Building lived experience of suicide into the suicide prevention system

Roses in the Ocean

stemming the tide of suicide

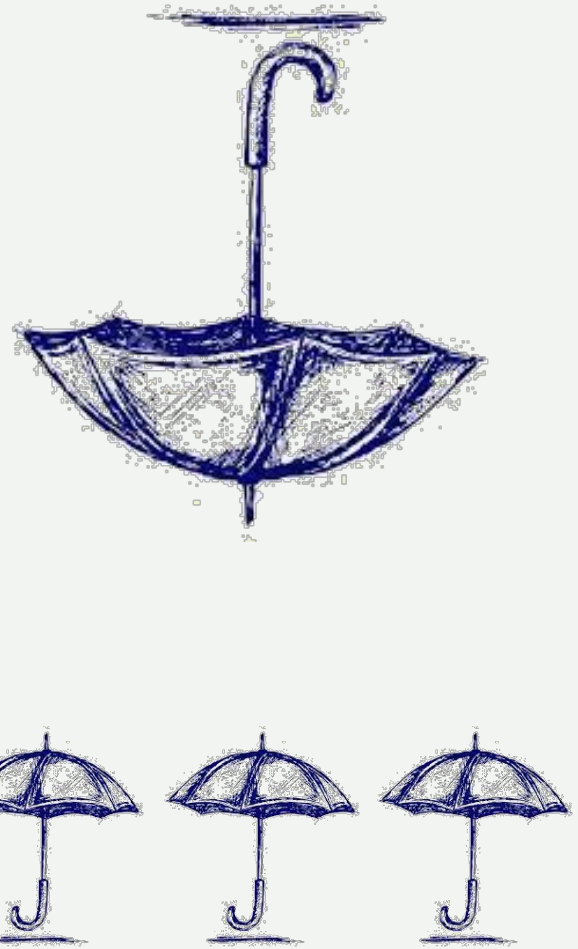
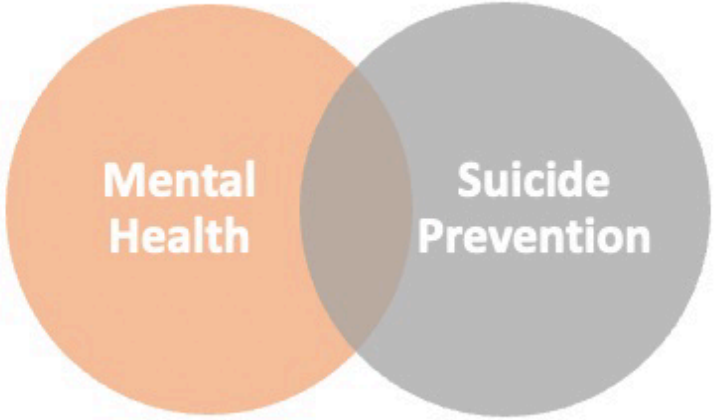


Figure 1: Suicide prevention contained within the remit of the mental health system

Figure 2: Suicide prevention recognised as a unique field with some overlap with the mental health system.



What constitutes the suicide prevention system?

- Community gatekeepers
- Organisations working with specific industry groups
- Organisations working with priority population groups
- Suicide prevention services
- First responders
- Non-clinical, peer led safe spaces
- Aftercare services
- Suicide prevention peer workers in community
- Postvention services
- The Mental health system
- Relationship support services
- Housing
- Drug and alcohol support services
- Justice system
- Dept Veteran Affairs
- Etc, etc, etc

1

Implement standalone Suicide Prevention strategy

Suicide prevention strategy needs to move out from underneath the umbrella of MHAOD strategy

2

Build lived experience capability

Investment in developing the skills and capacities of the lived experience community.

3

Develop the suicide prevention peer workforce

Specifically funded suicide prevention peer workforce including training, support and service reorientation.

4

Create a lived experience informed whole g government approach

Strategy that focuses suicide prevention beyond the health system and develops lived experience expertise across government departments

5

Train public facing services

Lived experience informed suicide prevention training for staff in public facing services

6

Support lived experience leadership in governance and decision-making

Jurisdictional governance arrangements that integrate people with lived experience of suicide into decision making processes and leadership roles

7

Use co-design and co-production methodology

Co-design & co-production with people with lived experience of suicide is the required methodology for all activities in suicide prevention, including research, services and policy

8

Deliver peer-led non-clinical services

Innovative non-clinical peer-run and peer-led services (early distress, crisis, aftercare, postvention, support network) where support is delivered by SP peer workers (e.g. Safe Spaces)

9

Provide peer-led group-based options

Peer-led group-based programs and individual support options are available (e.g. Alternatives to Suicide, Eclipse, bereavement support groups, Shelter Group)

10

Implement peer-based aftercare and postvention

Universal aftercare and postvention includes delivery of support by suicide prevention peer workers.

11

Provide culturally specific services

Culturally specific services are available for men, Aboriginal and Torres Strait Islander people, LGBTIQA+ communities, serving and ex-serving defence and other communities most effected by suicide.

12

Reorient the mental health system

Zero Suicides Healthcare approach and contemporary suicide prevention training (e.g. SafeSide, CAMS etc.) in the mental health system.

13

Build the lived experience evidence base

Research and evaluation expands the understanding of how lived experience contributes to suicide prevention, and partners researchers and data analysts with people with lived experience of suicide.