



## Fact sheet 12

# Working together for suicide prevention

### **Suicide prevention in Australia is best achieved through collaboration: when individuals, families, health and community organisations, workplaces, governments and communities work together in an environment of trust and common good.**

This fact sheet describes the activities and processes required for effective partnerships in suicide prevention.

### **The importance of partnerships in suicide prevention**

There are no simple approaches to reducing the risk of suicide in any community. What is clear is that disjointed suicide prevention activities can have a negative effect on people who are feeling suicidal and on the organisations that are trying to deliver appropriate support.

Governments alone cannot address the diverse needs of the Australian community in relation to suicide prevention. It is a shared responsibility across the community, including families and friends, professional groups, and non-government and government agencies. Desirable outcomes from working in partnership include:

1. definition of natural catchments for suicide prevention;
2. integration and coordination of infrastructure (physical and social) to support suicide prevention activities;
3. regional coalitions working together; and
4. delivery of locally integrated services that reduce gaps in service provision.

### **1. Defining natural catchments for suicide prevention**

A natural catchment is the boundary that can be drawn around a community or group for whom a service is being provided. Natural catchments reflect people's definition of and identification with local community. The local community may be a group of people who live in the same geographic area, belong to a particular demographic, share lifestyle, values or beliefs, or have other social, economic or cultural characteristics that link them. This is often called a community of interest and may or may not fit into existing administrative boundaries. Suicide prevention initiatives and services should be designed around natural catchments rather than administrative boundaries.

Once the boundaries of a natural catchment have been identified, working coalitions can start to be developed within that community. The natural catchment approach requires a great deal of cooperation and flexibility between all parties.

### **2. Integrating and coordinating infrastructure**

Effective suicide prevention interventions rely on a sound infrastructure; both physical and social. Successful collaboration and partnerships need to be an integral part of service planning at the regional level, not as an ad hoc extra. Services need to complement each other, not duplicate effort, and this means reducing the competitiveness and increasing cooperation of service providers to ensure the infrastructure will support suicide prevention at the local level.

### **3. Regional working coalitions**

Partnerships and coalitions are the glue that holds together the social infrastructure in local communities, and each community needs a commitment to building local partnerships and coalitions in the prevention of suicide. The advantage of local partnerships and coalitions are that they can:

- create a critical mass of support to help individuals and groups to achieve objectives beyond their own resources;
- help minimise duplication of effort;
- enable organisations to be involved in new and broader issues without having to take sole responsibility;
- provide the capabilities to address and resolve more complex, multi-faceted issues;

- demonstrate and develop further public/community support for an issue;
- empower individuals and groups through collective action;
- build sustainability;
- mobilise human capacities or talents, resources and approaches;
- provide an opportunity to recruit people from a diverse range of backgrounds including government and non-government agencies, education institutions, social and religious groups and the business community;
- are able to identify, attract and exploit new resources; and
- create a seamless and linked service delivery.

#### 4. Delivering integrated local services to reduce gaps in service provision

Clear and effective pathways to care for people feeling suicidal are a prerequisite to creating sustainable suicide prevention. This requires community ownership and responsibility for action, a focus on client-centred service delivery; strong partnerships, and coordination between services including an ability to work cooperatively to analyse and deal effectively with complex problems. For integrated pathways to be achieved, the following is required:

- Services need to be available. Better coordination of existing services can often go far to address service shortage issues. This can be achieved through new approaches such as telehealth, internet-based services and through workforce restructuring.
- Information about services needs to be readily available across the community. Names and structures of services can change rapidly, so the information system needs to accommodate this.
- Staff training is needed to provide skills in the detection and referral of people at risk. The Mental Health First Aid level is a good start for staff outside health care. More advanced training can be tailored to specific groups of workers.
- Referral needs to be easy and efficient, and people need to be referred to the right agency or service so there is minimal risk that they will fall through the cracks. This means building strong working links between agencies, including by personal contact and local networking.
- The referral process needs to be related to the degree of risk. People at high risk should be personally accompanied to the next service. At lower levels there should still be a system in place to check that the person attended the referral, and follow up if this did not take place. It is critical that the chain not be broken, as levels of risk can change rapidly.
- The referring practitioner needs feedback on the progress of their client and the appropriateness of the referral. If this is done then everyone learns, the person gets a better service, and the system works better next time.

Examples of integrated care pathways include:

- Ensuring that a person exiting an in-patient psychiatric facility is discharged to stable accommodation, is given an immediate appointment with a clinician accompanied by a referral letter, and has continuity of medication. Family, friends or carers need to be informed about discharge ahead of time and given an opportunity to discuss their role, relapse prevention and the person's ongoing care.
- Ensuring that a person who has presented at a hospital emergency department as having attempted or thinking of suicide, and has not been admitted to hospital, is referred immediately to an appropriate service no matter what time of the day or week.
- Referral from a general practitioner - GPs are well placed to detect signs of risk (85 per cent of people in Australia visit a GP at least once a year). GPs can carry out a standard risk assessment, and refer a patient for a psychiatric assessment or psychological treatment. The Medicare Benefits Schedule (MBS) makes these treatments more accessible.

### More information

- Building Partnerships, *LIFE: A framework for the prevention of suicide and self-harm in Australia* (2000). Commonwealth Department of Health and Aged Care: Canberra.
- *Living Is For Everyone (LIFE) – A Framework for Prevention of Suicide in Australia* (2007). Commonwealth Department of Health and Ageing: Canberra.
- *Living Is For Everyone (LIFE) – Research and Evidence in Suicide Prevention* (2007). Commonwealth Department of Health and Ageing: Canberra.