Seek Help

**National 24/7 Crisis Services**

Lifeline 13 11 14
Suicide Call Back Service 1300 659 467
MensLine Australia 1300 78 99 78
Kids Helpline 1800 55 1800 (24/7 crisis support) 5-25yo
or www.kidshelp.com.au

**National Support Services**

beyondblue 1300 22 4636
or email/chat at www.beyondblue.org.au
Suicide Call Back Service
www.suicidecallbackservice.org.au
SANE Australia Helpline
1800 18 SANE (7263) www.sane.org
eheadspace for 12-25yo
www.eheadspace.org.au

VVCS (Veterans & Veterans Families Counselling Service) 1800 011 046
www.vvcs.gov.au

*Front Cover Photo by Phil Copp Photos – www.philcoppphotos.com*
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Acknowledgements

Acknowledgement of Country

The Townsville Suicide Prevention Network would like to acknowledge the Bindal and Wulgurukaba peoples as Traditional Owners of the land on which our Network operates. We pay respect to Elders past, present and future and value the traditions, cultures and aspirations of the First Peoples of this land.

Acknowledgment of Lived Experience

We define lived experience as “having experienced suicidal thoughts, survived a suicide attempt, cared for someone who has been suicidal, or been bereaved by suicide”. We gratefully acknowledge the many people with lived experience who contributed at every stage to the creation of this Community Action Plan. Thank you for sharing your story and your insights.

Acknowledgment of Funding

This Community Action Plan has been possible through funding provided by the Northern Queensland Primary Health Network (NQPHN) and is part of a wider collaboration across the NQPHN Region.

phn
NORTHERN QUEENSLAND
An Australian Government Initiative
Foreword

It would be hard to find someone in our community who hasn’t been touched by suicide in some way: whether we have lost a loved one, friend or colleague to suicide, or whether we have been having thoughts of suicide ourselves or know someone who has attempted suicide. Research shows us that for every suicide death at least 135 people are directly impacted. In a community like Townsville, this ripple effect can feel like a tidal wave.

It is for this reason that suicide prevention is everybody’s business and it takes a whole community, united in purpose and vision, to effect change.

For two years, the Townsville Suicide Prevention Network has been working quietly in the background to listen to the voice of lived experience, consult widely throughout the community, map services, find gaps, and gain insights into the data around suicide in our city – a figure that is 1.5 times above the national average – to develop this Community Action Plan for suicide prevention for the general population.

When we went to the community and asked: “What do you want from the Townsville Suicide Prevention Network?” the overwhelming response was: “No more talk-fests, we want action!” And so, this is what we are giving back to our community: an action plan that is based on evidence and built on an evidenced-based framework.

We believe we have produced a living document that: a) has something in it for everybody, and b) can be responsive to change. BUT we need YOU, the community to believe in it, invest in it and participate in it if we are to see the significant reduction in the rate of suicide deaths and attempts that we all desire.

It is a multi-faceted, multi-level approach but it needs to be. Suicide is a complex issue and therefore requires an intricate response. The evidence shows that while community awareness campaigns receive the most attention and fundraising, they in fact have the least amount of influence on the reduction of suicide rates and attempts. We need to turn this around with practical initiatives that everyday people can participate in.

At its very essence, this plan is about a sense of belonging. We all need to feel connected to our community, and in a city where we have such a transient population, this is a challenge. However, we have identified very practical ways this can be addressed. By simply having a barbeque to welcome new neighbours to the neighbourhood, you are participating in suicide prevention.

Finally, this document is about hope. We acknowledge that in the past there have been failings, frustrations and tragic loss. With this action plan we look to the future, we at last have a foundation upon which to build targeted suicide prevention initiatives that involve the whole community. And we, the Townsville Suicide Prevention Network, invite you to join us in our 2020 Vision.

Alison Fairleigh
Chair – Townsville Suicide Prevention Network
Background

The Townsville Suicide Prevention Network (TSPN) was established in March 2015 to ensure broad-based, collaborative, community engagement on suicide prevention in Townsville. The network brings together key members of the community with an interest in suicide prevention and has facilitated the development of this Community Action Plan (CAP) to prevent suicide in Townsville.

TSPN adheres to the LIFE Framework (Living is for Everyone) – Australia’s national framework for suicide prevention which provides a national strategy for action based on the best available evidence to guide activities aimed at reducing the rate at which people take their own lives.

The LIFE Framework is based on the understanding that:
- suicide prevention activities will **do no harm**
- that there will be **community ownership and responsibility for action** to prevent suicide
- that service delivery will be **client-centred**

The work of the TSPN has been guided by the Queensland Suicide Prevention Action Plan 2015 – 2017 (currently in review) – a plan that aims to reduce suicide and its impact on Queenslanders, and is a step towards achieving a 50 per cent reduction in suicides in Queensland within a decade.

The Queensland Suicide Prevention Action Plan 2015 – 2017 outlines actions under four priority areas:

1. **Stronger community awareness and capacity** so that families, workplaces and communities are better equipped to support and respond to people at risk of, and impacted by, suicide.

2. **Improved service system responses and capacity** to ensure people at risk, including those who have attempted suicide, get the support they need, when and where they need it.

3. **Focused support for vulnerable groups** to address the specific needs of groups and communities experiencing higher rates, and at greater risk, of suicide.

4. **A stronger more accessible evidence base** to drive continuous improvement in research, policy, practice and service delivery.

While the people of Townsville have long been concerned about the growing impact of suicide in our community, opportunities to influence decision making and to share experiences have been limited. The TSPN has provided a platform for members to come together to discuss and advance issues of concern relating to suicide prevention, intervention and postvention.

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**Suicide in Queensland - The Facts #1**

**52.8% *and rising* of Queenslanders who died by suicide had NO diagnosed mental health condition**

(2011-13 AISRAP, Brisbane 2016)

The Townsville context suggests the precursor isn’t about missed diagnosis per se, but life event factors; the focus of prevention therefore needing to be about increasing ‘belongingness’.

Joiner’s Interpersonal Theory of Suicide Risk - Buckby et. al, 2016
The underpinning principles of the TSPN are that **suicide prevention is everybody's business** and that **strong resilient communities** that are able to understand and speak about suicide issues will also have the capacity to address the problem.

We have seen numerous, individual events aimed at suicide prevention within our city however, until now, there has not been a coordinated, collaborative approach.

To this end, the TSPN plays a key role in coordination, collaboration and resource exchange within the Townsville area to build our community’s capacity as a foundation for the development of effective suicide prevention initiatives.

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**Our Logo**

Our logo represents the mandate of the TSPN in providing a network of collaboration and support as a foundation upon which to build a Community Action Plan and targeted community initiatives; being the recognised platform for the three elements of suicide prevention: **prevention, intervention and postvention**. (See Figure 1)

**FIGURE 1: Aspects of the Townsville Suicide Prevention Network Logo**
Our 2020 Vision

The TSPN’s vision for suicide prevention aims to inspire a community that values and understands *suicide prevention is everyone’s business*. We seek to encourage active participation from all members of the community: from individual people to every community group, sporting club, arts group, education facility, business and organisation – whether large or small, government or non-government … We all have a role to play!

We endeavour to build a solid foundation upon which targeted community initiatives can be developed within a collaborative framework of support – no more silos, no more isolated events. Together we can work towards a shared vision for the prevention of suicide; building a strong, responsive and resilient community.

If, within the next 3 years, all the actions and deliverables announced within this CAP are in place, evidence* tells us we will begin to see a significant reduction in the rate of suicide and suicide attempts in Townsville.


To achieve this we must give equal attention to prevention, intervention and postvention. These three pillars provide a stable base upon which to realise our 2020 Vision – if one is lopsided, the tripod will topple. (See Figure 2)

**FIGURE 2: The stable base of a telescope**

![Image of a telescope with Prevention, Intervention, and Postvention labeled](image-url)
From the onset, it must be acknowledged that the list of actions identified within this CAP are not exhaustive – they will grow and change in response to community need and particularly as we learn more. This CAP is a starting point. It must also be noted that the ex-ADF and Families Suicide Prevention Project for Townsville will bring with it a certain amount of resourcing and influence-to-bear; likewise, a mix of other initiatives that may bring complimentary resourcing such as outcomes of Queensland Health’s Suicide Prevention Taskforce recommendations and National Indigenous Critical Response Service, to name a few. The TSPN will seek to coordinate a collaborative approach across these policy movements to the benefit of the whole population.

In approaching the development of this CAP, first and foremost, we wanted to operate from an evidence-base. In 2016, the TSPN commissioned a report out of JCU: “Preventing Suicide in the North: Developing Capacity - Local Knowledge and Skills” authored by Beryl Buckby, et.al (which has become known as “The Buckby Report”) as the basis from which to develop this Community Action Plan.

Secondly, we engaged the services of Roses in the Ocean to conduct lived experience training in Townsville to create a Lived Experience Reference Group. We determined that from the very beginning, the voice of lived experience would direct every aspect of this CAP.

Finally, we needed an evidenced-base framework upon which to construct the CAP. We went directly to world leaders in the field: the Black Dog Institute (BDI); being the first group in Australia to invite BDI to our community to present on the LifeSpan Project – a systems approach to suicide prevention.
Why the LifeSpan Systems Approach?

Suicide is a significant issue globally and understanding of effective suicide prevention interventions has expanded considerably in the past few years. Strong evidence from overseas points to the benefits of combining effective strategies into a multilevel and multifactorial approach.

The LifeSpan systems approach to suicide prevention model involves nine evidence-based interventions from population level to the individual, implemented simultaneously within a localised region (See Figure 3). Recognising that multiple strategies implemented at the same time are likely to generate bigger effects than just the sum of its parts (i.e. due to synergistic effects), the model is data driven and evidence-based, setting it apart from current practise and raising the bar in suicide prevention.

Integral to the success of LifeSpan is collaboration between local healthcare, community services, and those with lived experience. This encourages local ownership of activities and builds capacity for community members to have an active role in the planning, development, implementation, and maintenance of these activities.

To be successful, services must provide inclusive care for all people in the community, taking into account their gender, sexuality, ethnicity, Indigenous status, history of trauma, and other factors that impact on how a person will seek assistance.

Localisation and local delivery is key.

FIGURE 3: Nine evidenced-based strategy areas of the LifeSpan Systems Approach

Used with permission - Black Dog Institute http://www.lifespan.org.au/
In localising the LifeSpan Strategies for the Townsville context, we have modified definitions within the 9 Strategies to priority areas for our community and we have added a 10th Strategy.

While this CAP includes actions and deliverables across a multifaceted and multilevel approach and there is something in it for everyone, it must be noted that this a **GENERAL POPULATION** CAP. We acknowledge that there are **communities within a community**. This CAP forms the foundation upon which to support specific at-risk groups to develop targeted approaches for themselves as part of a wider, collaborative approach. We also acknowledge the intimate connection Palm Island and Magnetic Island have to Townsville and we will seek to support initiatives in these two satellite communities. (See Figure 4)

**FIGURE 4**: General Population CAP recognising there are communities within a community

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Unique to Townsville is the Commonwealth funded trial site for suicide prevention amongst the ex-ADF and Families community. This will be administered by the ex-ADF community for the ex-ADF community with the support of the TSPN and employing this CAP as its foundation. Ex-ADF and their families will benefit from the general population CAP, just as the general population will benefit from outcomes related to the veterans’ trial.
Our Challenge

A significant contributing factor to the high rate of suicide within the Townsville Local Government Area is the *transient nature of our population*. People are disconnected from, and isolated within, the community. This is the common theme for every demographic – the *more disconnected, the more high risk*.

According to the Australian Bureau of Statistics, within our *transient suburbs* we have a rate of suicide (not including attempts) that is **3.1 times the national average**.

By contrast, our *established suburbs* have a suicide rate leading down to 0.7 times the national average. **The more connected, the more safe.**

Because there is such an accelerating high rate of suicide amongst Indigenous young people aged 15-24, The Buckby Report acknowledges that it is a *community wide responsibility* to tackle this issue.

*Suicide in Queensland - The Facts #2*

30.2% of Queenslanders who died by suicide had a history of previous attempts

(2011-13 AISRAP, Brisbane 2016)
Priority Areas

Strategy 1

Aftercare and Crisis Care
Priority Areas

Strategy 1 – Aftercare and Crisis Care

A suicide attempt is the strongest risk factor for subsequent suicide. To reduce the risk of a repeat attempt, a coordinated approach to improving the care of people after a suicide attempt is required. The Townsville Suicide Prevention Network (TSPN) has undertaken to coordinate a Roundtable with key stakeholders in our community, including Townsville Hospital and Health Services (THHS) and members of the TSPN Lived Experience Reference Group, to develop an appropriate response which will require an Aftercare and Crisis Care Action Plan*.

As Townsville Hospital is a tertiary facility with people being admitted from localities right across north and west Queensland, the Action Plan must take into account discharge and aftercare of people in communities beyond Townsville itself. The TSPN will seek to help coordinate a response across the region however, will not be imposing actions upon other communities; rather, we will seek to support communities to develop their own, individual responses. The TSPN can however, assist to facilitate representation for Magnetic Island and Palm Island in consideration of the intimate connection these two communities have to Townsville.

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| 1.1 Preparation of draft Aftercare Service Model | Draft two local models as part of a specific action plan:  
+ Aftercare Service Model  
+ Crisis Care Service Models (inclusive of Postvention) similar to the current (QH Care Coordination Model – Severe Mental Illness & Complex Care needs) that is informed through lived experience to support discussions and the development of Aftercare and Crisis Care Action Plan (that is holistic and enhances community based case management and services) through the Roundtable process. | July 2017 | TSPN (with high level secretariat support)  
Townsville HHS |
| 1.2 Increased training to Lived Experience people | Provide funded lived experience training to expand the Lived Experience Reference Group to play a pivotal role in the creation of an Aftercare and Crisis Care Action Plan.  
Provide ‘sitting fees’ for lived experience people to participate in the Roundtable and planning process  
INVESTMENT: $12,000 for Roses in the Ocean Training and $5,000 sitting fees for consultation and roundtable | August 2017 | TSPN through Northern Queensland Primary Health Network (NQPHN) funding |
| 1.3 Collaborative Roundtable | Hold a Roundtable which includes key stakeholders, such as:  
- Townsville Hospital & Health Service  
- Qld Health Mental Health Services Group  
- Lived Experience Reference Group  
- NQPHN  
- Community Mental Health Sector  
- National Indigenous Critical Response Service representatives  
- Ex-ADF Suicide Prevention Project representatives  
- QAS  
- Key community influencers  
Discuss and modify the proposed Aftercare and Crisis Care Model  
Establish a Working Group to develop an Aftercare and Crisis Care Action Plan | September 2017 | TSPN  
+ QAS  
+ Townsville HHS  
+ QPS |
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<th>KEY STAKEHOLDERS</th>
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<td>1.4 Coordinated response to Aftercare and Crisis Care Action Plan</td>
<td>Townsville Suicide Prevention Network to oversee the staged implementation of the Aftercare and Crisis Care Action Plan</td>
<td>From October 2017 - ongoing</td>
<td>TSPN (with high level secretariat support)</td>
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<td>(Crisis Care Model)</td>
<td>Without pre-empting conclusions of the RoundTable, targeting Crisis Care prior to HHS admission, and in streamlined &amp; integrated participation in triage – looking at the combined learnings from the Cairns QPS Co-Responder &amp; Townsville’s Sexual Violence Response Unit Models</td>
<td></td>
<td>+QPS&lt;br&gt;+THHS&lt;br&gt;+Townsville Stronger Communities Action Group (State Government)&lt;br&gt;+NQPHN in cross collaboration</td>
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<td>1.5 Post Attempt Case Management</td>
<td>Without pre-empting conclusions of the Roundtable, targeting case studies which emanate from: &lt;br&gt;- 2.1 Standby Response + NICRS &lt;br&gt;- 4.6 The Way Back Service (with examination wider utility for the general population)&lt;br&gt;- Mindful of the proposal research and modelling from The Barett Commission</td>
<td>As per roundtable / stakeholder assessments</td>
<td>As per roundtable / stakeholder interaction</td>
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“...to find that those who have suicided frequently have been diagnosed with mental illness does not permit the inference that mental illness leads to suicide, because we know that many people with psychiatric illness do not suicide.”

P.110 (Potts et al AISRAP 2016)

*NB: Some background on existing aftercare models that may be examined are further outlined in the online Appendices
Priority Areas

Strategy 2

Mental Health in the Community
Priority Areas

Strategy 2 – Mental Health in the Community*

Mental illness is associated with a large portion of suicide attempts. Providing accessible and appropriate mental health care is essential to suicide prevention. Townsville has an abundance of mental health service providers, whether in private practice, through Qld Health, or within the NGO community mental health sector. Problems occur however, when people do not know what services are available to them or how to access those services; and many of the services are not available after hours. This strategy identifies priorities in the areas of postvention; e-mental health strategies that can be used to support, in particular, Aboriginal and Torres Strait Islander youth; and defining appropriate referral pathways.

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| 2.1 Community Recovery in Postvention | Support the roll-out of a Standby Response Service in Townsville  
Design Integration / link with NICRS – National Indigenous Critical Response Service, guided also by the findings of ATSISPEP Report.  
Commissioning of the Standby Response Service / local platform for NICRS  
Establishment of a Bereavement Support Group with Terms of Reference written by the Lived Experience Reference Group through the TSPN (including sitting fees for Lived Experience people)  
Production of a resource pack for first responders to provide to bereaved families, in consultation with:  
- Grief Specialists  
- Funeral Services  
- Emergency Service Providers (To be launched on World Suicide Prevention Day 2017) | September 2017 | TSPN + Qld Health + Local Action Alliance + NICRS |
| | | January 2018 | Qld Health + NICRS |
| | | March 2018 | TSPN |
| | | September 2017 | TSPN (with medium level secretariat support) |
| 2.2 Priority Target of e-therapies to Aboriginal & Torres Strait Islander Youth | Introduce local use of (BDI) iBobbly – Smart Phone Health App for Australian Indigenous Youth Suicide Prevention  
Staged implementation:  
- Term 4, 2017 to ensure use of summer holiday period  
- Term 2, 2018 – evaluation  
- Term 3, 2018 – further roll out of app (Existing Negotiations with BDI foresee access to App in the App Store via e-token, with selected health/youth/education sector launch points for local targeting and case study evaluation. Note: Anticipated IT requirements are minimal given interest from other PHNs in e-token access.) | From Nov 2017 | Local Action Alliance + TSPN + Local Schools + Youth mental health services |
| 2.3 Cultural Therapies | e-cultural therapies: continue to monitor the development of the (BDI) Kurdiji 1.0 Project in the Northern Territory (culture based resource possible within the scope of Strategies 2, 6 and 10.)  
Support/Referral to local initiatives e.g. Red Dust Healing, Uncle Alfred’s Men’s Group etc. Capacity Building those Services though evidence base scaffolding to encourage financial self sustainably. Link to Strategy 10.8 | ongoing | Local Action Alliance + TSPN + Collaborative Clinical Taskforce (See Strategy 3.1) + Community Mental Health Services |
### ACTION | DELIVERABLES | TIMELINE | KEY STAKEHOLDERS
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2.4 Mental Health Sector inclusion in Collaborative Clinical Taskforce (Strategy 3) | Streamline referral pathways, particularly after the quota of 10 x Medicare subsidised sessions has been reached within a GP generated Mental Health Plan | From July 2018 | Collaborative Clinical Taskforce + TSPN

2.5 e-therapies integration pre/post clinical interaction | Leveraging off points within therapy (particularly within Medicare 10 Sessions) to introduce e-therapies  
- Step-Care (BDI) spectrum of triage (Strategy 3)  
- iBobby (BDI) self-help/therapeutic intervention (Strategy 2.2)  
- BeyondNow app by beyondblue – a suicide safety planning app (Link with Strategy 4.1) | From July 2017 - ongoing | Collaborative Clinical Taskforce + Mental Health Sector

2.6 Specialist Referral Pathway Lists | Stage 1 - Refer Strategy 4.4  
Stage 2 – Survey mental health professionals within the region to identify those who have expertise in treatment of suicidal individuals, including for particular issues and groups (ie: childhood abuse and neglect, Aboriginal and Torres Strait Islander Peoples, LGBTIQ people)  
Stage 3 – Create a local Register of clinical practitioners who specialise in trauma informed care  
- This includes trauma related to Sexual Violence & Domestic Violence (as identified by the Qld Mental Health Commission in *Live Well*)  
Stage 4 – Develop a list of locally relevant referral pathways that can be used at times of crisis or in aftercare and includes links to the Register.  
Stage 5 – Begin targeted rollout of referral pathway lists in geo-located areas:  
- Palm Island  
- Magnetic Island | Sep 2017 | TSPN + Collaborative Clinical Taskforce (CofP)/ Relevant Subcommittees and/ or External Reference Groups (e.g. Headspace TSV LGBTIQ Youth group)  
Women’s Centre + existing local QPS Sexual Violence Taskforce

2.7 Monitoring of Population Base Levels of Risk | Confidential regular Liaising with Emergency Services re: data on Attempts in Townsville (not connected with HHS) in the form of QPD Welfare Checks, non-admission QAS completed jobs. To have a live picture on shifts in crisis need.  
Leveraging off BDI / NSW Police relationship.  
Leverage current centralised resourcing from Safer Communities for live data sources – allowing for ‘Heat Mapping’ of the City per week, allowing for rapid coordination of support and follow up. | ongoing | QAS  
QPS  
TSPN  
+ Black Dog Inst (Data Mapping)  
+Townsville Stronger Communities Action Group (State Government)

2.8 Case Management Service – post attempt | Refer: 4.6 The Way Back Service (with examination of wider utilisation for the general population) | In coalition of outcomes 1.4 2.1 | Community Mental Health Sector

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*Strategy 2 Title: ‘Mental Health in the Community’ was devised after community consultation indicated that the original BDI Title ‘Psychosocial and pharmacotherapy treatments’ was inaccessible for the public to understand. It was also considered by the community that input into planning around Pharmacological initiatives is best placed with medical/clinical research at a State/ National Level. With this in mind, the BDI Strategy is pursued in a localised approach.

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**Suicide in Queensland - The Facts #3**

13.9% of Queenslanders who died by suicide had Bereavement as a Life Event Factor

(2011-13 AISRAP, Brisbane 2016)
Priority Areas

Strategy 3

GP Capacity
Building and Support
### Priority Areas

**Strategy 3 – GP Capacity Building and Support**

This strategy is a centrepiece in how the general population initially interact with the Health Care System. As such, it requires significant investment: Firstly, by recognising where medical professionals are supported in their own self-care; and secondly, the development of early pre-emptive patient screening. Being custodians of Medicare subsidised Mental Health Plans, coupled with specific suicide risk assessment, GPs are better positioned to triage the population into appropriate care pathways.

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<tr>
<td>3.1</td>
<td>Establishment of a Collaborative Clinical Taskforce</td>
<td>Facilitation of a Collaborative Clinical Taskforce (CCT) as a subcommittee of the Townsville Suicide Prevention Network with a focus on GPs modelled on a Community of Practice (COFP)</td>
<td>December 2017</td>
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<td>3.2</td>
<td>Coordinated JCU Medical Student Training</td>
<td>Black Dog Institute GP Advance Training in Suicide Prevention endorsed by the RACGP delivered to all 4th Year Medical Students (6hours - MHCPD =6x CPD Points) Investment = $50,000 includes training of local BDI trainers for sustainability</td>
<td>From January 2018 - ongoing</td>
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<td>3.3</td>
<td>Establish local chapter of AMSA MH at JCU</td>
<td>Expansion and formalisation of Australian Medical Students Association (AMSA) Mental Health Program into JCU (a system of support for Junior and Trainee Doctors)</td>
<td>July 2017</td>
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<td>3.4</td>
<td>GP Induction</td>
<td>Local, generalised induction for international/locum GPs new to the region about local services, local community and local culture - Development of Induction Tool Kit - Roll out of induction program Investment = $65,000 for production of Tool Kit</td>
<td>Ongoing</td>
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<td>June 2018 From July 2018</td>
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<td>3.5</td>
<td>Advanced suicide prevention training targeted to clinicians</td>
<td>Delivery of advanced suicide prevention training targeted to clinicians – in particular, local resources available to GPs through the General Practice Mental Health Standards Collaboration (GPMHSC) Tool Kit - Year 1: Target training to geographical ‘hot spots’ - Year 2: Focus training on SuperClinics - Year 3: Focus on After Hour Care GPs such as ‘Doctor to Your Door’</td>
<td>From July 2017 to December 2020</td>
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| 3.6 Universal screening | Implementation of universal screening for depression, anxiety and suicidality within GP clinics - pre-screening prior to patient appointment while in waiting room; using a tablet, in the same manner as checking vital signs such as blood pressure etc. (NB: Essential that this is informed through lived experience.)  
- Year 1: 10% of GP clinics to trial in strategically chosen localities  
- Year 2: 25% of GP clinics applying universal screening  
- Year 3: 50% of GP clinics  
Investment = $100,000 Digitisation of screening and referral tool (bouncing off initiative by Black Dog Institute) | From July 2017 to December 2020 | Collaborative Clinical Taskforce |
| 3.7 STARS – Screening Tool for Assessing Risk of Suicide from the Australian Institute of Suicide Research and Prevention (AISRAP) | Implementation of the STARS – Screening Tool for Assessing Risk of Suicide at the point when someone is flagged at possible risk of suicide  
Driven by the Collaborative Clinical Taskforce, checked and tested by AISRAP, and informed by the TSPN Lived Experience Reference Group, STARS will become the recognised tool for assessment of risk of suicidality | From June 2017 to December 2020 | Collaborative Clinical Taskforce + AISRAP |
Strategy 4

Priority Areas

Frontline Personnel*
Priority Areas

Strategy 4 – Frontline Personnel*

As a regional capital and as a garrison city, it is essential that in Townsville we support our frontline service personnel, for there exists between us a two-way bond: the more frontline staff are supported, the more they are able to support us. We acknowledge that frontline personnel face the public 24/7 and are the very backbone of our community: supporting, treating, intervening and consoling the public within the spectrum of crisis and ensuring our safety, both individually and collectively.

Within the Townsville context, we define frontline personnel as:
(including both professionals and volunteers)

- Police (QPS, AFP & QPS Academy)
- Ambulance/Paramedics
- Fire & Emergency Services (QFES, SES, Rural Fire Brigade)
- Nurses (Critical Care, Emergency)
- Doctors (Specialists, Shift Working & Emergency) (GP’s particularly covered in Strategy 3)
- Correctional Officers
- Transport Inspectors
- Child Protection Officers

Our frontline service personnel face unique challenges in relation to trauma, both post-traumatic and vicarious trauma, which puts them at particular risk of suicide. Because of their service nature, coupled with cultural and stigma pressures, frontline staff are one of the higher risk groups in our community to suffer in silence. Mandatory reporting and medical disclosure further complicate an environment where many frontline staff cannot speak up.

This does not however, represent a specific deficiency in internal support. Many of our frontline services have strong support mechanisms for staff while in service. Our particular concern is former and retired frontline staff who may carry undiagnosed/untreated trauma post service.

As such, for the purposes of this CAP, Strategy 4 has a specific focus on former and retired frontline service personnel in our community.

Strategy 5.1 covers Intervention Training for current frontline personnel

Strategy 7 covers a framework for training post-service Peer Support Workers

(NB: In coalition with this General Population CAP, the Commonwealth’s ex-ADF and Families Suicide Prevention Project for Townsville will seek to address local issues connected with Veterans Support)

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<tr>
<th>ACTION</th>
<th>DELIVERABLES</th>
<th>TIMELINE</th>
<th>KEY STAKEHOLDERS</th>
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<tbody>
<tr>
<td>4.1 Trauma training</td>
<td>Facilitate Opportunities for Training – particularly in relation to personal wellness plans (linked to Strategy 2.3), e.g. Blue Knot Foundation Training Safeguarding yourself – Recognising &amp; Responding to Vicarious Trauma</td>
<td>From July 2017</td>
<td>Various Frontline Personnel Groups Consulting e.g. EVAC Townsville</td>
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<tr>
<td>4.2 Peer Support Service for former and retired Police</td>
<td>Facilitation of External Peer Support Service in Townsville for former and retired Police (QPS &amp; AFP) e.g. - Blue H.O.P.E, BackUp Buddy Service &amp; App, etc. (key general population learning based on US’s Big Sister / Big Brother Programs - Blue H.O.P.E, QuickShift Service (key general population learning Skill Set &amp; RPL for Career Transition and Job Match)</td>
<td>Negotiable</td>
<td>Engage with former QPS (including local QPS academy) &amp; AFP networks</td>
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* Townsville Suicide Prevention Community Action Plan 2017 - 2020
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<tr>
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<tbody>
<tr>
<td>4.3 Peer Support Week</td>
<td>Supporting, leveraging from and expanding upon annual Peer Support Week for Queensland Fire and Emergency Services (<em>Connected with Strategy 7</em>)</td>
<td>March 2018, 2019, 2020</td>
<td>QFES / TSPN + new &amp; existing players in Peer Support</td>
</tr>
<tr>
<td>4.4 Growth of the Townsville EVAC Centre</td>
<td>Supporting the activities of the Townsville’s, enhancing social support and inclusion for Emergency Service Personnel</td>
<td>From July 2017</td>
<td>EVAC Townsville + TSPN + Townsville City Council</td>
</tr>
<tr>
<td>4.5 Access to suitable clinical support</td>
<td>With the many barriers &amp; numerous stigmas in place, it is essential &amp; critical that frontline personnel have access to suitable clinical support (external to work if necessary) Trauma Informed Clinical Register (Commencing point, and concluding in, Strategy 2.6 – Stage 3)</td>
<td>Beginning from January 2018</td>
<td>EVAC Townsville + TSPN + Emergency Services + Collaborative Clinical Taskforce</td>
</tr>
<tr>
<td>4.6 Postvention and Aftercare Support</td>
<td>The Way Back Service (beyondblue) provides support 3 months post a suicide attempt. It is imperative that frontline personnel are included in Stage 1 of the rollout of The Way Back Service and that it is integrated within the essential aspects of Actions 4.5 &amp; 4.7. Confidentially and access are critical to success.</td>
<td>Beginning July 2017</td>
<td>TSPN + EVAC Centre + Collaborative Clinical Taskforce</td>
</tr>
<tr>
<td>4.7 Modified rollout of Yellow Ribbon Card System</td>
<td>Introduction of the Yellow Ribbon Card System (See Strategy 10) Basic, modified rollout in conjunction with Action 4.5 - Clinicians Registered to ensure Frontline Personnel self-refer and are assured of confidentiality Further, able to be assisted with clinical intake with a mutual pre-understanding of what level their crisis is when presenting the card</td>
<td>Beginning from January 2018</td>
<td>TSPN + EVAC Townsville + Collaborative Clinical Taskforce</td>
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</table>

*Strategy 4 Title: ‘Frontline Personnel’ was devised after community consultation indicated that the original BDI Title ‘Frontline Staff Training’ closely linked with Strategy 5 only spoke to training for their roles at work (considered in this CAP in Strategies 3,5,10) With this in mind, issues relating to vicarious/post event trauma were also pursued in the prism of Peer Support as detailed in Strategy 5 and Promoted in Strategies 7 & 8.*
Priority Areas

Strategy 5

Intervention & Peer Support Training
Priority Areas

Strategy 5 – Intervention & Peer Support Training

Intervention

Those who come in to contact with at-risk individuals may influence a suicidal person’s decision to access care. Intervention training programs focus on increasing mental health literacy and teaching skills to assess, manage and provide resources for at-risk individuals. This is a targeted, coordinated strategy across Townsville for the surety of our city's safety net with an aspiration of 5% of the general population trained in intervention by the year 2020. However, in order to achieve sustainability within the transient nature of Townsville’s population, investment in “Train the Trainer” programs will be required.

Intervention Training courses that have currency and local trust include:
- Wesley LifeForce Suicide Prevention Training – half day
- CORES Intervention Training – one day
- Mental Health First Aid (MHFA) for the Suicidal Person – half day
- Applied Suicide Intervention Skills Training (ASIST) – two days

Training must be evaluated not just in terms of course content, but in terms of the intervention it provides for our city.

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<tr>
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<th>KEY STAKEHOLDERS</th>
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<tbody>
<tr>
<td>5.1 Targeted occupations and key community influencers</td>
<td><strong>Volunteers including, but not limited to:</strong> - Sports/arts/music/dance - coaches and tutors - Club leaders - Surf life savers - Service club members (including Landcare groups, etc.) - Volunteer coordinators - Meals-on-Wheels volunteers - Hospital and nursing home volunteers - Neighbourhood / Community Centre</td>
<td><strong>WHOLE COMMUNITY</strong> … including: Every business, industry, government organisation, community group, NGO, school and education facility. Coordinated through Townsville Suicide Prevention Network with medium level secretariat support.</td>
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<td></td>
<td><strong>Frontline Services</strong> include: SES, Rural Fire Brigade, QPS, QAS, AFP, QFES, Nurses (Registered/Enrolled) – incl Midwives, Aged Care , ADF</td>
<td><strong>Year 1</strong> – target training to geographical hot-spots (suburbs, new estates and/or post codes) which cover all the target groups: Goal = 3,500 people</td>
<td></td>
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<td></td>
<td><strong>Public Facing Industries</strong>, for example: - Hospitality and Tourism, eg: caravan park operators, publicans and bar staff - Transport Workers - Personal Care Industry, eg: hairdressers, personal trainers, massage therapists, beauticians - Librarians - Childcare workers</td>
<td><strong>Year 2 to Year 3</strong> - expansion of training to all target groups across city of Townsville: Goal = 7,000 people</td>
<td></td>
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<td></td>
<td><strong>Schools and Education</strong> - Parents, teaching staff, auxiliary staff, boarding school residential staff, after school care staff - Vocational Education and Training- staff, operators and students - University – staff, residential advisors, students</td>
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<td></td>
<td><strong>INVESTMENT</strong> = 10,500* people @ $50/head over 3 years = $525,000</td>
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<td></td>
<td>*Note: some workplaces have capacity to pay for training</td>
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<td></td>
<td>Train the Trainer = approximately $100,000 over the 3 years</td>
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</table>
**ACTION DELIVERABLES TIMELINE KEY STAKEHOLDERS**

5.2 Tracking and mapping
- Track and map:
  - Who has already undertaken training and currency
  - Maintain accurate data of people who undertake training
  - Follow-up evaluation of who has used their training
  - Map data geographically and occupationally
  
**5.2 ACTION DELIVERABLES TIMELINE KEY STAKEHOLDERS**

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>CODE</th>
<th>UNIT TYPE</th>
<th>ACTION</th>
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</thead>
<tbody>
<tr>
<td>Intervention^</td>
<td>CHCCCS003</td>
<td>Increase the safety of individuals at risk of suicide</td>
<td>Elective</td>
</tr>
<tr>
<td>Collective Safety^</td>
<td>HLTWHS001</td>
<td>Participate in workplace health and safety</td>
<td>Core</td>
</tr>
<tr>
<td>Self-Care^</td>
<td>HLTWHS006</td>
<td>Manage personal stressors in the work environment</td>
<td>Elective</td>
</tr>
<tr>
<td>Safety Planning/ Referral</td>
<td>CHCMHS004</td>
<td>Work collaboratively with the care network and other services</td>
<td>Elective</td>
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</tbody>
</table>

^ the combination of this unit with the CHCCCS203 allows for the orientation of WHS to include well-being safety and the approach for a Peer Worker in Suicide Prevention encompassing the physical safety aspects of Means Restriction and Personal Safety.

^ Connected with the up skilling of Frontline Services in Strategy 4 & Strategy 5

With key collaboration through existing scaffolding work in this field: National Mental Health Commission & The Centre for Excellence in Peer Support (Mental Health) Victoria

**Peer Support**

As outlined in Strategy 7 & 8, the community desires to know how they can participate and be equipped in prevention and intervention. From community volunteer organisations like sporting clubs, to workplaces and industry groups, there is a yearning to build the profile of Peer Support as a concept that can be embraced by the wider community. Key successful examples of this already exist in Queensland such as Mates4Mates, Mates in Construction, and Overwatch Australia.

It is imperative that Peer Support Workers (even as a voluntary role) are provided with the skills, knowledge and recognition to take on this critical role. With this in mind, extracting short course (units) from Certificate IV in Mental Health Peer Work (CHC43515) can be used to equip a Peer Support Worker with skills in safety as they support and potentially intervene.

This is not to prescribe the content of the units but to provide a framework for which further consultations and evaluations can be achieved, emanating from Year 1 of Strategy 5.

**INTERCHANGEABLE UNIT**

**FIRST RESPONDERS & EMERGENCY SERVICES**

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>CODE</th>
<th>UNIT</th>
<th>TYPE</th>
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</thead>
<tbody>
<tr>
<td>CHCMHS007^</td>
<td>Work effectively in trauma informed care</td>
<td>Core</td>
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**POSTVENTION**

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>CODE</th>
<th>UNIT</th>
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<tbody>
<tr>
<td>CHCCCS017</td>
<td>Provide loss and grief support</td>
<td>Elective</td>
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**CULTURAL**

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<tr>
<th>ASPECT</th>
<th>CODE</th>
<th>UNIT</th>
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<tbody>
<tr>
<td>CHDIV002</td>
<td>Promote Aboriginal and/or Torres Strait Islander cultural safety</td>
<td>Elective</td>
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<tr>
<td>CHCSET002</td>
<td>Undertake bicultural work with forced migrants in Australia</td>
<td>Elective</td>
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**DEMOGRAPHIC**

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<th>ASPECT</th>
<th>CODE</th>
<th>UNIT</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>CHCYTH003</td>
<td>Support young people to create opportunities in their lives</td>
<td>Elective</td>
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<tr>
<td>CHDIS007</td>
<td>Facilitate the empowerment of people with disability</td>
<td>Elective</td>
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**ACTION DELIVERABLES TIMELINE KEY STAKEHOLDERS**

5.3 VET Unit Grouping

- Short-course/s created by grouping 4 x Vocational Education Units with an interchangeable specialist unit.
- Coinciding scaffolding of Strategy 9.1 July-December 2017
- +Peer (industry, sport etc.) Representatives
- + VET Sector

5.4 Construct Peer Support Training Scaffolding

- Construct Peer Support Training for people and organisations within the community to equip Peer Support Workers with skills in safety as they support and potentially intervene
- Ongoing + Linked to Strategy 5.1 Year 1 outcomes
- +Peer (industry, sport etc.) Representatives
- + VET Sector
Priority Areas

Strategy 6

School Programs
### Priority Areas

#### Strategy 6 – School Programs

Early life experiences can make young people vulnerable. As they get older, other issues may arise which can have a significant impact on them, for example: bullying or alcohol misuse. One event may act as the ‘final straw’, such as exam stress or a relationship break-up. This **cumulative risk** means training must begin from an early age to allow for **cumulative resilience**. Schools are already doing an enormous amount to address the social and emotional wellbeing of young people however, they need to be better supported and resourced by the community to meet this challenge.

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| **6.1** | In partnership with a significant community partner (TBA), roll-out of *The Resilience Project* for all students Prep to Year 12.  
- Stage 1 – 3-4 Flagship Schools take on board *The Resilience Project*  
- Stage 2 – 7-8 Schools  
- Stage 3 – All school across Townsville  
INVESTMENT:  
- Year 1 - $250,000  
- Year 2 - $500,000  
- Year 3 - $750,000 | Year 1 – Flagship Schools in soft roll-out (2 x Independent, 2 x State Schools)  
Year 2 – 7-8 Schools including Primary Schools  
Year 3 – Full roll-out across all schools in Townsville | Significant Community Partner (TBA) and TSPN (with high level secretariat support)  
+ DET  
+ Catholic Education  
+ Independent Schools  
+ Backing and promotion from Townsville City Council |
| **6.2** | Investment in research to monitor and evaluate Townsville roll-out of *The Resilience Project* | January 2018 – December 2020 | TSPN  
+ NQPHN  
+ JCU  
+ Australian Institute of Suicide Research and Prevention (AISRAP) |
| **6.3** | Recognising what schools are doing already and what will be achieved over the next 3 years, Gold Standard Achievement Awards provided to schools for a combination of:  
- Prevention – Wellbeing and Resilience Training for whole student body  
- Intervention – Gatekeeper Training for parents, staff, auxiliary staff  
- Postvention – school support | January 2018 – December 2020 | Townsville City Council  
+ Qld State Government  
+ TSPN |
| **6.4** | As part of school community recovery, there needs to be a sensitive response within the school catchment to fill the silence in the event of a trauma and/or deaths by suicide. It is the responsibility of the TSPN to equip schools to safely articulate a response to these events, in particular: personal and corporate social media | From September 2017 - ongoing | TSPN + School communities |
Priority Areas

Strategy 7

Community Campaigns
**Priority Areas**

**Strategy 7 – Community Campaigns**

Community Campaigns have been useful in stigma reduction and awareness but now need to move on to personal and community participation that is sustainable. The evidence shows that while community campaigns receive the most attention, they in fact have the least amount of influence on the reduction of suicide rates and attempts. Therefore, the actions identified within this strategy are meant to be practical and achievable for all.

**Connect, Communicate and Care**

‘Connect, communicate, care’ was the theme of the 2016 World Suicide Prevention Day. These three words are at the heart of suicide prevention and underpin the substantive nature of what needs to be achieved within this strategy. The World Health Organisation has identified community connection as a protective factor against suicide. Together with caring and open communication, these overlaying three elements provide a safety net for our community.

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</table>
| 7.1 Community roles for individuals and organisations | Making information available about the roles people can play which is defined in Strategy 8. This includes roles such as:  
- Intervention Participants (Gatekeepers) (refer to Strategy 5)  
- Ambassadors (refer to Strategy 8)  
- Peer Support Workers  
  (Refer Strategy 5)  
- Corporate Philanthropy  
  (Refer Strategy 10)  
Streamlined Promotion of Intervention/Peer Support Roles through media/events | October 2017  
July 2018 | TSPN (with secretariat support)  
Continuous | Media/ Ambassadors / Event Coordinators |
| 7.2 Welcome to Townsville Event | Expanding on the idea of the ADF Welcome Expo and the Townsville City Council Baby Welcome Ceremony, create an annual event to connect new people to Townsville into the community as it has been identified that our suburbs with the highest transient populations have the highest risk factors. | February/March  
2018, 2019, 2020 | Townsville City Council |
| 7.3 Support & Assist coordination, outcomes | Connected with Strategy 10 – Hit The Hill. (Townsville’s annual feature Suicide Prevention Event) welcoming visitors from FNQ, CQ, NWQ  
- Support Facilitation of topical Workshop/ Public Speakers  
- Linking in overflow/post community participations in CAP events between each year.  
Support Facilitation of more involvement of Schools (as Teams/Sponsors) incl. Boarding & District Wide Schools | From July 2017 | TSPN in coalition with  
Neighbourhood Centres  
+ Townsville City Council  
+ Townsville Community Information Centre  
+ Townsville City Libraries  
+ 2017-2020 Designated Local Fundraising Recipients |
| 7.4 Expansion and integration of Neighbour Day Concept | Staged introduction of mini neighbourhood events to connect people into their own suburbs. These localities will be prioritised on:  
- Brand new urban estates  
- Areas where there are few services  
- Transient suburbs  
- Satellite communities, eg: Magnetic Island and Palm Island  
- At-risk postcodes | From July 2017 | TSPN in coalition with  
Neighbourhood Centres  
+ Townsville City Council  
+ Townsville Community Information Centre  
+ Townsville City Libraries  
+ 2017-2020 Designated Local Fundraising Recipients |
7.5 Distribution of resources and information to reach whole of community

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<tr>
<td>Production of TSPN Service Finders in various versions, eg:</td>
<td>From July 2017</td>
<td>TSPN</td>
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<tr>
<td>- Aboriginal &amp; Torres Strait Islander</td>
<td>+ LAA</td>
<td>+ Migrant Community Stakeholders</td>
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<tr>
<td>- Culturally &amp; Linguistically Diverse</td>
<td>+ Disability Stakeholders</td>
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<tr>
<td>- Accessible version for people with disabilities</td>
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<td>Purchase of resources made available through various centres and events, eg:</td>
<td>Continuous + in time for print of 2018 directories</td>
<td>White/Yellow Pages &amp; Similar</td>
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<tr>
<td>- Posters that combine information about helplines and online support services</td>
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<td>Townsville City Council Website, Sector Directories</td>
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<td>- Support guides</td>
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<td>Targeted inclusion and increasing access via input into various local service, phone directories and regularly accessed e-directories.</td>
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Suicide in Queensland - *The Facts #4*

27.0% of Queenslanders who died by suicide had Relationship Problems as a Life Event Factor

(2011-13 AISRAP, Brisbane 2016)

Suicide in Queensland - *The Facts #5*

15.5% of Queenslanders who died by suicide had Relationship Conflict as a Life Event Factor

(2011-13 AISRAP, Brisbane 2016)
Priority Areas

Strategy 8

Media Guidelines
Priority Areas

Strategy 8 – Media Guidelines

This strategy recognises that the community’s discourse is not just driven by journalists but everyday people who, through the prism of social media, have editorial power to influence messages, stigma and our community’s ability to help itself. We will leverage off Mindframe Media Guidelines but within a local community context.

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</table>
| 8.1    | Clean messaging for appropriate definitions of intervention, prevention & postvention, and for branding purposes | Local media and marketing support engaged for editorial and advertorial assistance  
Brand-ready, marketing-ready definitions prepared which recognise:  
- the role postvention plays in prevention  
- that suicide is not always associated with mental illness | July 2017  
October 2017 | TSPN + Local media, marketing and public relations companies and organisations |
| 8.2    | Job Descriptions providing for roles local people can play in suicide intervention and prevention | Job descriptions provided so that everyday people know:  
- where they fit within the spectrum and what part they can play  
- what is and what isn’t expected of them through, for example: Gatekeeper/Intervention Training, Peer Support Work, Ambassador Roles | October 2017 | TSPN with secretariat support |
| 8.3    | Ambassadors tasked with promoting clean messaging around strategies and roles which include branding and stigma reduction | 12 strategically selected Ambassadors in Townsville who will be tasked with speaking to and dismantling the layers of stigma within specific demographics | January 2018 – December 2020 | TSPN |
| 8.4    | Appropriate and localised help-line information made available for media outlets | Modification of the Townsville Suicide Prevention Network Service Finder for local media outlets which:  
- Defines crisis-lines from counselling lines  
- Stresses the need to providing relevant helplines, eg: QLife for LGBTIQ stories  
- Encourages media outlets to create understanding of what is actually available from a helpline, eg: Kids Helpline | October 2017 | TSPN + Media outlets |
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<tr>
<td>8.5 Localised induction that acknowledges the transient, freelance nature of journalism in north Queensland</td>
<td>Delivery of Mindframe media training on a yearly basis in conjunction with the Townsville Suicide Prevention Network for localised information</td>
<td>February 2018  February 2019  February 2020</td>
<td>TSPN  + Mindframe Media  + Media Outlets</td>
</tr>
<tr>
<td>8.6 Localised induction and training for community groups and organisations for social media and editorial use.</td>
<td>Customisation of Mindframe media training for the local context, delivered as a free Workshop to local community groups and community organisations</td>
<td>Quarterly from January 2018 to December 2020</td>
<td>TSPN</td>
</tr>
<tr>
<td>8.7 Messaging made available for the community to use in social media and communications</td>
<td>As part of community recovery, there needs to be a local, sensitive response through the media to fill the silence:  - To trauma, such as natural disasters, mass retrenchment etc.  - And deaths by suicide.  It’s not about providing a solution, but acknowledging the person and/or what happened.  - Equipping the community to safely articulate a response to events (This is a clear aspect of postvention being prevention.)</td>
<td>December 2017</td>
<td>TSPN</td>
</tr>
<tr>
<td>8.8 Investment in train-the-trainer for sustainability</td>
<td>For cost effectiveness and sustainability, invest in people in Townsville to be trained to deliver Mindframe Media workshops.  Estimated Investment = $50,000</td>
<td>June 2018</td>
<td>TSPN</td>
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Priority Areas

Strategy 9

Means Restriction
Priority Areas

Strategy 9 – Means Restriction

Restricting access to the means of suicide is considered to be one of the most effective suicide prevention strategies. As found in more recent studies, fast track ‘from-thought-to-action’ suicide is predominantly associated with alcohol and/or substance misuse, which is often preceded by interpersonal conflicts and/or in families where suicide has previously occurred. Although means restriction traditionally refers to methods and/or ‘hot-spots’, this strategy will focus on Alcohol and Other Drugs community education as a precursor.

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</table>
| 9.1 Development & implementation of a Drink Safe Tool Kit | Modify the Queensland Police Service Party Safe Tool Kit to address drinking for people who are distressed, as a guide for the community. Working with:  
- QPS - Drug and Alcohol Coordination Unit  
- Alcohol and Drug Foundation  
- Foundation for Alcohol Research and Education (FARE)  
- TSPN Lived Experience Reference Group  
Creation of a community driven Working Group through the Townsville Suicide Prevention Network to lead the initiative, with membership being drawn from:  
- Lived Experience  
- Hospitality Industry  
- Local Police and Ambulance  
INVESTMENT =  
$15,000 Resource development  
$25,000 for Website & Social Media branding and roll out  
$75,000 Marketing & Printing  
Sitting fees for Lived Experience People | This is a three year strategy from development to staggered implementation. July 2017 – December 2020 | TSPN with medium level secretariat support |
Strategy 10

Inclusion, Healing and Transition
Priority Areas

Strategy 10 – Inclusion, Healing and Transition

Townsville has a diverse population and it is essential that this Community Action Plan encourages and supports an inclusive approach to suicide prevention. We recognise that language and terminology may be a barrier to communication and understanding.

We also recognise that people vary widely in their beliefs about what makes life worth living, and these views may also change over time. Culture is central to healing not just for Aboriginal and Torres Strait Islander peoples, but for many from culturally and linguistically diverse (CALD) backgrounds.

The universal intervention of this CAP aims to engage the whole population of Townsville to create a stronger and more supportive community as outlined in the L.I.F.E Framework. Every action identified within the CAP must support “the inclusion of people from diverse backgrounds (See Table 1) who know the community at grass roots level and are likely to open opportunities to identify niches of need amongst high risk groups commonly overlooked in the larger systems of health and primary care.” (Buckby, B. et.al 2016, p.27)

Table 1: TSPN Inclusion and Diversity in Suicide Prevention (Buckby, B. et.al 2016, p.27)

<table>
<thead>
<tr>
<th>TSPN Inclusion and Diversity in Suicide Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander peoples and organisations</td>
</tr>
<tr>
<td>Post retirement aged men (in particular as they are at much higher risk)</td>
</tr>
<tr>
<td>Rural and remote communities in the region centred around Townsville</td>
</tr>
<tr>
<td>LGBTI individuals and groups</td>
</tr>
<tr>
<td>Organisations for, and people with disabilities</td>
</tr>
<tr>
<td>People from Non-English Speaking Backgrounds (Migrants/Refugees etc.)</td>
</tr>
<tr>
<td>People living with chronic conditions</td>
</tr>
<tr>
<td>Homeless people</td>
</tr>
</tbody>
</table>

Suicide in Queensland - The Facts #6

14.9% of Queenslanders who died by suicide had Financial Problems as a Life Event Factor

(2011-13 AISRAP, Brisbane 2016)

Suicide in Queensland - The Facts #7

10.3% of Queenslanders who died by suicide had Family Conflict as a Life Event Factor

(2011-13 AISRAP, Brisbane 2016)
Transition Well

One of the biggest challenges, and corresponding gaps, identified during the consultation process for this CAP is the lack of support provided to people at times of transition in their life: *when the natural course of life changes and identity is reshaped*. This could be transitioning from school, leaving the workforce, becoming a parent, going through a divorce, becoming injured and no longer able to play professional sport, losing a farm or business, grief and trauma, chronic illness and/or disability, a broken relationship, moving to a location, sexuality transition, and so on. At one end, there is recognition and support; on the other side there can be isolation, fear and ‘the great unknown’. *(See Figure 5)* These pivotal moments can put people at high risk of suicide.

**FIGURE 5: Transition points in life can leave people vulnerable to suicide**

**How can Transition Well be tracked at an individual & community level?**

Positive psychology promotes the concept that wellbeing comes from personal, social and vocational growth. The *Flourishing Scale*, created by Dr Martin Seligman (commonly known as the founder of Positive Psychology) is a clinically endorsed instrument allowing measurement of a person’s self-perceived success in important areas such as engagement, relationships, self-esteem, meaning and purpose, and optimism. It has been endorsed and adopted to measure player mental health and wellbeing in the NRL, as an example of its wider use within the Australian context.

The Flourishing Scale provides us with an instrument to measure and track how people are transitioning within our community, and encourage optimum resilience. Furthermore, on the Townsville population level, this mechanism allows assessment, monitoring and management of high risk groups as they cope with transition.

In the *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17*, the Qld Mental Health Commission (QMHC) identified the following priority areas: *Start Well, Develop and Learn Well, Work Well, Live Well, and Age Well*. The TSPN will be advocating to have *Transition Well* added to the *Early Action Plan* through the review process.
<table>
<thead>
<tr>
<th>ACTION</th>
<th>DELIVERABLES</th>
<th>TIMELINE</th>
<th>KEY STAKEHOLDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>Raise Transition Well as a state-wide issue</td>
<td>June 2017</td>
<td>TSPN + Lived Experience Reference Group</td>
</tr>
<tr>
<td></td>
<td>Contribution to the Queensland Mental Health Commission (QMHC) Strategic Plan Review of Early Action Plan</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Develop a Townsville Statement on Transition Well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.2</td>
<td>Local Synergy to Start Well (QMHC)</td>
<td>From July 2017</td>
<td>Riverway Salvos</td>
</tr>
<tr>
<td></td>
<td>Support of Young Father’s Program <em>(trial already underway in Upper Ross)</em></td>
<td></td>
<td>Dialogue with Gold Coast Mental Health &amp; Specialist Services (Zero Suicide Framework)</td>
</tr>
<tr>
<td></td>
<td>- building on conflict resolution skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- connected with youth mentoring program – exiting desire to link with VET (direct connection with Strategy 7)</td>
<td></td>
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<tr>
<td></td>
<td>New Mothers: (refer strategy 2.4 Stage 3) study learnings from new Gold Coast University Hospital Lavender Parent &amp; Infant Unit to add to consultations for Strategy 1 Modelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.3</td>
<td>Local Synergy to Develop &amp; Learn Well (QMHC)</td>
<td>Continuind / Initiative Based</td>
<td>via University Sports/ Social Clubs JCU Student Union CQU Student Union</td>
</tr>
<tr>
<td></td>
<td>Refer Strategy 6 – in Full Refer Strategy 2.2</td>
<td></td>
<td>VET Sector/ SportsTEK Academy /TEC-NQ/ TAFE</td>
</tr>
<tr>
<td></td>
<td>Yellow Ribbon Card Stage 2 (following Strategy 4.6)</td>
<td></td>
<td>Headspace Townsville + TSPN</td>
</tr>
<tr>
<td></td>
<td>Connection with disengaged youth with the self-measurement concepts sector best practice and/or with the concepts <em>Flourishing Scale</em> (Positive Psychology)</td>
<td></td>
<td>Headspace Townsville + TSPN</td>
</tr>
<tr>
<td></td>
<td>Continued support of Townsville headspace’s Shedspace concept, sustainability &amp; expansion.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Regular Dialogue/Consultation with Youth &amp; LGBTI Group of Headspace as a formal link of Reference and Design</td>
<td></td>
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</tr>
<tr>
<td>10.4</td>
<td>Local Synergy to Live Well (QMHC)</td>
<td>Continuing / Initiative Based</td>
<td>The Women’s Centre Townsville CALD Groups</td>
</tr>
<tr>
<td></td>
<td>Women’s Centre + (connection with Strategies 2, 4, 5 &amp; 7) Yellow Ribbon Card Stage 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- CALD community requires appropriate translation/ version</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5</td>
<td>Local Synergy to Work Well (QMHC)</td>
<td>Continuing / Initiative Based</td>
<td>Townsville Enterprise (Regional Connection) Townsville Chamber of Commerce (local)</td>
</tr>
<tr>
<td></td>
<td>Dialogue / Refer business &amp; industry to CAP Statement on Organisational Level responses to Intervention Prevention Postvention (linked to Heads-Up beyonderblue)</td>
<td></td>
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<tr>
<td></td>
<td>Collaborative dialogue with key influencers Townsville Emerging Leaders - linked with Topical Brain &amp; Mind Foundation Bishop Michael Putney Fellowship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.6</td>
<td>Local Synergy to Age Well (QMHC)</td>
<td>Linked to Strategy 7 timelines</td>
<td>Wesley Life-force + TSPN + TCC + Senior Citizens Reference Group + Aged Care Sector</td>
</tr>
<tr>
<td></td>
<td>Promote specific Aged Care Worker Training within Wesley SP Training Linked with Peer Support Training described in Strategy 7 for workforce &amp; carer capacity. Dialogue with Men’s Sheds of Townsville</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.7</td>
<td>Community Ownership through Fundraising</td>
<td>Continuing / Initiative Based</td>
<td>GIVIT + The Funding Network + Go Fund Me + Be Kind Townsville</td>
</tr>
<tr>
<td></td>
<td>Connection to Strategy 2.3 Foster relationships &amp; collaborate to schedule e-crowd founding, Public Crowd Funding Events</td>
<td></td>
<td>HitFM (Austereo)</td>
</tr>
<tr>
<td></td>
<td>Partner with Hit The Hill Suicide Prevention Walk (Castle Hill) 2017-18-19-2020 As described in Strategy 7.3. Further, to support the work of each of the yearly fundraising receivers 2017-20 with collaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.8</td>
<td>External Philanthropy</td>
<td>Meeting twice per year (prior to EOFY)</td>
<td>Linking with Townsville Hospital Foundation, Townsville’s Sky Foundation etc.</td>
</tr>
<tr>
<td></td>
<td>Build relationships with corporate or established philanthropic foundations. Formulation of TSPN working group on local suicide prevention philanthropy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Philanthropy / Corporate & Community Fundraising**

There is a profound connection the community can have with a local suicide prevention project, program or building that allows momentum and ownership to exist very much from the grassroots level.

The Townsville community has been very proactive in filling the *What can I do?* void through fundraising events and opportunities. However, after monies have been raised, much has been sent out of our community to national charities; subsequently, there has been little, local sustainability.

There is a place to resource organised fundraising, crowd funding and grant writing to ensure local sustainability:

- **Crowd Funding** (individually organised, social media & public event for a special task/project)
- **Public Fundraising** (charity Auction, charity events, donations, social media challenges)
- **In-kind Commitments** (office space, free media, social media drives, printing, graphic design etc.)

This includes leveraging local TSPN Member organisations to support local suicide prevention activities in this CAP and further capacity building via in-kind investment, utilising various (DGR - Tax Deductibility Status) to harness and focus fundraising opportunities to ensure financial stability of programs and projects within Townsville.

As a community, we must be fully cognisant of the significant damage that can be done when services suddenly become unavailable due to funding loss, and local capacity is subsequently disbanded. This is not just an aspiration; it is critical to maintaining stability and sustainability in momentum toward a 2020 vision.

**Resourcing / Stakeholder Support**

Resourcing the activities in this CAP; is a mixture of direct support of the project management via TSPN (via NQPHN), in-kind support and existing / procured resources or pooling within related sectors or via State or Local Government Agencies.
Tracking Progress and Reporting

<table>
<thead>
<tr>
<th>ACTION</th>
<th>DELIVERABLES</th>
<th>TIMELINE</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor implementation of CAP actions through quarterly Subcommittee</td>
<td>Subcommittees/Steering Groups will meet four times per year to monitor the implementation of CAP actions</td>
<td>February, May, August, November 2017 - 2020</td>
<td>Chairs of the various Steering Groups and Subcommittees of the TSPN</td>
</tr>
<tr>
<td>and/or Steering Group Meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report on implementation of CAP actions</td>
<td>Responsible officers will report four times per year on implementation of CAP actions to the Townsville Suicide Prevention Network Management Committee and at TSPN meetings</td>
<td>February, May, August, November 2017 - 2020</td>
<td>TSPN Management Committee</td>
</tr>
<tr>
<td>Monitor and report on progress of CAP actions to funding bodies</td>
<td>Progress reports will be written four times per year to the various funding bodies commissioning actions through the CAP</td>
<td>April, July, October, January 2017 - 2020</td>
<td>TSPN Secretariat</td>
</tr>
</tbody>
</table>

Evaluation of Strategies

The evaluation and research associated with the strategies and the projects in the sub-strategies form part of a wider Northern Queensland suicide prevention collaboration. A major stakeholder is the Northern Queensland Primary Health Network (NQPHN) who is currently working on similar initiatives in their catchment from Sarina to the Torres Strait.

It is foreshadowed that the NQPHN will resource in-depth analysis and evaluations through the life of this, and associated, Community Action Plans, utilising existing local expertise via James Cook University.

Likewise, this CAP speaks to synergies with local and Queensland State Suicide Prevention plans, policy and initiatives, where evaluation is possible at scale and in context. This may include collaboration with QMHC and modelling connections with Qld Health Acute MH Service Policy.

It is incumbent that evaluation is a matter of continued process (process based use of the Quality Improvement Loop) and where resourced for the TSPN and its local partners. Where possible, beyond the academic and statistical through the viewpoint of lived experience and the consumer, frameworks proposed by Australia Institute for Suicide Research & Prevention (AISRAP) Griffith University and in the case of Strategy 10 The Flourishing Scale. As an example, linking more broadly back to ATSIEP (UWA) or Menzies School of Health Research (NT), actioned by utilising local research capability at JCU.
### INDIVIDUAL LEVEL

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Intervention</th>
<th>Postvention</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Connect with others in your community</td>
<td>✓ Undertake Intervention Training</td>
<td>✓ Avoid judgemental language</td>
</tr>
<tr>
<td>✓ Welcome new neighbours to the neighbourhood</td>
<td>✓ Encourage your workplace/community groups to do intervention training</td>
<td>✓ Do not ignore or avoid people who are bereaved by suicide</td>
</tr>
<tr>
<td>✓ Hold regular BBQs/social events with the people in your street or unit complex</td>
<td>✓ Know what services are available in your local community</td>
<td>✓ Reach out to people bereaved by suicide - be there for them over the long term</td>
</tr>
<tr>
<td>✓ Join a community group or club</td>
<td>✓ Learn how to talk safely about suicide – See Conversations Matter</td>
<td>✓ Check out the many suicide bereavement resources online, such as:</td>
</tr>
<tr>
<td>✓ Volunteer</td>
<td></td>
<td>• Lifeline, beyondblue, SANE Australia, ReachOut.com</td>
</tr>
<tr>
<td>✓ Get involved in community events, eg: Neighbour Day</td>
<td></td>
<td>✓ Learn how to talk safely online following a suicide – See Conversations Matter</td>
</tr>
</tbody>
</table>
### COMMUNITY GROUP LEVEL

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Intervention</th>
<th>Postvention</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Promote resilience building opportunities</td>
<td>✓ Make it a key policy to have people trained in intervention, eg: coaching staff</td>
<td>When a suicide has occurred in the community:</td>
</tr>
<tr>
<td>✓ Encourage safe discussion of suicide prevention within the group</td>
<td>✓ Have a trained Mental Health First Aid Officer identified within the group</td>
<td>✓ Do not remain silent – people need to be able to discuss what happened safely</td>
</tr>
<tr>
<td>✓ Utilise resources available at Conversations Matter</td>
<td>✓ Have a process in place to follow if someone is in need of help</td>
<td>✓ Consult Conversations Matter</td>
</tr>
<tr>
<td>✓ Fundraise for and support local suicide prevention initiatives</td>
<td>✓ Know what services are available in the local community</td>
<td>✓ Plan how the news of a death will be told to others</td>
</tr>
<tr>
<td>✓ Support members to transition well when there is major change in their life</td>
<td>✓ Explain suicide with care and sensitivity avoiding simplistic explanations</td>
<td>✓ Explain suicide with care and sensitivity avoiding simplistic explanations</td>
</tr>
<tr>
<td>✓ Provide regular opportunities for people in your group to gather and socialise</td>
<td>✓ Monitor and respond to conversations online</td>
<td>✓ Monitor and respond to conversations online</td>
</tr>
</tbody>
</table>

### ORGANISATIONAL LEVEL

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Intervention</th>
<th>Postvention</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Create a mentally healthy workplace - See Heads Up</td>
<td>✓ Provide Intervention Training for ALL staff</td>
<td>Consult Conversations Matter and Heads Up</td>
</tr>
<tr>
<td>✓ Write an Action Plan for a mentally healthy workplace &amp; suicide prevention</td>
<td>✓ Have an Employee Assistance Program (EAP)</td>
<td>✓ The suicide of a colleague can have a profound emotional effect in the workplace- it’s important for co-workers to support each other</td>
</tr>
<tr>
<td>✓ Raise awareness of mental health conditions and reduce stigma</td>
<td>✓ Have dedicated Mental Health/Suicide First Aid Officers</td>
<td>✓ Ensure appropriate policies and procedures are developed and implemented for managing a crisis situation for an employee returning to work following a suicide attempt or losing someone to suicide.</td>
</tr>
<tr>
<td>✓ Support someone with a mental health condition</td>
<td>✓ Make employees aware that trained colleagues are available to talk to</td>
<td>✓ Be prepared to respond to a death by suicide</td>
</tr>
<tr>
<td>✓ Create a positive working environment</td>
<td>✓ Put up posters and information about where employees can go for support</td>
<td>✓ Ask your EAP or HR team if they offer counselling referrals following a suicide.</td>
</tr>
<tr>
<td>✓ Invest in local suicide prevention initiatives</td>
<td>✓ Tailor information about nearby support services and info lines to your needs</td>
<td>✓ Allow colleagues to grieve and direct them to the appropriate support</td>
</tr>
</tbody>
</table>

### Prevention

- Promote resilience building opportunities
- Encourage safe discussion of suicide prevention within the group
- Utilise resources available at Conversations Matter
- Fundraise for and support local suicide prevention initiatives
- Support members to transition well when there is major change in their life
- Provide regular opportunities for people in your group to gather and socialise

### Intervention

- Make it a key policy to have people trained in intervention, eg: coaching staff
- Have a trained Mental Health First Aid Officer identified within the group
- Have a process in place to follow if someone is in need of help
- Know what services are available in the local community

### Postvention

- When a suicide has occurred in the community:
  - Do not remain silent – people need to be able to discuss what happened safely
  - Consult Conversations Matter
  - Plan how the news of a death will be told to others
  - Explain suicide with care and sensitivity avoiding simplistic explanations
  - Monitor and respond to conversations online
  - Memorials should be considered carefully
  - Think about messages for community forums
  - Encourage people to seek help
  - Learn about other services and resources available

### Prevention

- Create a mentally healthy workplace - See Heads Up
- Write an Action Plan for a mentally healthy workplace & suicide prevention
- Raise awareness of mental health conditions and reduce stigma
- Support someone with a mental health condition
- Create a positive working environment
- Invest in local suicide prevention initiatives

### Intervention

- Provide Intervention Training for ALL staff
- Have an Employee Assistance Program (EAP)
- Have dedicated Mental Health/Suicide First Aid Officers
- Make employees aware that trained colleagues are available to talk to
- Put up posters and information about where employees can go for support
- Tailor information about nearby support services and info lines to your needs
- Encourage staff with mental health conditions to seek treatment & support early
- Develop appropriate policies & procedures for managing a crisis situation where an employee is at risk of suicide.

### Postvention

- Consult Conversations Matter and Heads Up
- The suicide of a colleague can have a profound emotional effect in the workplace- it’s important for co-workers to support each other
- Ensure appropriate policies and procedures are developed and implemented for managing a crisis situation for an employee returning to work following a suicide attempt or losing someone to suicide.
- Be prepared to respond to a death by suicide
- Ask your EAP or HR team if they offer counselling referrals following a suicide.
- Allow colleagues to grieve and direct them to the appropriate support
- Offer support for employees affected by suicide through flexible work hours or reduced hours when they initially come back to work
- Support someone returning to work after a suicide attempt with genuine care and concern, making reasonable adjustments where necessary
- Support a colleague bereaved by suicide – start by:
  - asking the bereaved person how their grief is affecting them,
  - what they would like their colleagues to be told in relation to the death, and
  - what you and the wider business can do to support them.
# Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADF</td>
<td>Australian Defence Force</td>
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<tr>
<td>AISRAP</td>
<td>Australian Institute of Suicide Research and Prevention</td>
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<tr>
<td>AMSA</td>
<td>Australian Medical Students Association</td>
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<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
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<tr>
<td>ATSISPEP</td>
<td>Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project</td>
</tr>
<tr>
<td>BDI</td>
<td>Black Dog Institute</td>
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<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<tr>
<td>CAP</td>
<td>Community Action Plan</td>
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<tr>
<td>CCT</td>
<td>Collaborative Clinical Taskforce</td>
</tr>
<tr>
<td>COFP</td>
<td>Community of Practice</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training (QLD)</td>
</tr>
<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
</tr>
<tr>
<td>EOFY</td>
<td>End of Financial Year</td>
</tr>
<tr>
<td>EVAC</td>
<td>Emergency Services &amp; Veterans Assistance Centre (Townsville)</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HOPE</td>
<td>(Blue) Helping. Out. Police. Everywhere</td>
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<tr>
<td>JCU</td>
<td>James Cook University</td>
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<tr>
<td>LAA</td>
<td>Local Action Alliance (Aboriginal and Torres Strait Islander community)</td>
</tr>
<tr>
<td>LGBTIQ</td>
<td>Lesbian, Gay, Bisexual, Trans, Intersex, Queer/Questioning</td>
</tr>
<tr>
<td>MHFA</td>
<td>Mental Health First Aid</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>NICRS</td>
<td>National Indigenous Critical Response Service</td>
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<tr>
<td>NQPHN</td>
<td>Northern Queensland Primary Health Network</td>
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<tr>
<td>NRL</td>
<td>National Rugby League</td>
</tr>
<tr>
<td>QAS</td>
<td>Queensland Ambulance Service</td>
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<tr>
<td>QFES</td>
<td>Queensland Fire and Emergency Services</td>
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<tr>
<td>QPS</td>
<td>Queensland Police Service</td>
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<tr>
<td>STARS</td>
<td>Screening Tool for Assessing Risk of Suicide</td>
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<tr>
<td>THHS</td>
<td>Townsville Hospital and Health Service</td>
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<tr>
<td>TSPN</td>
<td>Townsville Suicide Prevention Network</td>
</tr>
<tr>
<td>VET</td>
<td>Vocational, Education and Training</td>
</tr>
</tbody>
</table>
Resources & References

Preventing Suicide in the North: developing capacity, local knowledge and skills
https://researchonline.jcu.edu.au/46190/

A definition of suicide, its nature, its QLD context and its influence over the CAP process
Suicide: Psychache and Alienation [Psychiatric Times] 2011

Australian Bureau of Statistics (Townville Snapshot)

Queensland Government Statistician's Office (Townville Snapshot)
*Particularly essential data on populations growth corridors – where resourcing needs to be preemptive and strategically placed.
Suicide in QUEENSLAND Mortality Rates and Related Data 2011–2013 (AISRAP)

Strategy 1
1.1
Current Queensland Health THHS Care Coordination

1.2
Roses in the Ocean

1.4
QPS – Co-Responder (Cairns – Far north District)
Centacare Cairns Co-Responder Review 2017

1.5
Standby Response Service (Nationally)
National Indigenous Critical Response Service (NICRS)
Barret Inquiry Commission (QLD) Discussion Paper No. 4D: CHQ HHS Statewide Adolescent Mental Health Extended Treatment Initiative (AMHETI)
— Draft Summary of Service Elements & Models of Service

Strategy 1 Model Options Briefing
Albie House (TAS) a place where “at risk” youth can access support and guidance 24/7 in a nurturing, non-clinical secure environment.

Our House Our Haven – Ipswich Credentialed Mental Health Nurses providing Psychotherapy and Counselling
https://www.ohoh.org.au/

Step Up Step Down (Sub-Acute Model to re-purpose) Canberra (+other locations)
Strategy 1 Background
Ottawa Charter of Health Promotion (WHO)

[WHO, Canada 1986]

Suicide rates in Glasgow at their lowest level in 30 years [Evening Times UK] 2016
http://www.eveningtimes.co.uk/news/14984753.Suicide_rates_in_Glasgow_at_their_lowest_level_in_30_years/

Historical overview Townsville Hospital & Mental Health Services (John Allan 2015 Presentation RANZCP Congress)

Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services, Canberra November 2014 National Mental Health Commission

Consumer Mapping – Gold Coast PHN

Strategy 2

2.1 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (Report) University of Western Australia (UWA)
http://www.atsispep.sis.uwa.edu.au/

2.2 ibobbly
http://bmjopen.bmj.com/content/7/1/e013518.full?ijkey=SFv8VzUTuOAg5K&keytype=ref
http://bmjopen.bmj.com/content/bmjopen/7/1/e013518.full.pdf
http://www.firstnationstelegraph.com/socialindigenous-youth-suicide--techno


2.5 StepCare
BeyondNow

2.7

2.8
The Way Back Service (Beyond Blue)

Strategy 3

3.1
C of P
clinical+topics/communities+of+practice

3.2

3.3

3.5

3.7
http://www.healthinfonet.ecu.edu.au/key-resources/conferences?cid=2702

Strategy 4

4.1
Safeguarding Yourself – Recognising and Responding to Vicarious Trauma

4.2
Blue H.O.P.E
Blue HOPE also partner with the RTO / Employment specialist to ensure Transition Well can occur by recognizing
the skills of former offers within VET framework of prior learning. Quick-Shift: http://www.bluehope.org.au/get-
support/career-transitioning/

4.4
EVAC – Emergency Services & Veterans Assistance Centre – Townsville
https://evactownsville.com/

Medical Practitioners – Self Care (resources)
Australian Medical Association (AMA) Queensland & AMA Foundation

Doctors Health Advisory Service Queensland
http://dhassq.org.au/ P: 07 3833 4352 - 24 hour phone service (Doctors & Medical Students only)
Clinical Register concept adapted from a locally tested Canadian in a based project for EMS/ First Responders
(explored further in e-Appendix)

Strategy 5

https://www.wesleymission.org.au/home/our-services/wesley-mental-health-services/wesley-suicide-prevention-
services/suicide-preventionwesley-lifeforce-training/
Strategy 6
The Resilience Project (in schools)
https://vimeo.com/77479008

Peer Support Australia (Parents & Teachers)

Strategy 7
Case Study: Mental Illness Fellowship SA & Baptist Care SA Peer Work Project (2012)

National Mental Health Commission - Mental Health Peer Work Development and Promotion - Scaffolding

Centre of Excellence in Peer Support
http://peersupportvic.org
http://www.mhpod.gov.au/assets/sample_topics/combined/Supporting_a_Mental_Health_Peer_Workforce/objective1/index.html
http://www.themhs.org/resources/427/the-peer-work-project

Strategy 8
Mindframe Media http://www.mindframe-media.info/

Strategy 9
http://fare.org.au/
http://adf.org.au/#family

Strategy 10
QMHC – Early Action Plan

Seligman Martin PhD, Flourish, USA, Random House 2011
Flourishing Scale - Questionnaire (Illinois University)
https://internal.psychology.illinois.edu/~ediener/FS.html
Flourishing Scale - Short Form (Ohio State University)
https://ogg.osu.edu/media/documents/MB%20Stream/Short%20Flourishing%20Scale.pdf

10.1
Transition Well Resources.
Mining & FIFO workforces & families
Y-Fronts Australia (App)
http://www.yfrontsaustralia.com/

Mining Family Maters (Mining, Oil & Gas)

10.2
Gold Coast Lavender Parent & Infant Unit
http://www.abc.net.au/radio/brisbane/programs/evenings/maternal-mental-health/8362948

Gold Coast Zero Suicide Strategy
http://zerosuicide.org/
https://www.suicidepreventionaust.org/projects/cross-sector-collaboration/zero-suicides-healthcare


Yellow Ribbon Suicide Prevention Program https://yellowribbon.org/ (USA- Intl)
10.5
Bishop Micheal Putney Fellowship (Townsville Emerging Leaders) – Tropical Brain & Mind Foundation

10.6
Government committed to finding new solutions to tackle elderly depression, suicide [ABC News Online] 2017

10.8
www.thefundingnetwork.com.au
The Sky Foundation (Townsville)
http://www.skyfoundation.org.au/origins

Evaluation

Resources:
Evaluating Health Promotion: A Health Workers Guide (Hawe, Degeling & Hall)
Theory in a Nutshell, A practical guide to Health Promotion Theories 2nd Edition (Nutbeam & Harris)
Appendix

The background logic, sequencing and localisation of the BDI Lifespan www.lifespan.org.au to each strategy is outlined in the electronic appendix.


To get the background on the Community Action Plan, further reading, particularly current national and international approaches to the needs identified in Strategy 1, please refer to the CAP References (preceding pages) combined with the Appendix & related documents uploaded and updated via the TSPN Website:

www.tspn.org.au