Australian Government

Department of Health and Aged Care

Program Guidance for Targeted Regional Initiatives for Suicide Prevention

Version 2: Updated 5 December 2022

Overview

This document is intended to provide guidance to all Primary Health Networks (PHNs) to assist planning and use of funding for the targeted regional initiatives for suicide prevention.

Introduction

The 2022-23 Budget included an investment of $42.3 million in targeted regional initiatives for suicide prevention (2022-23 to 2023-24) to build on the success of the National Suicide Prevention Trial (the Trial) and support regional initiatives for suicide prevention in every Primary Health Network (PHN). This includes:

- $10.4 million for a Suicide Prevention Regional Response Leader/Coordinator role in each of Australia's 31 PHNs.
- $30.2 million to invest in regional and community-based suicide prevention interventions across the 31 PHNs.
- $0.9 million for data development and collection, and
- $0.7 million for evaluation.

Policy context - National Mental Health and Suicide Prevention Agreement

In the context of a system-based approach to suicide prevention, it is important to be aware of commitments made by all governments under the National Mental Health and Suicide Prevention Agreement[1] to work together to:

- Reduce system fragmentation through improved integration between Commonwealth, State and Territory funded services;
- Address gaps in the system by ensuring community based mental health and suicide prevention services are effective, accessible and affordable; and
- Prioritise investment in prevention and early intervention.

Governments have also committed to consider and support the mental health and wellbeing of the following priority populations groups:

- Aboriginal and Torres Strait Islander peoples (refer Clause 110 relating to Aboriginal and Torres Strait Islander people above)
- LGBTQIA+SB people
- Culturally and linguistically diverse communities and refugees
- People experiencing homelessness or housing instability
- Children and young people, including those in out-of-home care
- Older Australians (over 65, or over 50 for Aboriginal and Torres Strait Islander peoples)
- People living in regional, rural and remote areas of Australia
- People experiencing or at risk of abuse and violence, including sexual abuse, neglect and family and domestic violence
- People with a disability
- Australian Defence Force members and veterans
- People experiencing socioeconomic disadvantage
- People who are (or were previously) in contact with the criminal justice system

[1] https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-05/nmh_suicide_prevention_agreement.pdf

- People with complex mental health needs, including people with co-occurring mental health and cognitive disability and/or autism.
- People with harmful use of alcohol or other drugs, or people with substance use disorders
- People who have made a previous suicide attempt or who have been bereaved by suicide.

A systems-based approach to suicide prevention

It is recognised that not everyone who experiences suicidality or dies by suicide has lived experience of mental ill health, rather the causes that lead to suicidal distress are multifactorial and strongly linked to broader social determinants of health and wellbeing. Due to this complexity, a one-size-fits-all approach to suicide prevention is not suitable on a national scale. The causes of suicide, as well as resources and services required to prevent it, are unique for each region and community.

The World Health Organisation (WHO) emphasises a need for national suicide prevention strategies that are adapted to engage local communities and are multisectoral. A broad systems-based approach to preventing suicidality enables a pathway to promote protective factors, respond compassionately to early signs of distress, and promote social, emotional and cultural wellbeing.

The essential elements of a systems-based approached can be derived from the WHO 's Preventing suicide: A global imperative, and are included in The Fifth National Mental Health and Suicide Prevention Plan:

1. Surveillance—increase the quality and timeliness of data on suicide and suicide attempts.
2. Means restriction—reduce the availability, accessibility and attractiveness of the means to suicide.
3. Media—promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media.
4. Access to services—promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.
5. Training and education—maintain comprehensive training programs for identified gatekeepers.
6. Treatment—improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
7. Crisis intervention—ensure that communities have the capacity to respond to crises with appropriate interventions.
8. Postvention—improve response to and caring for those affected by suicide and suicide attempts.
9. Awareness—establish public information campaigns to support the understanding that suicides are preventable.
10. Stigma reduction—promote the use of mental health services.
11. Oversight and coordination—utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours.

Implementing a systems-based approach is highly complex and requires strong local partnerships and community buy-in. Strategically planned, well-resourced stakeholder engagement, community consultation and genuine co-design with adequate timeframes to build and maintain relationships and community trust are essential to the successful implementation of systems-based suicide prevention.

The Commonwealth's National Suicide Prevention Trial provided the opportunity for specific regions around Australia to test how evidence-based multi-component systems approach to suicide

prevention might best be undertaken within the Australian context and to identify new learnings in relation to suicide prevention in at-risk population. The evaluation of the National Suicide Prevention Trial can be found at www.health.gov.au/resources/publications/national-suicide-prevention-trial-final-evaluation-report.

All former trial sites used a systems-based approach and established strong governance structures to underpin decision making, oversee activity and evaluate effectiveness. These structures encouraged a community development approach guided by community readiness. Engagement and collaboration with state and territory governments and local hospital and health districts was also found to be key for integrating services and coordinating suicide prevention activities.

The Black Dog Institute prepared an Insights and Impact Report which highlights a cross section of key activities and achievements from the National Suicide Prevention Trial (www.blackdoginstitute.org.au/wp-content/uploads/2021/05/The-National-Suicide-Prevention-Trials-Insights-and-Impact_Jan-2021-V3.pdf)

Models of systems-based approaches to suicide prevention

LifeSpan is an Australian based example of an integrated systems-based approach to suicide prevention, developed by the Black Dog Institute, which combines nine evidence-informed strategies into one community-led approach involving health, education, frontline services, business, community and lived experience.

The nine evidence-based strategies are implemented from whole-of-population level to the individual level, simultaneously within a localised region. For effective delivery, all strategies require a thorough consultation and review process to ensure their relevance and tailoring to the local context and community (www.blackdoginstitute.org.au/research-centres/lifespan-trials/).

The **European Alliance Against Depression** is an integrated approach which provides a platform to improve the identification and treatment of depression and prevent suicidal behaviour (www.eaad.net). It provides a four-level strategy to suicide prevention:

- Co-operation with general practitioners from primary care as well as mental health professionals from specialised care
- Public relation activities: Education of the broad public by a depression awareness campaign
- Co-operation with community facilitators and stakeholders
- Support for patients, high-risk groups and their relatives

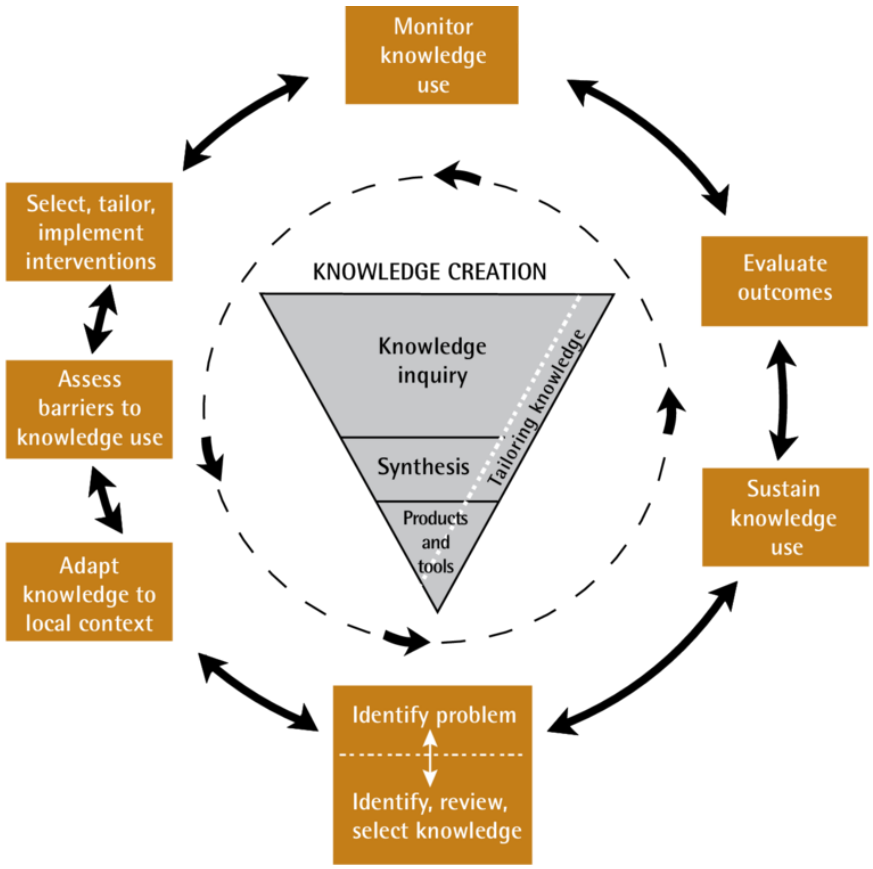
The **Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project – Solutions that work: What the Evidence and Our People Tell Us** provides a framework for that supports the development of Indigenous community-led suicide prevention (www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf).

Building on the lessons learned from the National Suicide Prevention Trial, factors contributing to the successful implementation of a systems-based approach includes:

- Coordinating a network of partnerships supporting the delivery of interventions as early in the implementation stage as possible.
- Facilitating inclusive governance structures with community members and lived experience representatives, to establish and manage expectations using co-design principles and offering some level of shared decision-making.

- Suicide prevention activities should involve participation of people with lived experience of suicide (including personal lived experience of attempted suicide, or lived experience having supported someone who attempted or died by suicide).
- Leading knowledge and information sharing about suicide prevention program delivery in Australia – using evidence to improve the effectiveness, efficiency and appropriateness of systems-based approaches to suicide prevention. The Knowledge to Act Frameworks provides a 'practical yet flexible guide to getting research findings into practice.'[2] See Figure 2 below.

Figure 2: The Knowledge to Action Framework (Source: Graham et al., 2006)



Additionally, for PHNs who are working with and supporting Indigenous people, PHNs are encouraged to refer to Indigenous cultural sources under the action framework such as the Cultural Responsiveness in Action, Indigenous Allied Health Australia (2020) IAHA Cultural-Responsiveness[3]

Embedding lived experience into suicide prevention

It is recognised that people must be at the centre of activities in suicide prevention. To facilitate this a range of lived experience needs to be integrated into all stages of activity with lived experience leadership and insights acknowledged. In the Final Advice *Connected and Compassionate, Implementing a national whole of governments approach to suicide prevention*, the National Suicide Prevention Adviser reflected that "Lived experience knowledge and insights are invaluable at all

[2] Field, B et al (2014) Using the Knowledge to Act Framework in practice: a citation analysis and systemic review. Implementation Science, 9(12). http://doi.org/10.1186/s13012-014-0172-2
[3] https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf

stages, from research that builds the evidence base and government policy and program planning, to service design and delivery, program implementation and evaluation"[4].

Important areas of focus going forward include:

- Embedding lived experience in leadership and governance;
- Maximising opportunities and engagement in co-design; and
- Building and supporting the lived experienced workforce.

Roses in the Ocean have released a suite of resources, the Lived Experience of Suicide Informed and Inclusive Culture Changes Suite of Resources (www.rosesintheocean.com.au/lived-experience-of-suicide-informed-and-inclusive-culture-change-launch/). The resources provide a roadmap and practical implementation tools to guide and support individuals, service providers, researchers, organisations and governments to systematically embed lived experience of suicide engagement and partnership principles and expertise across all suicide prevention activity.

The National Lived Experience (Peer) Workforce Development Guidelines set out guidance on embedding lived experience roles in the mental health workforce. While not specifically pertaining to systems-based suicide prevention activities, valuable insights can be adapted. The Guidelines set out the following priorities:[5]

1. Develop shared understanding of lived experience work among delivery partners and other key stakeholders
2. Support a thriving lived experience workforce through provision of appropriate supports and professional development opportunities for individuals in lived experience roles
3. Plan for lived experience representation to diversity and grow, by encouraging participation of diverse lived experience capacity
4. Integrate lived experience in community settings
5. Supporting professionalisation of the lived experience workforce and their ongoing role and expertise.

Supporting quality and better practice

The National Mental Health and Suicide Prevention Agreement sets out national objectives, outcomes and outputs for mental health and suicide prevention. Among the shared outcomes, governments have committed to work together to improve quality, safety and capacity in the Australian mental health and suicide prevention system.

PHNs and the Suicide Prevention Regional Response Coordinators have a key role in commissioning suicide prevention services that are safe and effective, while also fostering mechanisms for quality and continuous improvement.

Suicide Prevention Australia has developed the Suicide Prevention Accreditation Program in consultation with people with lived experience of suicide, consumers, clinicians and service providers, and not-for-profit accreditation organisation - Quality Innovation Performance Limited (QIP). The program provides a national framework known as *The Suicide Prevention Australia Standards for Quality Improvement, 1st Edition (*www.suicidepreventionaust.org/wp-content/uploads/2021/04/Suicide-Prevention-Australia-Standards-for-Quality-Improvement_V5.pdf)

[4] National Suicide Prevention Taskforce, Connected and Compassionate, Implementing a national whole of governments approach to suicide prevention (page 34). Canberra, August 2020.
[5] Byrne, L et al (2021). National Lived Experience Workforce Guidelines. National Mental Health Commission.

and these standards promote consistency in the delivery of suicide prevention services and a sector-wide focus on best practice.

PHNs and Coordinators are encouraged to consider whether programs are accredited or working towards accreditation under the national standards when undertaking commissioning processes. Information on currently accredited programs can be found in the Best Practice Directory of Programs on Suicide Prevention Australia's website www.suicidepreventionaust.org/directory-of-programs.

Suicide Prevention Regional Response Coordinator

The need for a dedicated suicide prevention coordinator position was identified in the National Suicide Prevention Adviser's Final Advice, the evaluation of the National Suicide Prevention Trial and evaluations of the Victorian Place-Based Suicide Prevention Trial and the LifeSpan Trial. This resourced position has proved critical to driving suicide prevention action at the local level.

The Suicide Prevention Regional Response Coordinator will take primary responsibility for engagement, coordination and integration of early intervention and suicide prevention activities across regional stakeholders and service providers. This may include establishing governance groups, developing local action plans and establishing response protocols.

The Suicide Prevention Regional Response Coordinator will also have a role in contributing to the implementation of the suicide prevention measures under the National Mental Health and Suicide Prevention Agreement. This includes supporting the co-design and implementation of universal aftercare and the transition from the Way Back Support Program where applicable.

The Suicide Prevention Regional Response Coordinator will also be a key contact for the National Aboriginal Community Controlled Health Organisation *Culture Care Connect Program*, which is a first of its kind Aboriginal and Torres Strait Islander community-controlled approach to suicide prevention service coordination, aftercare services and training in alignment with the National Agreement on Closing the Gap.

PHNs will recruit and employ the Suicide Prevention Regional Response Coordinator for their region. It is an operational decision for PHNs where they place the Suicide Prevention Regional Response Coordinator position within their organisational structure, including whether the position(s) will sit under the Mental Health program. While the position could be situated in the provider engagement team, as funding is provided under primary mental health, it will be expected that the mental health team will support the Suicide Prevention Regional Response Coordinator work and will report accordingly.

A Suicide Prevention Regional Response Coordinator does not need to have a clinical background however strong experience in community engagement and project management, including an ability to build relationships and supportive partnerships with community leaders, and other stakeholders including Local Hospital Networks, government and non-government organisations would be highly desirable. Demonstrated knowledge of and experience in the community service sector within the region will also be important.

Flexibility is available for PHNs to determine how funding for the role is used and whether the role is one full-time position or split across part-time staff.

A position description for the Suicide Prevention Coordinator has been developed for PHNs to guide and inform recruitment activities, however this is not mandated and the Department encourages PHNs to adapt this position description to meet local needs.

Support for the Suicide Prevention Regional Response Coordinator

The Black Dog Institute is receiving funding under the National Suicide Prevention Leadership and Support Program to deliver a suite of evidence-based suicide prevention support services to all 31 PHNs across Australia.

Throughout the previous National Suicide Prevention Trial, the Black Dog Institute worked with the PHN trial sites and local communities to develop and adapt suicide prevention activities and programs that were responsive to community needs and at-risk populations.

The Black Dog Institute will rollout four key suicide prevention services for PHNs, which PHNs are strongly encouraged to participate in, these include:

Black Dog Institute Suicide Prevention Capacity Building Program

A 6-module program for all PHNs, delivered over 6 months, online or face to face according to each PHN preference. The focus of the program is on building your region's capacity to develop appropriate interventions and strengthen the communication, coordination, and visibility of current suicide prevention work. Modules include systems approaches, governance and collaboration, data, lived experience, priority populations and evaluation. The focus and membership of the working group participating will be guided by PHN region's needs, current strategy, plan, and approach to suicide prevention.

This program will be an excellent opportunity to support PHN Suicide Prevention Regional Response Coordinators, and the key local suicide prevention stakeholders they will work with. Participant numbers are capped at 20 per program, per PHN.

Black Dog Suicide Prevention Network Membership

Connecting all PHN and key sector partners, to share suicide prevention knowledge and best practice via monthly online "Let's Talk Suicide Prevention" community of practice events and live forum, plus access to a huge library of research, evidence-based resources and suicide prevention implementation guides.

Veterans Toolkit

Black Dog Institute will partner with PHNs and The Oasis-Townsville to develop a resource toolkit specific to supporting suicide prevention for Veterans and their families. The toolkit will be shared with all PHNs to provide tools and strategies for meaningful engagement when designing, implementing, and delivering suicide prevention activities to Veterans across the country.

Access to Black Dog Institute digital tools

Emerging research shows that mental health Apps can be used as a standalone tool, or in conjunction with other mental health interventions, to provide support to at risk people. Digital mental health tools have been shown to reduce barriers to access, such as location, cost, and stigma, offering more people the opportunity to manage and improve their mental health. Black Dog Institute will provide updates and guidance on how to integrate our evidence-based Apps and digital tools, supporting the needs of priority populations in your region. E.g. iBobbly an evidence based App designed by and for First Nations communities.

An additional Community of Practice will be developed for all Suicide Prevention Regional Response Coordinators which will be used to inform implementation of activities and address specific areas of interest for Suicide Prevention Regional Coordinators. This will include updates from the Department of Health and Aged Care about the implementation of suicide prevention initiatives, including through the National Mental Health and Suicide Prevention Agreement.

Community based suicide prevention activity

Funding through this measure will provide PHNs with resources to invest in gaps in their local suicide prevention systems which may include capacity building a systems approach.

PHNs are responsible for commissioning community-based suicide prevention activities based on priorities emerging from regional planning and needs assessment processes. In keeping with a regional approach, activities funded by PHNs will vary depending on the needs of specific populations. Key activities may include:

- Improving care coordination and service pathways for people at risk of suicidal ideation, attempted suicide or are bereaved by suicide.
- Commission and/or adapting suicide prevention services, activities (which may include postvention or aftercare if the needs of communities are not being met by existing services) and training packages for at-risk cohorts in the community to identify and respond early to distress.
- Commission a range of services that offer support for individuals at risk or the community via multiple channels including online, telephone, videoconference and face to face to meet community needs.
- Building the capacity and capability of the local suicide prevention workforce and relevant community members to respond to distress and link people with appropriate supports and services.
- Funding peer support and mentorship programs for people at risk or impacted by suicide.
- Data analytics and research using data in the Suicide and Self Harm Monitoring System, and making analysis available for use by planners and service providers noting work is underway through the National Mental Health and Suicide Prevention Agreement to enable PHNs and States and Territories to access key performance data.
- Engaging with those who have Lived Experience of Suicide Prevention.

Data

It is noted that, PHNs are currently required to submit data on activities to the Primary Mental Health Care Minimum Data Set. It is intended that the Department will work with the PHNs to explore how to better support data capture of a broader range of community-based suicide prevention activity within the community sector, considering the learnings from the trial sites evaluations and objectives of the National Mental Health and Suicide Prevention Agreement.

PHNs are asked to provide information within AWPs and PHN Progress Reports on the role and activities of the Suicide Prevention Regional Response Coordinator, in addition to proposed community and lived experience governance and commissioning activities.

The Department values all community development approaches, including capacity building, peer support, mentorship etc and encourages PHNs to capture and provide qualitative and quantitative information to inform reports to government to determine future investment.

Evaluation

An external evaluator will be engaged by the Department and PHNs are encouraged to provide the Department and/or an external evaluator with data and local evaluation reports.

Contractual arrangements with service providers must include a requirement to identify outcomes, collect relevant information and participate in the evaluation of the measure.

An outline of the evaluation questions will be developed in consultation with PHNs to:

- allow for consistent data capture where appropriate, and
- create a baseline for the evaluation.

Implementation

All PHNs are expected to take a community led, systems-based approach to the implementation and delivery of services. There is flexibility for PHNs to consider modified or new priority activities based on learnings from the trial sites. It is the responsibility of PHNs to identify appropriate contingency and sustainability plans for any new activities, noting funding is not guaranteed beyond 30 June 2024.

Funding

Funding in 2022-23 and 2023-24 will support all PHNs to develop essential activity, maintain required governance structures, activity coordination and oversight, and facilitate ongoing community engagement. Funding may be rolled into 2024-25 due to the early delays of the program. PHNs will however still be required to formally submit requests to the Department as per standard PHN processes if funding does need to be rolled over into 2024-25.

Summary

Funding for this measure will be provided through a Deed of Variation to Primary Mental Health Care Schedules.

All PHNs will receive funding for a Suicide Prevention Regional Response Coordinator position, in addition to investment for commissioning suicide prevention activities.

Support

The Black Dog Institute is receiving funding under the National Suicide Prevention Leadership and Support Program to deliver a suite of evidence-based suicide prevention support services to all 31 PHNs across Australia.

PHNs are encouraged to utilise the training and development opportunities provided by the Black Dog Institute, including engagement with the Suicide Prevention Network and community of practice events, participation in the suicide prevention capacity building program which provides expert research, evidence, and implementation support to communities across Australia.

The Black Dog Institute will be reaching out to all PHNs, however they can also be contacted at suicideprevention@blackdog.org.au.

Reporting Requirements

PHNs will be required to complete an Activity Working Plan through the PPERS system. In addition, information should be provided on the Suicide Prevention Regional Coordinator role and contact details.

The Department values all community development approaches, capacity building, peer support, mentorship etc and encourages PHNs to capture and provide qualitative and quantitative information to enable reports to government to determine future investment. The ***Suicide Prevention Regional Response Coordinator is expected to:***

- Take primary responsibility for coordination of early intervention and suicide prevention activities and lead the development of an **overarching implementation plan –** guiding the approach to community engagement, governance and commissioning.
- Undertake data analysis and research using the Suicide and Self Harm Monitoring System and data from the state/territory government to identify communities – whether that be priority populations or geographic communities - with the highest need for suicide prevention supports and services.
- Engage with the Department of Health and Aged Care and state/territory government to support integration of suicide prevention initiatives.
- Support the implementation and co-design of the measures under the National Mental Health and Suicide Prevention Agreement, specifically the rollout of universal aftercare.
- Engage with the NACCHO Culture Care Connect Program.
- Identify and promote peer support and mentorship programs for people with lived experience of suicide.
- Participate in the Community of Practice to develop processes for and coordinate regional reporting and evaluation of the targeted suicide prevention initiatives.
- Collaborate with other PHN Regional Suicide Prevention coordinators to contribute to national implementation priorities and resources.

Expected Outputs

Suicide prevention is complex as there are many contributing factors to suicidality. PHNs, in collaboration with at-risk communities, government and non-government organisations will:

- Seek to reduce the incidence and impact of suicidality within their regions.
- Working in partnership with community and people with lived experience to develop and implement activities to meet the needs of identified priority population groups or communities and prevent suicidal distress.
- Facilitating inclusive governance structures with community members and lived experience representatives, to establish and manage expectations.
- Strengthen regional planning and address gaps in services, building community capability to prevent and respond to suicidal distress.
- Leading knowledge and information sharing about suicide prevention program delivery in Australia – using evidence to improve the effectiveness, efficiency and appropriateness of systems-based approaches to suicide prevention.

Additional Resources:

National Suicide Prevention Leadership and Support Program – project information for Primary Health Networks

This information resource is to assist Primary Health Networks (PHNs) to understand and engage with the work of projects funded by the Australian Government under the National Suicide Prevention Leadership and Support Program (the program).

www.health.gov.au/resources/publications/the-national-suicide-prevention-leadership-and-support-program-project-information-for-primary-health-networks

Suicide Prevention Australia Standards for Quality Improvement, 1st Edition (the Standards)

Suicide Prevention Australia partnered with people with lived experience of suicide, consumers, clinicians, service providers and accreditation experts to develop the Suicide Prevention Australia Standards for Quality Improvement, 1st Edition (the Standards). These standards promote consistency in the delivery of suicide prevention services and a sector-wide focus on best practice.

www.suicidepreventionaust.org/wp-content/uploads/2021/04/Suicide-Prevention-Australia-Standards-for-Quality-Improvement_V5.pdf

Suicide Prevention Accreditation Program

Suicide Prevention Australia developed the Suicide Prevention Accreditation Program in consultation with people with lived experience of suicide, consumers, clinicians and service providers, and not-for-profit accreditation organisation - Quality Innovation Performance Limited (QIP). Achieving accreditation against the nationally recognised standards helps ensure an organisation's suicide prevention services are safe, effective and impactful to those at risk.

www.suicidepreventionaust.org/suicide-prevention-quality-improvement-program

Suicide Prevention Australia Best Practice Directory

The Best Practice Directory lists the services that have met or are undertaking independent assessment against the *Suicide Prevention Australia Standards for Quality Improvement, 1st Edition (the Standards).*

www.suicidepreventionaust.org/directory-of-programs

Analysis of Suicide Prevention Trials Evaluation Findings – Discussion Paper (KPMG)

This discussion paper [resents the findings of three suicide prevention trials that have been undertaken over recent years in different parts of Australia using diverse models and targeting various populations and applying a systems-based approach.

www.health.gov.au/resources/publications/analysis-of-suicide-prevention-trials-evaluation-findings-discussion-paper?language=en

Mindframe

Mindframe aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian media. Mindframe provides access to evidence-based information and guidance to support the reporting, portrayal and communication about suicide and mental illness.

www.mindframe.org.au

Life in Mind

Life in Mind is a national communication program in the form of a digital portal that seeks to reduce suicidal behaviour and stigma through ensuring that those who have a role in suicide prevention can access and apply current data, research, policies, programs, and best-practice communication principles to their work.

www.lifeinmind.org.au

Centre for Best Practice for Aboriginal and Torres Strait Islander Suicide Prevention

Centre for Best Practice for Aboriginal and Torres Strait Islander Suicide Prevention is Australia's leading authority on Indigenous suicide. The Centre promotes evidence-based suicide prevention practice that empowers individuals, families and communities and respects their culture.

www.cbpatsisp.com.au

Embrace Multicultural Mental Health

Embrace Multicultural Mental Health (the Embrace Project) is run by Mental Health Australia and provides a national focus on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds. It provides a national platform for Australian mental health services and multicultural communities to access resources, services and information in a culturally accessible format.

www.embracementalhealth.org.au

MindOut: Mental Health and Suicide Prevention

MindOut is delivered by the LGBTIQ+ Health Australia. The program develops and delivers national suicide prevention initiatives for the mental health and suicide prevention sectors to help them meet the needs of LGBTIQ+ populations. In doing so, the program aims to improve the mental health outcomes and reduce suicide and suicidal behaviour amongst LGBTIQ+ people and communities.

https://www.lgbtiqhealth.org.au/mindout