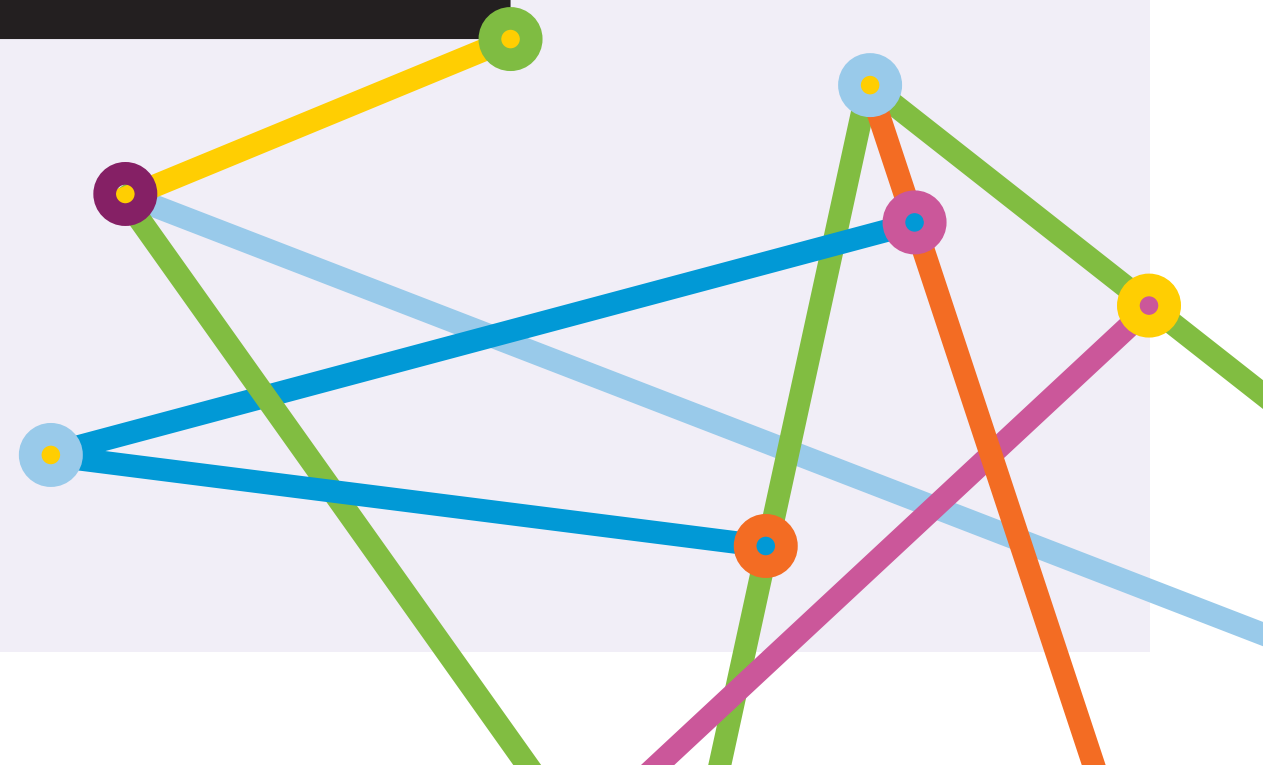


WA Primary Health Alliance Suicide Prevention Strategy 2023-2025





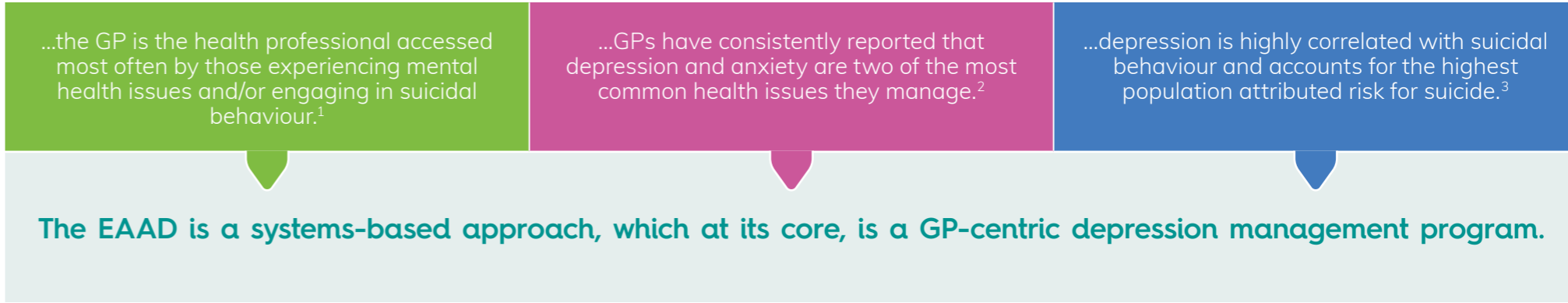
WA Primary Health Alliance Suicide Prevention Strategy

Vision: To have a clear process to guide the commissioning of suicide prevention activities and services, which enhance the effectiveness and efficiency of primary mental health care.

Mission: Develop a commissioning framework that incorporates the European Alliance Against Depression (EAAD) system-based approach to suicide prevention.

Description: This strategy targets the primary mental health care sector and in particular general practice. At the core of the strategy is the implementation of the EAAD systems-based approach, which is primarily a GP depression management program.

Why: We have chosen this approach because....



1 Stene-Larsen K, Reneflot A. Contact with primary and mental health care prior to suicide: A systematic review of the literature from 2000 to 2017. Scand J Public Health. 2019 Feb;47(1):9-17.

2 The Royal College of General Practitioners. General Practice Health of the Nation 2022: An annual insight into the state of Australian general practice. Available at <https://www.racgp.org.au/general-practice-health-of-the-nation-2022> [Accessed 13 February 2023]

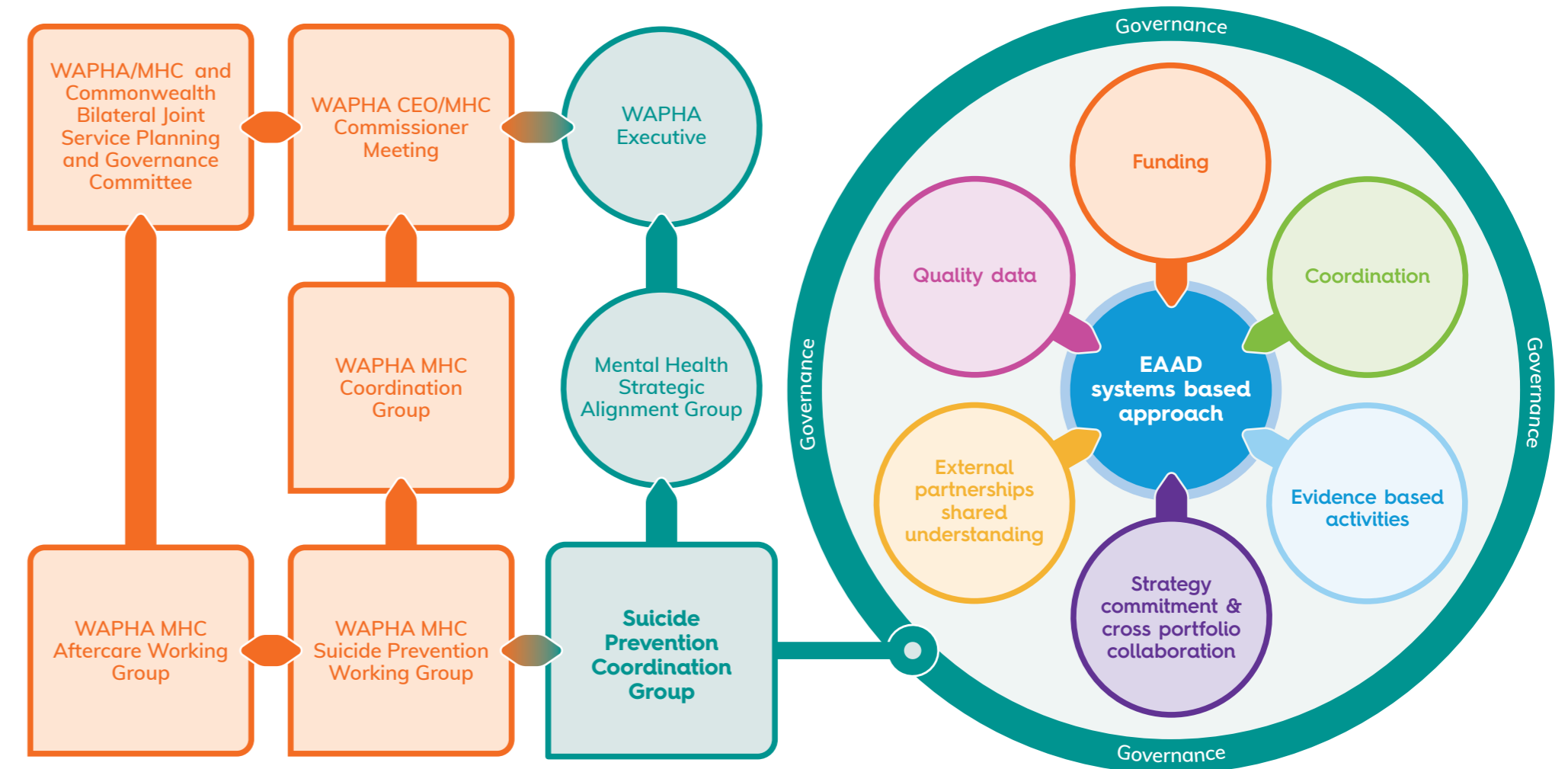
3 Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a metareview. World Psychiatry Off J World Psychiatr Assoc WPA. 2014 Jun; 13(2):153-60. <https://doi.org/10.1002/wps.20128>

Policy Context

National Mental Health and Suicide Prevention Agreement	Agreement to have a shared responsibility to provide a more effective systems-based approach to meet the needs of people at risk of suicide.
WA Bilateral Schedule on Mental Health and Suicide Prevention	Agreement to implement Commonwealth/State systemic reforms that improve mental health outcomes for all people in WA. Specific funding allocated for aftercare services.
WA Foundational Plan for Mental Health, Alcohol and Other Drug Services and Suicide Prevention	Acknowledges collaboration required between WA Primary Health Networks, Health Service Providers and the Mental Health Commission (MHC).
WA Suicide Prevention Framework 2021- 2025	Acknowledges a systems-based approach as best practice and identifies the EAAD model in <i>Western Australian Suicide Prevention Framework 2021 – 2025</i> .
The WA Primary Health Alliance (WAPHA) submission to the Parliamentary Select Committee on Mental Health and Suicide Prevention.	Committed to implementing EAAD systems-based approach.
Commonwealth Guidance for Targeted Regional Initiatives for Suicide Prevention	Expectation to adopt a systems-based approach to implementation and delivery of services.
Commonwealth Funding Schedule. PHN's Primary Mental Health Care Schedule. Deed of Variation (Section 2.8)	Must adopt a systems-based approach.

Who is involved: Areas of the organisation involved in planning, strategic implementation, program promotion, procurement implementation, monitoring and evaluation of suicide prevention activities. Success will be dependent on cross portfolio collaboration within WAPHA and external partnerships.

How:



Guiding Priorities	Funding	Partnerships/Activities	Outcomes
1: Primary care and mental health care*	TRISP**	<ul style="list-style-type: none"> Initial assessment and referral/training and support officer HealthPathways WA Project ECHO Communities of Practice WAPHA recruitment of GPs 	<ul style="list-style-type: none"> Enhanced GP capacity to treat and diagnose depression and prevent suicidal behaviour
2: General public awareness	TRISP**	<ul style="list-style-type: none"> Collaborate with MHC - localised to communities 	<ul style="list-style-type: none"> Reduce stigma Encourage people to seek help (e.g. talk to your GP)
3: Community facilitators, gatekeepers and stakeholders	TRISP**	<ul style="list-style-type: none"> Collaborate with MHC to coordinate targeted gatekeeper training (localised to region) 	<ul style="list-style-type: none"> Improved capacity within the community to recognise, respond and refer consumers to seek help
4: Patients, high risk groups and relatives	Recurrent funds – Mental health flexible funding/Bilateral schedule funding	<ul style="list-style-type: none"> Aftercare (clinical): WAPHA Health Service Providers Partnership Protocols & WAPHA/MHC Working Groups Postvention (clinical) 	<ul style="list-style-type: none"> Support for persons most at-risk Improved integration of tertiary/primary health care

*Must be completed before initiating Priorities 2 and 3.

**TRISP = Targeted Regional Initiatives for Suicide Prevention.

A systems-based approach to suicide prevention

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

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

The essential elements of a systems-based approach can be derived from the WHO's *Preventing Suicide: A Global Imperative*, and are included in *The Fifth National Mental Health and Suicide Prevention Plan*:

1. Surveillance - increase the quality and timeliness of data on suicide and suicide attempts.
2. Means restriction - reduce the availability, accessibility and attractiveness of the means to suicide.
3. Media - promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media.
4. Access to services - promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.
5. Training and education - maintain comprehensive training programs for identified gatekeepers.
6. Treatment - improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.

Reference: Australian Government Department of Health and Aged Care. Program Guidance for Targeted Regional Initiatives for Suicide Prevention.

7. Crisis intervention - ensure that communities have the capacity to respond to crises with appropriate interventions.
8. Postvention - improve response to and caring for those affected by suicide and suicide attempts.
9. Awareness - establish public information campaigns to support the understanding that suicides are preventable.
10. Stigma reduction - promote the use of mental health services.
11. Oversight and coordination - utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours.

Many of these elements overlap with the EAAD model, while some are beyond the PHNs' scope (eg, reducing access to means; media reporting guidelines).

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



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Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

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