young people aged 12-25 yrs and their family can web chat, email or speak on the phone with a qualified youth mental health professional

● **headspace**

Website: www.headspace.org.au

headspace centres provide support, information and advice to young people aged 12-25 yrs. Check the website to find out if there is a headspace centre near you and to access resources and information.

● **Kids Helpline**

Website: www.kidshelp.com.au

Kids Helpline offers free, private and confidential, telephone and online counselling service specifically for young people aged between 5-25 yrs.

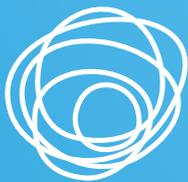
● **ReachOut.com**

Website: www.reachout.com

ReachOut.com targets young people aged 14-25 yrs, providing information, stories and forums on everything from finding your motivation, through to getting through really tough

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