Fact sheet 1
The LIFE Framework for suicide prevention

Suicide takes the lives of more than two thousand Australians every year and has devastating affects on families, friendship groups, workplaces and communities. Reducing suicide is the responsibility of all Australians and this is best achieved by a coordinated response across the community.

This fact sheet explains the vision, purpose and six action areas and their proposed outcomes for the LIFE Framework.

The importance of the LIFE Framework

People of all ages and from all walks of life take their own life. The causes appear to be a complex mix of life events, social, geographical, cultural, family, and socio-economic factors combined with genetic makeup, mental and physical health, support from family and friends, and the ability to manage life events and bounce back from adversity.

The responsibility for suicide prevention rests with individuals, organisations, professional groups and services across the community. Interventions should be provided in a coordinated and integrated way according to the needs of the individual and community.

The LIFE Framework model

The LIFE Framework is the latest in a series of national suicide prevention initiatives in Australia that began in the mid 1990s. To reduce the loss of life through suicide, activities should occur across eight overlapping domains of care and support. The eight domains are:

1. Universal interventions that aim to engage the whole of a population or populations to reduce access to means of suicide, reduce inappropriate media coverage of suicide, and to create stronger and more supportive families, schools and communities.

2. Selective interventions that entail working with groups and communities who are identified as at risk to build resilience, strength and capacity and an environment that promotes self-help and support. This might include, for instance, working with families of those who have taken their own life to respond to their grief and loss and their elevated risk of suicide.

3. Indicated interventions target people who are showing signs of suicide risk or present symptoms of an illness known to heighten the risk of suicide (eg severe depression). These people can be helped to manage their current situation by solving some of the problems that have caused the illness. Alternatively, referral can be given to doctors or psychologists. Family and community members can be educated to recognise warning signs and take appropriate action to support people at-risk.

4. Symptom identification – knowing, and being alert to signs of high or imminent risk, adverse circumstances and potential tipping points; and providing support and care when vulnerability and exposure to risk are high.

5. Finding and accessing early care and support when treatment and specialised care is needed. This is the first point of professional contact that provides targeted and integrated support and care, and monitors interventions to ensure client access to further information and care as needed.

6. Standard treatment when specialised care is needed to manage suicidal behaviour and comprehensively treat and manage any underlying conditions to improve wellbeing and assist recovery.

7. Longer-term treatment and support to assist in preparing for a positive future. This entails continuing integrated care to consolidate recovery and reduce the risk of adverse health effects. In particular, this may be a time to directly focus on removing or reducing the impact of distal factors. Alongside this, efforts can be made to improve protective factors for the individual, their immediate family and their local community.

8. Ongoing care and support involving professionals, workplaces, community organisations, friends and family to support people to adapt, cope, and to build strength and resilience within an environment of self-help. This may be the opportunity to increase broader community education about how to prevent suicide.
LIFE Framework components

The LIFE Framework is based on the guiding principles: that all activities will first, do no harm; that there will be community ownership and responsibility for action to prevent suicide; and that service delivery will be client-centred. It is also assumed that systematic evaluation will be undertaken of all suicide prevention projects, activities and programs to contribute to the continued development of best practice.

The LIFE Framework reflects a vision that suicide prevention activities will reduce suicide attempts and the loss of life through suicide by providing individuals, families and communities with access to support so that no-one in crisis or experiencing personal adversity sees suicide as their only option.

The purpose of the LIFE (2007) materials is to provide information, resources and strategies that will support population health approaches and suicide prevention activities undertaken across the Australian community, and thereby contribute to a reduction in suicide and suicide attempts.

Suicide prevention activities, programs and interventions will aim to build:

- stronger individuals, families and communities;
- individual and group resilience to traumatic events;
- community capacity to identify need and respond;
- the capability for communities and individuals to respond quickly and appropriately; and
- a coordinated response, and provide smooth transitions to and between care.

**LIFE Framework Action Areas**

The six action areas of the LIFE Framework are:

**Action Area 1: Improving the evidence base and understanding of suicide prevention**

Outcomes
1. Understanding of imminent risk and how best to intervene;
2. Understanding of whole of community risk and protective factors, and how best to build resilience of communities and individuals;
3. Application and continued development of the evidence base for suicide prevention among high-risk populations;
4. Improved access to suicide prevention resources and information.

**Action Area 2: Building individual resilience and the capacity for self-help**

Outcomes
1. Improved individual resilience and wellbeing;
2. An environment that encourages and supports help-seeking.

**Action Area 3: Improving community strength, resilience and capacity in suicide prevention**

Outcomes
1. Improved community strength and resilience;
2. Increased community awareness of what is needed to prevent suicide;
3. Improved capability to respond at potential tipping points and points of imminent risk.

**Action Area 4: Taking a coordinated approach to suicide prevention**

Outcomes
1. Local services linking effectively so that people experience a seamless service;
2. Program and policy coordination and cooperation, through partnerships between governments, peak and professional bodies and non-government organisations;
3. Regionally integrated approaches.

**Action Area 5: Providing targeted suicide prevention activities**

Outcomes
1. Improved access to a range of support and care for people feeling suicidal;
2. Systemic, long-term, structural interventions in areas of greatest need;
3. Reduced incidence of suicide and suicidal behaviour in the groups at highest risk;
4. Improved understanding, skills and capacity of front-line workers, families and carers.

**Action Area 6: Implementing standards and quality in suicide prevention**

Outcomes
1. Improved practice, national standards and shared learning;
2. Increased community awareness of what is needed to prevent suicide;
3. Regionally integrated approaches.

**The LIFE (2007) resources**

The LIFE (2007) materials consist of three companion documents:
- Research and Evidence in Suicide Prevention;
- LIFE Framework; and
- Fact sheets.

Each of the documents has been developed for different audiences and can be found, along with other materials, on the LIFE website: livingisforeveryone.com.au