



Tasmanian **Suicide
Prevention** Strategy
2023-2027

Evaluation of
Implementation
Plan One



TASMANIAN CENTRE FOR
MENTAL HEALTH
SERVICE INNOVATION



Tasmanian
Government

Mental Health, Alcohol and Drug Directorate
Department of Health

Help is available

Talking and reading about suicide can be distressing. If you're worried about how you're feeling and need help, please use the below services to access support.

If life is in danger, call **Triple Zero (000)**. You can also talk to a counselling service, or employee assistance provider (EAP).

Tasmanian Support Services

A Tasmanian Lifeline

1800 98 44 34

Phone counselling service for psychological distress. 8am to 8pm
www.lifelinetasmania.org.au

Mental Health Families & Friends Tasmania

03 6228 7448

Phone support and referral for families and friends supporting someone with their mental ill health.
9am-5pm weekdays
www.mhfamiliesfriends.org.au

Access Mental Health

1800 332 388

Tasmanian phone service for mental health support, triage and referrals.
9am to 10pm 7 days.

National Support Services

Lifeline

13 11 14

24/7 phone and online counselling for Australians experiencing emotional distress.
www.lifeline.org.au

StandBy Support After Suicide

1300 727 247

24/7 suicide prevention counselling service.
www.standbysupport.com.au

Suicide Call Back Service

1300 659 467

24/7 phone counselling service for people at risk, concerned about someone at risk, or bereaved by suicide.
www.suicidecallbackservice.org.au

MensLine Australia

1800 789 978

24/7 National phone support and online counselling for men.
www.mensline.org.au

13YARN

13 92 76

24/7 phone support for Aboriginal and Torres Strait Islander people.
www.13yarn.org.au

QLife

1800 184 527

Phone and webchat LGBTI peer support for people wanting to talk about a range of issues. 3pm to 12am, 7 days.
[www.qlife.au/resources/chat](http://www qlife.au/resources/chat)

Open Arms – Veterans & Families

Counselling

1800 011 046

24/7 face-to-face, phone and online counselling.
www.openarms.gov.au/get-support/counselling

Beyond Blue

1300 22 4636

24/7 phone support & online chat service.
www.beyondblue.org.au

Kids Helpline

1800 55 1800

24/7 phone support and online counselling for young people aged 5 to 25.
www.kidshelpline.com.au

Headspace

24/7 online counselling for young people aged 12 to 25
www.headspace.org.au

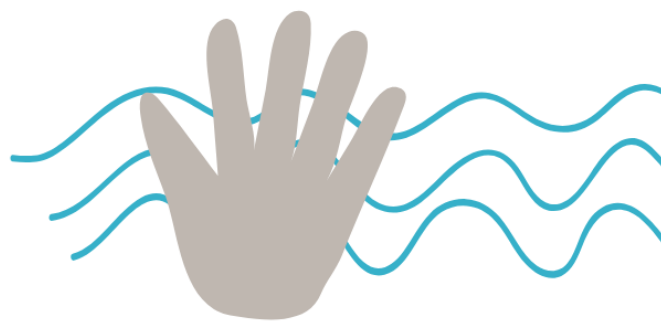


Acknowledgement

We acknowledge Tasmanian Aboriginal people as the traditional and continuing custodians of the lands and waterways in Tasmania and pay respects to Elders past and present.

We acknowledge all people in Tasmania who have a lived experience of suicide, including those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal distress and/or been bereaved by suicide. Their knowledge is essential in the design and delivery of suicide prevention in Tasmania.

Thank you to the many organisations, service providers and community members in Tasmania who shared their experiences and expertise to help shape the Tasmanian Suicide Prevention Strategy 2023–2027 and this first Implementation Plan (Plan). This evaluation was developed with the support of Everymind.



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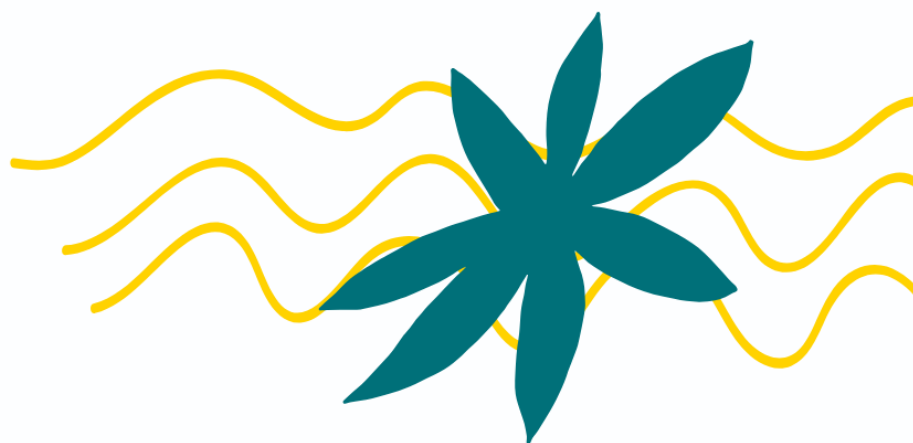
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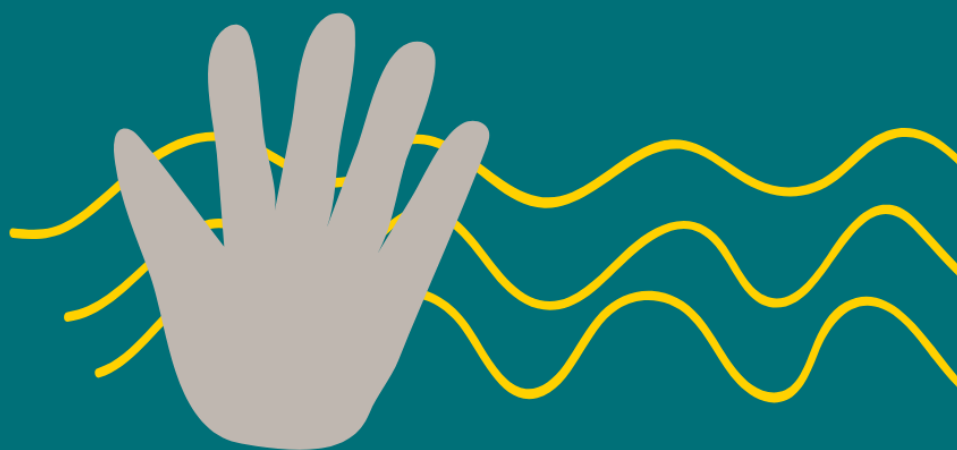
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KEY:

DPAC	Department of Premier and Cabinet
LGAT	Local Government Association Tasmania
DoH	Department of Health
NSPO	National Suicide Prevention Office
PHT	Primary Health Tasmania
NSPA	National Suicide Prevention Adviser
DoJ	Department of Justice
MH	Mental Health
AOD	Alcohol and Other Drugs
TDS	Tasmanian Drug Strategy 2023–2028
CSO	Community Service Organisation
RD	Reform Direction
TSPS	Tasmanian Suicide Prevention Strategy
CTG	Closing the Gap
TSPCN	Tasmanian Suicide Prevention Community Network
DECYP	Department for Education, Children and Young People
NSPLSP	National Suicide Prevention Leadership and Support Program
TCMHSI	The Centre for Mental Health Service Innovation
TMHRP	Tasmanian Mental Health Reform Program
HT	Healthy Tasmania Five-Year Strategic Plan 2022–2026
NMHSPA	National Mental Health and Suicide Prevention Agreement
SPC	Suicide Prevention Coordinators
OAA	Office of Aboriginal Affairs
ACCHO	Aboriginal Community Controlled Health Organisation
NACCHO	National Aboriginal Community Controlled Health Organisation
UTAS	University of Tasmania
THEO	Tasmanian Health Education Online
HLO	Health Learning Online

Definitions

TERM	MEANING IN THE STRATEGY
Suicide	The act of purposely ending one's life.
Suicidal behaviour	A range of behaviours or actions which are related to suicide, including suicidal thinking, self-harming behaviour and/or suicide attempts.
Suicide attempt	Any non-fatal behaviour aimed at purposely ending one's life.
Suicidal thinking	Thoughts about suicide (sometimes called suicidal ideation in other documents).
Self-harm	Deliberately injuring or hurting oneself, with or without the intention of dying.
Lived experience of suicide	Anyone who has experienced (or is currently experiencing) suicide thoughts, or has survived a suicide attempt, cared for someone through suicidal distress or been bereaved by suicide.
Self-harm	Deliberately injuring or hurting oneself, with or without the intention of dying.
Lived experience of suicide	Anyone who has experienced (or is currently experiencing) suicide thoughts, or has survived a suicide attempt, cared for someone through suicidal distress or been bereaved by suicide.
Suicide prevention	The actions we take to prevent suicide and suicidal behaviour and to support people who have been impacted by suicide. These actions are focused on reducing risk factors and enhancing protective factors.
Aftercare	The care, treatment and/or support provided to a person following a suicide attempt and presentation to a health service or hospital.
Postvention	Activities or interventions occurring after a death by suicide, aimed to support and assist those bereaved or affected (family, friends, professionals, peers, responders, community) to recover from trauma, cope with stressors and manage the experience of loss and grief.

Definitions continued

TERM	MEANING IN THE STRATEGY
Co-design	A process whereby traditional experts work in equal partnership with people with lived experience to 'design' a service or service improvement. The core co-design principle of power sharing is especially significant in the context of suicide prevention where people with lived experience have been disempowered by their experiences of stigma and discrimination.
Resilience	Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. This may include family and relationship problems, serious health problems or workplace and financial stressors.
Stigma	The disapproval of, or discrimination against, an individual or group based on characteristics that serve to distinguish them from other members of a society. Stigma is complex and can result from negatively stereotyped characteristics, attitudes and responses that harm a person's day-to-day health and wellbeing by excluding, devaluing or shaming them.
Social determinants of health and wellbeing	The non-medical factors that influence health and wellbeing outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider systems that shape the conditions of daily life. This includes economic policies and systems, social norms and policies, as well as political systems.
Trauma informed	Refers to an organisational or practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families, carers and service providers.
LGBTQIA+	LGBTQIA+ is an evolving acronym and umbrella term. It stands for lesbian, gay, bisexual, trans, queer/questioning, intersex, asexual and includes other sexuality, gender and bodily diverse people (+).

Highlights

Action 1: Enabling collective action across agencies and sectors

Tasmanians benefit from ongoing coordinated efforts to prevent suicide, with agencies working together to share data, align policies, and address critical gaps.

Development of a new directory of programs addressing wellbeing and suicide prevention in schools is underway.

A Cabinet decision for the Tasmanian Government to sign onto the National Communications Charter has laid the foundation for implementing clearer and more compassionate communication about suicide, aiming to reduce stigma and improve public understanding across government agencies.

Research on restricting access to means of suicide sets foundation for future initiatives in Tasmania.

Opening Tasmania's first Safe Haven as a non-clinical, supportive environment for those in distress.

Development of a Directory of Wellbeing Programs to support schools with resources to address youth mental health and distress.

54 of 81 actions completed, with 20 deferred due to dependencies on external projects.

Early distress, aftercare, and postvention services are being reviewed to better meet community needs.

Action 2: Delivering compassionate and connected services


The opening of the Safe Haven in southern Tasmania provides a welcoming, non-clinical space for people experiencing distress, ensuring they feel supported and safe.

Ongoing inclusion of Lived Experience peer workers in services like the Peacock Centre ensure that Tasmanians in suicidal distress receive empathetic, person-centred care.

Families and friends supporting loved ones in distress have access to the Minds Together program, helping them navigate these challenging situations more effectively.

Culturally informed initiatives like the consultation with the Tasmanian Aboriginal Centre on an Early Distress Support Service, ensure inclusive and accessible care for all.

Universal aftercare services are under review with the aim of enhancing support for Tasmanians following experiences of suicidal distress.



Checklists are helping health services create welcoming spaces for men.

Over 5,000 staff trained in inclusive practices for priority groups.

Action 3: Empowering communities to lead suicide prevention

Community-led workshops and grants continue to empower local groups to develop and implement suicide prevention initiatives tailored to their unique needs, fostering ongoing stronger community connections.

Men and young people across Tasmania are continually benefiting from increasingly accessible and welcoming health services, with evolving checklists and programs ensuring these groups feel consistently valued and understood.

Individuals with lived experience are actively shaping policies and programs, making suicide prevention initiatives more relevant and effective for Tasmanians.

Support for grassroots initiatives remains a priority, enabling communities to lead the ongoing creation of safer, more resilient environments for everyone.


Action 4: Building a skilled, supported, and sustained workforce

Over 5,000 Tasmanians working in government and healthcare have been trained in inclusive practices, ensuring better, more empathetic support for diverse groups.

Comprehensive Care Plans now provide people in suicidal distress with consistent and tailored care, improving their chances of recovery.

TCMHSI is reviewing available suicide prevention training frameworks to determine the most effective options for Tasmanians, ensuring professionals are equipped to provide informed and effective support during a crisis..

Workforce education initiatives are continuously equipping care providers in Tasmania to better address the evolving needs of priority groups, including LGBTQI+ individuals and Aboriginal communities.



Lived experience representatives are making services more empathetic and effective.

Action 5: Enhancing whole-of-government coordination

Stronger governance structures, such as the Premier's Mental Health and Suicide Prevention Advisory Council, ensure suicide prevention remains a priority at every level of government, benefiting all Tasmanians.

Continuous evaluation and improvements in data collection and reporting are helping to identify trends and gaps, enabling more targeted interventions to save lives.

Aligning with national frameworks ensures that Tasmanians benefit from cutting-edge research, policies, and practices in suicide prevention.



Competing priorities and process of stakeholders were negotiated to progress priority actions.

WHAT'S NEXT



Strengthen the focus on specific population groups

Continue ongoing efforts to address the needs of priority groups identified in the plan, including Aboriginal and Torres Strait Islander people, LGBTQIA+ communities, youth people, and men.



Further enhance engagement and evaluation

Continuous engagement with stakeholders and communities, while embedding robust evaluation processes to refine and improve suicide prevention initiatives.



Further strengthen strategic partnerships

Continue partnerships with community organisations, peak bodies, and stakeholders to deliver unified action.



Further develop a skilled suicide prevention workforce

Increase efforts to develop and maintain a highly skilled suicide prevention workforce, ensuring care providers are equipped to support people in need effectively.



Expand reach of education and training

Prioritize ongoing education and training initiatives to build capacity across communities, enabling individuals to identify and support those at risk.



Continue to strengthen whole-of-government actions

Enhance coordination across government agencies to ensure integrated and unified efforts in suicide prevention.

What we did

Background to the Evaluation

The Tasmanian Centre for Mental Health Service Innovation (TCMHSI), a partnership between the Department of Health and the University of Tasmania, was created to improve mental health services across Tasmania for children, young people, adults, and older people. The Centre has been tasked with evaluating Implementation Plan One of the Tasmanian Suicide Prevention Strategy.

The evaluation aims to provide insights into:

- Updated data on key indicators, where available.
- Feedback from Tasmanian communities, people with lived experience, and the mental health workforce.
- Case studies showing progress, successes, and challenges related to activities in the Plan.

This Evaluation Framework was developed as part of Action 5.1.6 of the Plan. It is designed to align with the Plan's goals and is informed by evidence. The framework is adaptable, culturally and ethically sensitive, and financially responsible. The evaluation is formative, meaning it is conducted alongside the Plan's implementation, with the Evaluation Team working closely with agencies, services, and partners. The team aims to provide a detailed understanding of how the Plan has been put into action and to develop recommendations based on their findings in consultation with the Evaluation Steering Group.

The evaluation will monitor the performance of Implementation Plan One, assess compliance with its key activities, and evaluate the impact of its priority actions. The recommendations will help shape future implementation plans.



The process

The Evaluation of Implementation Plan One used a "theory of change" approach to understand whether and how the Plan helped implement the Strategy. This method allowed the Evaluation Team to examine the links between resources (inputs), actions taken (outputs), and the results achieved (outcomes). They established a baseline of what was done, by whom, and how it was achieved through a structured review of the Plan's implementation.

The evaluation is made up of five main components:

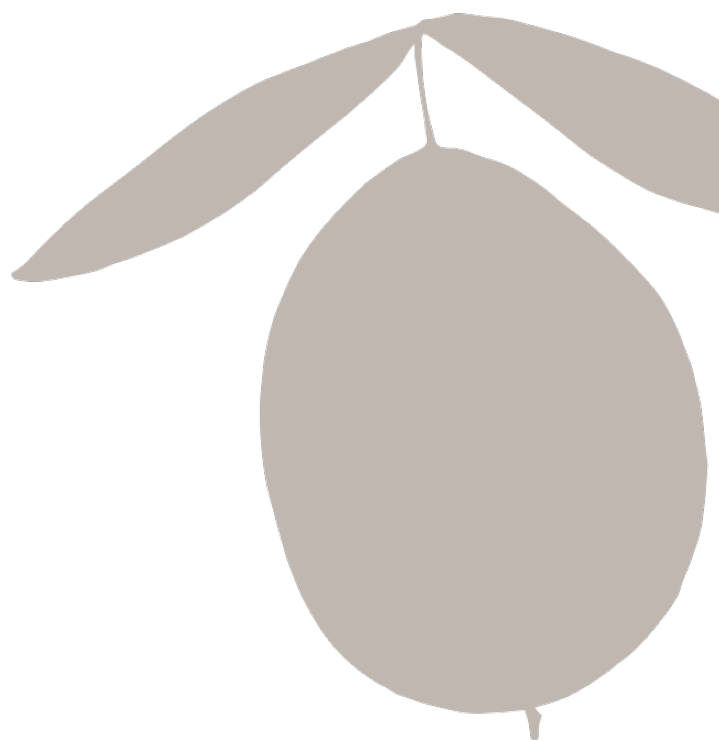
1. Progress and compliance with priority actions and key activities
2. Reflections from stakeholders (Actions 2.1-2.4; 3.1-3.3)
3. Evaluation of specific interventions (Actions 4.1-4.4)
4. Data collection and evaluation (Actions 5.1-5.3)
5. Recommendations for future implementation plans

An overview of the methodology for each component can be viewed in Appendix I.

The Evaluation took a collaborative approach, with the Evaluation Team working alongside key organisations and stakeholders (Appendix V) to assess actions aimed at promoting wellbeing and preventing suicide and suicidal behaviours (Actions 1.1 – 1.5).

They used a mix of methods, combining both numerical (quantitative) and descriptive (qualitative) data collection and analysis. The specific methods included:

- Electronic surveys
- Interviews with key people
- Workshops
- Observation
- Analysis of documents
- Review of available datasets



Evaluation of the IP Priorities and Actions

KEY

- ✓ Achieved.
- ▷ In progress
- ▶ Deferred.



Enabling action across agencies and sectors to prevent the onset of suicidal behaviours and respond early to distress

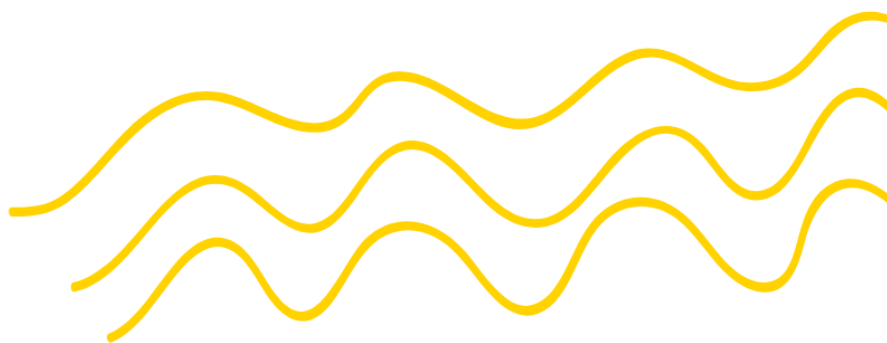
FOCUS	<p>Promotion & Prevention</p> <ul style="list-style-type: none"> ▪ Promotion of wellbeing and addressing key social determinants related to suicidal behaviour ▪ Population wide actions to prevent onset of suicidal behaviour ▪ Targeted actions to reach people at points of disconnection and/ or transition
RATIONALE	<p>While each experience of suicide is individual, a broader public health and cross-agency approach is needed to have the greatest impact on improving wellbeing, reducing population risk factors and being able to respond early and effectively. Taking a prevention approach that considers the social determinants of wellbeing means looking at the non-medical, societal and cultural factors that can have an influence on suicidal behaviour, such as the conditions in which people are born, grow, work, live and age and the impact of inequities and trauma. People will also encounter times of disconnection and unique stressors as they move through different stages in life. This presents multiple opportunities to provide proactive supports, through the expansion of suicide prevention actions across multiple agencies and settings.</p>

1.1 Support government agencies in Tasmania to apply suicide prevention

ACTION	STATUS
1.1.1 Implement Compassionate Foundations online program across all Tasmanian government agencies, with 30 per cent of staff completing the program by June 2024.	▶ Delayed due to staffing issues in the Commonwealth impacting the Implementation Plan licencing agreement.
1.1.2 Establish a cross-agency working group to develop, implement and review processes and supports that enable new policies to include suicide responses.	✓ A cross-agency working group has been established (see page 3).

1.2 Cross-sector action on prevention to address key risk and protective factors

ACTION	STATUS
1.2.1 Develop the Mental Health, Alcohol and Other Drug Promotion, Prevention and Early Intervention Framework/s and integrate the prevention of suicide and aligned actions from mental health, alcohol and other drugs or primary health strategies into the framework/s.	▶ A consultant has been engaged and the DoH has commenced the project to develop a Promotion, Prevention and Early Intervention Framework for Tasmania.
1.2.2 Increase access to quality and early supports for families and children, through delivery of Rethink Reform Direction 6, including the establishment of Head to Health Kids and increased support for new parents.	▶ Head to Health Kids Hubs, headspace and Early Psychosis Youth Services and Youth hospital in the home are long-term projects and not scheduled for completion within the first implementation Plan.
1.2.3 Commence a review of the mental health, alcohol and other drug and suicide prevention programs being offered in Tasmanian schools to ensure they are evidence-based and plan the development of a framework for preferred providers and programs.	✓ The DoH has engaged the Australian Council of Education Research (ACER) to develop a directory of school-based wellbeing, mental health, alcohol and other drugs, and suicide prevention programs for schools and learning communities.
1.2.4 Develop a framework of evidence-informed mentally healthy workplace programs	▶ A supplier has been engaged to develop a directory of evidence-based mentally healthy workplace programs.



1.3 Cross-agency action to identify and provide supports at points of disconnection

ACTION	STATUS
<p>1.3.1 Review the economic, social and health supports available to people at key points of distress to inform future cross-agency action. This includes an initial focus on people who are:</p> <ul style="list-style-type: none"> ▪ experiencing a relationship breakdown ▪ recently unemployed ▪ accessing the workers compensation system ▪ experiencing housing stress or not living in stable and secure housing. 	<p>✓ The Early Distress Support Service project includes actions 1.3.1, 2.1.3 and 2.4.1. Support available to people at key points of distress was reviewed and consultations completed. There is now a funding agreement with the Tasmanian Aboriginal Centre to support co-design with Tasmanian Aboriginal people.</p>

1.4 Promote best-practice reporting and communication about suicide in Tasmania and take action on stigma

ACTION	STATUS
<p>1.4.1 All government agencies are signatories of the Tasmanian Communications Charter</p>	<p>✓ All government agencies are signatories of the Tasmanian Communications Charter - speaking for suicide prevention.</p>
<p>1.4.2 Best-practice communication training provided to members and staff of the Premier's Mental Health and Suicide Prevention Advisory Council, Parliament (and their staff) and communications teams in government departments.</p>	<p>▶ As part of the implementation of the National Communications Charter this action will be continued into IP2.</p>
<p>1.4.3 Mindframe training provided to Tasmanian media organisations and University of Tasmania journalism students yearly.</p>	<p>✓ Mindframe training has been delivered to a range of stakeholders including DoH, Mental Health Council of Tasmania (MHCT) and the University of Tasmania (UTAS).</p>
<p>1.4.4 Develop and implement a whole of government communications strategy for suicide prevention.</p>	<p>✓ All government agencies are signatories of the Tasmanian Communications Charter - speaking for suicide prevention.</p>
<p>1.4.5 Identify and implement key stigma reduction strategies as aligned with the National Stigma and Discrimination Reduction Strategy (once developed) and Rethink Reform Direction 3.</p>	<p>▶ The strategy has not yet been released.</p>

1.5 Implement cross-agency actions to reduce access to means of suicide in Tasmania

ACTION	STATUS
<p>1.5.1 Establish a data and research cross-agency working group under the Premier's Mental Health and Suicide Prevention Advisory Council to lead means restriction activities and other research priorities in Tasmania.</p>	<p>✓ A data and research cross-agency working group has been established (see page 3). A data and research cross-agency working group under the Premier's Mental Health and Suicide Prevention Advisory Council to lead means restriction activities and other research priorities in Tasmania has been established. The 1st meeting was held on 17 August 2023.</p>
<p>1.5.2 Request and review data from the Tasmanian Suicide Register, and other available data, to inform means restriction action in local government areas of Tasmania, including a specific focus on firearm deaths.</p>	<p>✓ The TCMHSI has undertaken a literature review on means restriction activities for suicide prevention and analysed local data to inform actions for the next Implementation Plan. A report will be delivered in August 2024.</p>
<p>1.5.3 Review and implement suicide prevention measures and communication protocols to reduce suicides at locations known as places where people have died by suicide.</p>	



2

Delivering compassionate and connected services that meet people's needs

FOCUS	Intervention & postvention <ul style="list-style-type: none">▪ Early, effective and ongoing supports to reduce duration and severity of suicidal distress and suicide attempts▪ Actions for families, friends and communities to reduce the impact of suicidal behaviour
RATIONALE	Our services need to be visible, accessible, and safe for all people. They also need to include a range of coordinated supports – including early responses to distress, clinical and non-clinical supports for people experiencing suicidal distress, providing aftercare for those who have attempted suicide or experienced a suicidal crisis and postvention services to support individuals and communities following a suicide. A compassionate service system means that no matter when or where a person makes contact, they are connected to the supports they need, delivered in environments where they feel safe and supported.

2.1 Increase the availability, accessibility and quality of aftercare services in Tasmania to support people following a suicide attempt or suicidal crisis

ACTION	STATUS
<p>2.1.1 Review and improve referral pathways from health services to aftercare program/s and learn from client experiences to improve service.</p>	<p>▶ The Commonwealth and Tasmanian Government are collaborating to work toward universal access to aftercare services. PHT have established a Universal Aftercare Steering Committee with representation from the DoH and the NACCHO, Culture Care Connect Program Coordinator, Tasmanian Aboriginal Centre.</p>
<p>2.1.2 Increase referral pathways into aftercare services from Ambulance Tasmania and other emergency services to better capture those who do not present at hospital.</p>	<p>PHT has completed a procurement process for the Universal Aftercare in Tasmania project with a consultant. The project will identify the best practice principles for Universal Aftercare in Tasmania and a suite of practical recommendations to assist in aligning the Tasmanian aftercare system with the principles.</p>
<p>2.1.3 Support national co-design initiatives to advance the lived experience understanding of best practice for universal aftercare, postvention and distress brief support.</p>	<p>✓ Support has been given to national co-design initiatives to advance the lived experience understanding of best practice for universal aftercare, postvention and distress.</p>

MHER-S

In January 2024, the TCMHSI was commissioned for the evaluation of the MHER-S. A detailed evaluation plan was developed and ethics approval was granted by the UTAS's HREC on 24 May 2024.

Data collected by MHER-S has been provided to the Centre's research team with analysis and evaluation of data ongoing. The evaluation protocol includes a plan to collect further data that is crucial to developing a holistic understanding of how well the service caters to community and consumer need.

The Centre's research team maintains regular communication with the statewide coordinator of MHER for the purpose of the ongoing development of the evaluation, gaining feedback from relevant stakeholders, and reporting the progress of the evaluation.

Progress of the evaluation has been presented at Interdepartmental Committee meetings, which includes senior stakeholders of each agency contributing to the tri-agency MHER service model.

2.2 Expand the availability of community-based models of care for people experiencing suicidal distress.

ACTION	STATUS
2.2.1 Include lived experience workforce in Mental Health Integration Hubs to provide support for people in suicidal distress.	✓ People with lived experience have been employed in the Peacock Centre and its mental health integration hub.
2.2.2 Establish, monitor and report on the first Safe Haven operating in southern Tasmania.	✓ The first Safe Haven is now operating in southern Tasmania. ▶ Monitoring and reporting protocols are in place.

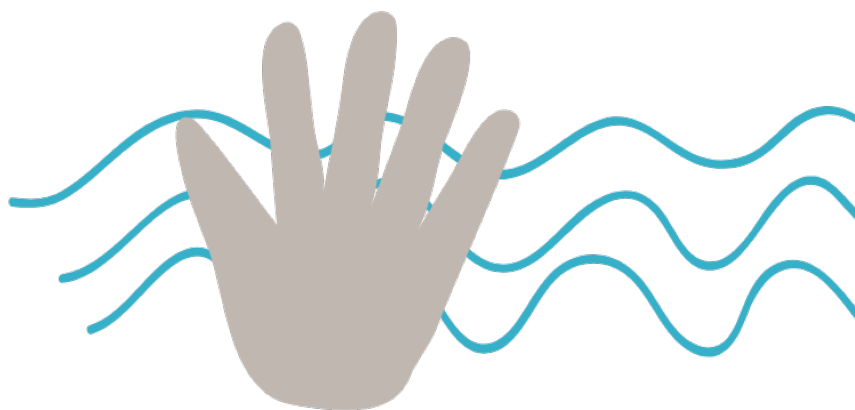
Safe Haven

An evaluation plan was developed for the evaluation of Safe Haven at the Peacock Centre. The evaluation will determine whether the service is an effective, regarded and sustainable treatment pathway for persons experiencing high levels of distress in Tasmania.

Ethics approval was granted by the UTAS’s HREC on 26 April 2024. The evaluation plan includes a detailed protocol; questionnaires for Safe Haven consumers, staff, and other parties of interest; participant information and consent forms; and interview guides.

The protocol outlines changes to data capture methodology at Safe Haven, which were guided by an analysis of existing Safe Haven data and discussions with relevant stakeholders such as the Safe Haven User Group, which includes Safe Haven clinician representatives, Statewide Mental Health Service Clinician representatives, Safe Haven management, Mental Health Reform Program representatives and consumer representatives from Flourish Tasmania and Mental Health Families and Friends Tasmania.

Evaluation plans were discussed with the Centre for Mental Health Research (CMHR) at the Australian National University who are evaluating similar models of care in New South Wales and the Australian Capital Territory. These discussions resulted in a collaborative research agreement being developed that will allow the TCMHSI to utilise evaluation tools developed by the CMHR. These tools will streamline data collection at Safe Haven and allow for the integration and comparison of Tasmanian’s Safe Haven data with those evaluated by the CMHR.



2.3 Provide coordinated supports for families, friends and caregivers impacted by suicidal behaviour

ACTION	STATUS
2.3.1 Identify and procure education and support programs that can be scaled for delivery to family, friends and caregivers of people who are experiencing suicidal distress and/or attempted suicide in Tasmania.	✓ <i>The Minds Together</i> program, is now available for all Tasmanian family and friends who support someone experiencing mental health concerns or suicidal distress.
2.3.2 Identify opportunities to integrate support for families, friends and caregivers into the Tasmanian service system and available evidence-based programs and/or models of care.	▷ This ongoing action is comprised within the <i>Minds Together</i> program (action 2.3.1).
2.3.3 Fund postvention and bereavement support services that can support Tasmanians impacted by suicide, considering reach across settings and communities.	✓ Lifeline Tasmania hosts monthly support groups in partnership with Albie House. It will now deliver the StandBy program in Tasmania.
2.3.4 Develop postvention response plans for at least two Tasmanian government agencies.	▷ The action has been deferred as postvention response plans need to align with the work undertaken by the Commission of Inquiry into the Tasmanian Government's responses to child sexual abuse in institutional settings; the recommendations for critical incident response plans; and the Department of Justice (DoJ, WorkSafe Tasmania) Mental Health Framework for Tasmanian Workplaces.

2.4 Design, deliver and evaluation an early distress response service.

ACTION	STATUS
2.4.1 Review and report on service models developed by other jurisdictions designing and trialling early distress responses, and work with lived experience and cross-agency stakeholders to design a model for trial in the Tasmanian context. This should consider the opportunity to reach people outside of the health system.	▷ Support has been given to national co-design initiatives to advance the lived experience understanding of best practice for universal aftercare, postvention and distress.

3

Empowering our people and communities to lead suicide prevention action

FOCUS	<ul style="list-style-type: none"> ▪ Lived experience leadership ▪ Connected and supported communities with localised planning and delivery ▪ Targeted actions for particular groups to prevent onset, or worsening, of suicidal behaviour
RATIONALE	<p>People with lived experience of suicide and communities in Tasmania are central to the planning and delivery of suicide prevention action.</p> <p>A focus on co-designing solutions that can be delivered in and with communities is crucial. We know that some genders, age groups and communities identified through culture, identity or geography, need tailored and appropriate actions that are co-designed and delivered by the community or population group.</p>

3.1 Support people with lived experience of suicide to contribute to priority setting, program design and delivery of suicide prevention in Tasmania.

ACTION	STATUS
3.1.1 Work with Roses in the Ocean to embed a focus on lived experience of suicide within Tasmania’s lived experience and consumer and carer participation frameworks as aligned with Rethink Reform Direction 1.	▶ Cross-agency collaboration has been established to support lived expertise to co-produce the Seven Steps Framework .
3.1.2 Fund a community organisation to support participation of lived experience statewide.	✓ Consumer and Carer Participation project. The DoH has funded multiple community organisations to provide lived experience participation on all governance groups and all consultations related to the TSPS.
3.1.3 Develop a framework for the delivery of a lived experience of suicide peer workforce for Tasmania. This should include considerations for recruitment, training, supervision, connections with mental health peer workforce, ongoing supervision, and organisational enablers for success.	▶ The framework is being progressed.
3.1.4 Deliver training for people with lived experience of suicide in Tasmania to actively contribute to the TSPS.	✓ Lived experience capacity building workshops were delivered in February and in April.

3.1.5 Funding for Working It Out's volunteer peer support buddy program 'Working It Out Together'.

✓ *Working It Out Together* peer support buddy program has been funded to improve support for LGBTQIA+ Tasmanians.

3.2 Further enhance the capacity of communities to implement suicide prevention community action plans

ACTION	STATUS
3.2.1 Evaluate current community and place-based action plans administered by Primary Health Tasmania and Relationships Australia (Tasmania) to develop a common framework and shared evaluation measures for ongoing work.	✓ The DoH and the TCMHSI have partnered with lived experience researchers and the Manna Institute to produce an evaluation framework for community-led grassroots suicide prevention initiatives to lead the way to a national approach.
3.2.2 Deliver bi-annual learning events for TSPCN members and at least one full-day conference annually to support knowledge sharing and connection.	✓ Funding has been secured for the delivery of learning events for TSPCN members.
3.2.3 Continue small community grants to support local action across communities.	✓ A funding agreement for small community grants to support local action across communities has been established.
3.2.4 Connect the work of the nationally funded suicide prevention programs and services to the suicide prevention sector and community in Tasmania to avoid duplication and harness established best-practice programs and services.	✓ A register of collaboration with federal and jurisdictional organisations delivering key initiatives was developed. Opportunities for integration with stakeholders are being identified.
3.2.5 Work with the Local Government Association of Tasmania to embed TSPS actions in local government plans, including local networks, and work to enhance protective factors.	✓ Local Government Association of Tasmania's (LGAT) activities related to mental health and suicide prevention have been identified. The DoH is now working with the LGAT to integrate identified activities.



3.3 Take targeted action for particular groups in Tasmania that may be at increased risk of suicide

ACTION	STATUS
3.3.1 Targeted activities to prevent onset and impact of suicidal behaviour among men in Tasmania.	
<p>3.3.1.a Establish a cross-agency working group under the Premier’s Mental Health and Suicide Prevention Advisory Council to inform priority activities targeting men, including young men, and make recommendations based on data and evidence.</p>	<p>✓ A cross-agency working group to inform priority activities targeting men has been established (see page 3).</p>
<p>3.3.1.b In co-design with men: develop a checklist which defines the features of a male-friendly health service plan the implementation of the checklist in the Tasmanian Health Service.</p>	<p>✓ A checklist which defines the features of a male-friendly health service has been developed. The checklist will be considered for implementation across the Tasmanian Health System.</p>
<p>3.3.1.c Increase the referral pathways to aftercare services to better reach men who have attempted suicide and/or are experiencing suicidal distress and monitor access and outcome data over a 12-month period.</p>	<p>▶ The Commonwealth and Tasmanian Government are collaborating to work toward universal access to aftercare services. PHT have established a Universal Aftercare Steering Committee with representation from the DoH and the NACCHO, Culture Care Connect Program Coordinator, Tasmanian Aboriginal Centre. PHT has completed a procurement process for the Universal Aftercare in Tasmania project with a consultant. The project will identify the best practice principles for Universal Aftercare in Tasmania and a suite of practical recommendations to assist in aligning the Tasmanian aftercare system with the principles.</p>
<p>3.3.1.d Implement the Men in Mind training program on effectively engaging and working with men, with an initial focus on psychologists and other clinicians working in Tasmanian mental health services, AOD services, justice services and EAP programs.</p>	<p>✓ Men in Mind has been embedded within the DoH Learning Management System. The TCMHSI is partnering with Movember to evaluate the program</p>
<p>3.3.1.e Increase the delivery of evidence-based prevention programs targeting male dominated industries and workplaces with higher rates of suicide.</p>	<p>▶ To ensure alignment with the DoJ Mental Health Framework for Tasmanian Workplaces, the project will be integrated into WorkSafe Tasmania’s project and roll over into IP2.</p>
<p>3.3.1.f Develop and implement targeted community action plans focused on engaging men in rural areas of Tasmania, including small grants to embed community-led actions.</p>	<p>✓ The DoH has amended their Funding Agreement with Relationships Australia to boost funding for Community Action Plans and to provide grants to support local suicide prevention activities in communities.</p>

ACTION**STATUS**

3.3.1.g Partner with Movember to expand reach and access to free mental health and suicide prevention resources and programs addressing the needs of men and boys, including:

- Family Man, an online parenting program helping dads and other caregivers practice positive parenting techniques
- Movember Conversations, a program providing practical guidance on how to talk to men who might be struggling
- Ahead of the Game, a sports-based mental fitness and resilience program.

✓ There is ongoing partnership with Movember.

3.3.1.h Work with Movember to engage in the Movember-led Global Community of Practice for engaging men in their health.

▶ The Mental Health Alcohol and Drug Directorate (MHADD) have engaged with Movember, which are exploring options to establish a Global Community of Practice.

Engagement with Movember

The TCMHSI has continued to work with Movember to support the implementation of Men in Mind (action 3.3.1.d). The Centre identified key stakeholders and clinicians for user testing research conducted by Movember in 2023.

ACTION	STATUS
3.3.2 Targeted activities to prevent onset and impact of suicidal behaviour among young people (12-25 years) in Tasmania.	
<p>3.3.2.a Establish a youth-focused working group to lead a co-design process to develop and recommend actions to the Premier's Mental Health and Suicide Prevention Advisory Council. Actions will be informed by research, data and lived experience.</p>	<p>✓ A youth-focused working group to lead a co-design process to develop and recommend actions to the Premier's Mental Health and Suicide Prevention Advisory Council has been established.</p>
<p>3.3.2.b Work with young people, through a co-design process, to develop actions to include in the current (and future) implementation plans.</p>	<p>✓ Multiple actions targeting areas prioritised by each working group (including youth) have been developed iteratively through the TSPS governance groups.</p>
<p>3.3.2.c Use the Department for Education, Children and Young People's Student Wellbeing Survey report to inform suicide prevention actions that could be implemented in non-educational agencies/settings.</p>	
<p>3.3.2.d In co-design with young people: develop a checklist which defines the features of a youth friendly health service plan the implementation of the checklist across services for young people within the Tasmanian Health Service and services funded to support young people.</p>	<p>✓ The initial draft of a checklist which defines the features of a youth friendly health service has been developed and a first round of consultation conducted through the TSPCN.</p>
<p>3.3.2.e Increase the referral pathways to aftercare services to better support young people who have attempted suicide and/or are experiencing suicidal distress, including direct referral from educational/ school settings.</p>	<p>▶ The Commonwealth and Tasmanian Government are collaborating to work toward universal access to aftercare services. PHT have established a Universal Aftercare Steering Committee with representation from the DoH and the NACCHO, Culture Care Connect Program Coordinator, Tasmanian Aboriginal Centre. PHT has completed a procurement process for the Universal Aftercare in Tasmania project with a consultant. The project will identify the best practice principles for Universal Aftercare in Tasmania and a suite of practical recommendations to assist in aligning the Tasmanian aftercare system with the principles.</p>

ACTION

3.3.2.f Implement professional development courses, such as Emerging Minds Training, across health, community and social services to further develop the skills and confidence of professionals working with children (aged 0-12) and families.

- Focus initially on psychologists and clinicians working in Tasmanian public mental health services
- Extend this professional learning to AOD services and justice services.

3.3.2.g Increase opportunities to support students experiencing or impacted by suicide and suicide attempts at Tasmanian schools through:

- statewide implementation of postvention guidelines for schools
- increasing supports for students following a suicide attempt, linking to aftercare services, and other supports
- building staff and student knowledge and skills to respond to suicidal distress
- developing clear referral pathways between schools and support services.

3.3.2.h Through a co-design process with young people, identify and adapt existing guidelines to support early responses to self-harm among young people in Tasmania. This will include a focus on young people, families, educational settings, and health services.

3.3.2.i Increase young people's confidence to communicate about suicide by developing a plan to adapt and deliver resources, training and tools to fit the Tasmanian context, including working in partnership with the national #chatsafe program.

STATUS

✓ Through the *National Workforce Centre for Child Mental Health*, *Emerging Minds* has created a range of free online resources, including apps, courses, podcasts, toolkits and webinars.

▷ Actions were rescheduled to ensure alignment with the work being undertaken by the Department for Education, Children and Young People managing and responding to suicidal distress and self-harm in schools.

ACTION	STATUS
3.3.3 Targeted activities to prevent onset and impact of suicidal behaviour among other population groups in Tasmania.	
<p>3.3.3.a Review and develop a plan to implement actions from the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (once released) in partnership with Aboriginal Health and community agencies in Tasmania.</p>	<p>▶ The National strategy is not yet released.</p>
<p>3.3.3.b Work with the NACCHO affiliate for Tasmania and PHT to support the implementation of the Culture Care Connect Program.</p>	<p>✓ The implementation of Culture Care Connect Program is being supported.</p>
<p>3.3.3.c Continue to contribute to meeting the outcomes of the National Agreement on Closing the Gap.</p>	<p>✓ There is ongoing contribution to meeting the outcomes of the National Agreement on Closing the Gap.</p>
<p>3.3.3.d Review and develop a plan to implement recommendations from the Royal Commission into Defence and Veteran Suicide in Tasmania.</p>	<p>▶ The final report has not been released.</p>
<p>3.3.3.e Deliver LGBTIQ+ specific training and programs identified under Rethink 2020:</p> <ul style="list-style-type: none"> ▪ develop an audit tool for DoH services to assess how they are meeting the needs of LGBTIQ+ people ▪ develop a concept service model for an LGBTIQ+ specific mental health service ▪ establish LGBTIQ+ peer navigators ▪ in partnership with key stakeholders, monitor the development and implementation of the updated Tasmanian whole-of-government LGBTIQ+ Framework. 	<p>▶ A concept service model for an LGBTIQ+ specific mental health service has been developed.</p>

4

Developing a skilled, supported and sustained workforce in Tasmania

FOCUS	<ul style="list-style-type: none"> ▪ A compassionate and skilled workforce across all services and agencies
RATIONALE	<p>Every contact a person has with a government or community sector organisation is an opportunity for a compassionate response that connects them to the right supports. Our workforces that are providing this care and support are more likely to respond with compassion when they have the knowledge and skills that they need and when they have policies, systems and supports in place. A whole-of-government approach to suicide prevention needs to invest in the culture, leadership and capabilities of the wider Tasmanian workforce.</p>



4.1 Scale up the delivery of contemporary and evidence-based risk mitigation education, training and tools to support clinical, non-clinical and emergency services staff across Tasmania

ACTION	STATUS
<p>4.1.1 Adapt and plan the implementation of a best-practice framework for safer suicide care across all areas of the Department of Health, Tasmanian Health Service and community sector.</p>	<p>▶ The DoH is performing a scoping review to identify learnings and evaluation from other jurisdictions nationally and globally.</p>
<p>4.1.2 Develop an implementation schedule to deliver tiered suicide prevention training, such as Connecting with People and Compassionate Foundations across identified health workforces, with targets and annual reporting of progress. This includes:</p> <ul style="list-style-type: none"> ▪ general practitioners ▪ mental health services ▪ emergency and general health services ▪ AOD workforce ▪ CSO providers of suicide prevention services and supports. 	<p>▶ TCMHSI has reviewed evidence of suicide prevention training across Australia. An evaluation framework is being developed to inform a nationally consistent approach to evaluate workforce training programs</p>
<p>4.1.3 Work with key stakeholders to deliver tiered suicide prevention training, such as Connecting with People and Compassionate Foundations across other agencies that may interact with people in distress. This includes:</p> <ul style="list-style-type: none"> ▪ education and children’s services ▪ justice settings ▪ emergency services and first responders ▪ housing services ▪ relationship services ▪ disability services ▪ CSOs providing suicide prevention services and broader psychosocial supports. 	
<p>4.1.4 Identify, procure and deliver advanced suicide skills training program to targeted practitioners within Statewide Mental Health Services.</p>	

ACTION	STATUS
<p>4.1.5 Develop a procedure to ensure safety plans are created for all people who present in suicidal distress to government funded health services.</p>	<p>✓ All people who present in suicidal distress to government funded health services receive a safety plan through Comprehensive Care Plans (CCP). CCP is a single, yet all-inclusive plan of care shared between all members of a multidisciplinary team for the purpose of enhancing communication, collaboration and coordination of patient care.</p>

Mapping of Workforce Suicide Prevention Training Available within Australia

A scoping review of the literature was undertaken to describe the evidence of best practice in identification, evaluation and implementation of workforce suicide awareness and prevention training. The scoping review was submitted to the funders in February 2024, a summary is included in Appendix III. To access the full review, please contact the TCMHSI.

As part of the scoping review, 47 workforce suicide prevention training programs available across Australia were identified. A review of publicly accessible information sourced from training websites and grey literature searches showed that programs varied in format, delivery methods and targeted workforces, with over half aimed at health and social service sectors.

Over half of the identified training did not have Suicide Prevention Australia (SPA) accreditation at the time of the review. Publicly available formal evaluation or peer-reviewed evidence of effectiveness was not found for 22 of the 47 programs. Trainings that had received SPA accreditation did not always have publicly available evidence of program evaluation and peer-reviewed effectiveness, and vice versa.

Ongoing Mapping of Training Features

On request by the MHADD, the TCMHSI conducted a mapping process of training features related to content, evaluation, and implementation for selected workforce suicide prevention trainings nominated by the MHADD.

Comparison tables of key training features were developed to guide commissioning and implementation, including target workforces, delivery mode options, evaluation, and implementation considerations.

Comparison tables of key training features were developed to guide commissioning and implementation, including target workforces, delivery mode options, evaluation, and implementation considerations.

Stakeholder mapping

In collaboration with the MHADD, the TCMHSI conducted a stakeholder mapping process for suicide prevention training implementation and evaluation named in the TSPS Implementation Plan (finalised in March 2024).

Stakeholders implicated in the TSPS were categorised according to likely workforce needs related to suicide prevention capacity building, priority levels, and relevant work units or locations. Key contacts and workforce types within each have been identified.

Ongoing Stakeholder consultation

A stakeholder consultation protocol was finalised in May 2024. The purpose of the protocol is to guide the process of engaging with stakeholders about the implementation of suicide prevention training programs within different workforces implicated in the TSPS 2023–2027.

The protocol aims to ensure that all stakeholders are informed, involved, and supportive of training implementation that is relevant to the needs of their workforces. The consultation will provide insights and recommendations for training commissioning, implementation and evaluation across each workforce.

In June 2024, the TCMHSI developed an online stakeholder survey for managers and employees within the Tasmanian Government and non-government organisations.

The survey is designed to gauge the training needs of teams in identifying and responding to signs of distress or suicide risk. The initial survey distribution within the Department of Health in July 2024 was supported by the Acting Deputy Secretary of Community, Mental Health and Wellbeing. Survey data collection will be ongoing and extended to other Tasmanian workforces across IP2. Semi-structured interviews with key stakeholders are planned for August and September 2024. Data from these activities, and routinely collected data related to workforce training and professional development will inform implementation recommendations across the different workforces in IP2.

4.2 Co-design and deliver education and training across workforces that build capability to better engage and work with particular population groups

ACTION	STATUS
<p>4.2.1 All staff working in the Tasmanian Health Service and DoH to complete online modules available through THEO and HLO targeting priority population groups including:</p> <ul style="list-style-type: none"> ▪ Aboriginal Cultural Respect in Health Services ▪ Multicultural Awareness in the Health and Community Sector ▪ Disability Confident Workforces ▪ Foundations on the Safeguarding of Children and Young People Training. 	<p>▶ The action will be reworded and rolled over into IP2 as a multi-year rollout. That is because current wording means that delivery by June 2024 is not feasible</p>
<p>4.2.2 All staff working in the Tasmanian Health Service, DoH and THS funded organisations to complete the 'LGBTIQ+ Inclusive Healthcare' online module available through THEO and HLO.</p>	<p>✓ LGBTIQ+ inclusive practice online training modules are being embedded in Tasmanian Government health services. More than 5000 DoH staff have completed the modules.</p>

4.3 Increase the capacity of alcohol and other drug (AOD) services in Tasmania to prove integrated support for clients experiencing suicidal distress

ACTION	STATUS
<p>4.3.1 Develop an implementation plan to deliver tiered suicide prevention training, such as Connecting with People and Compassionate Foundations for staff working in government and non-government AOD services, with clear targets and annual reporting of progress.</p>	<p>✓ The TCMHSI has reviewed evidence of suicide prevention training across Australia. ▶ An evaluation framework is being developed to inform a nationally consistent approach to evaluate workforce training programs</p>
<p>4.3.2 Implement national comorbidity guidelines in AOD services in Tasmania and provide access to online comorbidity training for all staff.</p>	<p>▶ A working group is being restored and the project supported through the MHADD in DoH. Mapping of the national comorbidity guidelines has commenced. The DoH is working with the Matilda Centre to embed training into Learning Management System.</p>
<p>4.3.3 Develop a framework for pathways between AOD services and (a) clinical services (b) aftercare services and (c) other suicide prevention supports for clients in suicidal distress.</p>	
<p>4.3.4 Screen for AOD use when people present in distress across health and suicide prevention services and provide access to AOD prevention and treatment programs.</p>	<p>✓</p>

Recommendations from Workforce suicide prevention training scoping review

Overall, the review found that implementation of evidence-based workforce suicide prevention training is likely to lead to an increase in preparedness and readiness of workforces to recognise and respond to an individual in distress or crisis.

Drawing on the evidence in this review, the following recommendations are made to guide the commissioning of trainings, and best-practice implementation, monitoring and evaluation.

- Commission, implement, and evaluate training according to relevant competency and accreditation frameworks.
- Commission training with a demonstrated or emerging evidence base, ideally in the Australian context, and ideally with accreditation.
- Adopt a tiered approach, implementing broad foundational training focussing on connection and human relationships for all workforces, that is augmented by more advanced competency-based suicide prevention training as required.
- Commission and target trainings to ensure the training content builds the skills and competencies required by each workforce (i.e., non-clinical workforces compared to clinical settings or professions more likely to engage with people in crisis or distress and with potentially higher baseline knowledge levels).
- Commission training programs where the training duration and delivery modes (i.e., face-to-face or online, facilitated or flexible self-guided learning) are feasible and acceptable within the professional development models of each workforce to encourage engagement and participation.
- Offer regular refresher courses or opportunities to maintain skills and competencies.
- Implement training as part of a comprehensive multi-component organisational and sector approach rather than as isolated interventions, where policies, practices, cultural and social norms are shifted to support workers to acquire and use their new competencies.
- Ensure the voice of people with lived and living experience of suicide informs all aspects of the program.
- Require training programs to incorporate evaluation, guided by program evaluation frameworks, and using validated measures where available.
- Support organisations to share learnings and outcomes to assess impact, guide continuous improvement and strengthen the evidence base in the Tasmanian context.
- Ensure training provided is culturally safe and appropriate for Aboriginal Tasmanians, both as gatekeepers and clients of services, for mainstream and Aboriginal-led service providers.

5

Enhancing whole-of-government mechanisms to coordinate our approach

FOCUS	<ul style="list-style-type: none">▪ Coordinated whole-of-community, whole-of-service and whole-of-government response▪ Data and evidence to inform planning and delivery of suicide prevention actions
RATIONALE	Coordinated action across all levels of government and across agencies is required, drawing on the strengths of local relationships and available data. This will increase transparency and accountability to the people of Tasmania.



5.1 Implement new governance arrangements for coordinating and monitoring suicide prevention action under the Tasmanian Suicide Prevention Strategy

ACTION	STATUS
<p>5.1.1 Establish an Executive Leadership Group with representatives from the Department of Premier and Cabinet (DPAC), Department of Health (DoH) and Primary Health Tasmania (PHT), with terms of reference established</p>	<p>✓ Executive Leadership Group, and the Premier's Mental Health and Suicide Prevention Advisory Council. The DoH's suicide prevention staffing has been increased and a prevention adviser appointed. A regional suicide prevention coordinator has also been appointed.</p>
<p>5.1.2 Establish the Premier's Mental Health and Suicide Prevention Advisory Council, ensuring cross-agency and lived experience participation. Terms of reference, functions, reporting times and chairing arrangements to be completed.</p>	
<p>5.1.3 Increase suicide prevention staffing in the Department of Health, including the appointment of a dedicated suicide prevention adviser within MHADD and a suicide prevention coordinator to support government actions under this plan.</p>	
<p>5.1.4 Appoint a senior leader for suicide prevention at PHT and recruit a regional suicide prevention coordinator for PHT to work as part of the central coordination team to deliver actions aligned to this plan.</p>	
<p>5.1.5 Report annually on progress under the TSPS to the Premier, Minister for Mental Health and Wellbeing, and all stakeholders.</p>	<p>✓ The annual report on progress under the TSPS to the Premier, Minister for Mental Health and Wellbeing, and all stakeholders has been completed.</p>
<p>5.1.6 Develop and commence implementation of an evaluation framework for the Tasmanian Suicide Prevention Strategy 2023-27.</p>	<p>✓ The TCMHSI has developed a Phase 1 evaluation framework for the TSPS, which has been endorsed by the Premier's Mental Health and Suicide Prevention Advisory Council (PAC) and Minister for Mental Health and Wellbeing. Implementation has commenced, and a formal progress report delivered to DoH. Implementation will continue throughout the life of the strategy, including continuous improvement of the evaluation framework as learnings progress.</p>

5.2 Enhance the availability and real time use of suicide and self-harm data in Tasmania

ACTION	STATUS
5.2.1 Through the research and data working group, identify available government, service and community data sets that can be used to inform suicide prevention planning and suicide prevention response systems.	✓ Datasets across Tasmania have been mapped. The DoH is now working with all relevant data custodians to progress access to data.
5.2.2 Prepare regular reports on suicide deaths in Tasmania for review by the Premier’s Mental Health and Suicide Prevention Advisory Council and for the Tasmanian Government.	▶ A TSR report covering the period from 1 Jan 2012 to 31 Dec 2020 is being prepared and will be delivered to the Government.
5.2.3 Collect and analyse regular self-harm data from available sources in Tasmania – commencing with Ambulance Tasmania and Tasmanian hospital and health services, with options to increase across other government agencies and service providers.	▶ See Data collection and evaluation.
5.2.4 Plan the development of a minimum data set for suicide and self-harm in Tasmania that can be used by all funded Tasmanian programs and services.	✓ Datasets across Tasmania have been mapped. The DoH is now working with all relevant data custodians to progress access to data.

5.3 Ensure that other relevant reform initiatives and funded programs connect with and support suicide prevention priorities and actions in Tasmania

ACTION	STATUS
5.3.1 Identify and connect relevant actions under the Tasmanian Drug Strategy 2023–2028 (in development) to ensure aligned action.	✓ Actions targeting areas prioritised by each working group (including youth) have been developed iteratively through the TSPS governance groups. A first draft of IP2 is being developed, based upon multiple literature reviews and mapping of initiatives from other jurisdictions both nationally and globally.
5.3.2 Connect priorities under the National Suicide Prevention Strategy (in development) to the TSPS.	
5.3.3 Collaborate with national and local providers to develop mechanisms for local coordination and transparent reporting of national funded activities and outcomes.	

Data collection and evaluation

The TCMHSI in collaboration with key organisations and individuals has initiated a series of projects to enhance data collection and evaluation, planning and service delivery.

Suicide Data

Local suicide data custodians and datasets containing information on people who have died by suicide in Tasmania were identified. Data custodians were approached, and efforts made to gain access to their databases.

Identified datasets and data custodians were:

- Ambulance Tasmania (AT) – administrative data
- Australian Institute of Health and Welfare (AIHW) – National and Self-harm Monitoring System
- Department of Police, Fire & Emergency Management (DPFEM) – administrative data
- Magistrates Court of Tasmania – Tasmanian Suicide Register (TSR)

Whilst minimal, AT data occasionally captures means of suicide. All AT data is sent to the AIHW for analyses, therefore, all information on means of suicide should be contained within the data obtained from the AIHW.

Data from the Suicide & self-harm monitoring (AIHW) was obtained in collaboration with the DoH. Due to specific legislative and policy requirements alternative datasets could not be accessed within the specified timeframe.

Therefore, only data from the AIHW was analysed under the umbrella of the Evaluation of the TSPS and as part of the specific project on Means Restriction and Suicide by Firearm.

A report on the Means Restriction and Suicide by Firearm project is being prepared for the DoH. The complete report will be available under request and pending approval from the DoH and the AIHW. Please contact the TCMHSI for more information on the report.

Outputs under the scope of data collection and evaluation include:

- A scoping review of the literature on suicide registers and other suicide monitoring mechanisms.

Approval for publishing information from a scoping review commenced during the Evaluation of the TSR (in 2020) was granted in November 2023.

The review was updated and published:

Nevarez-Flores AG, Martin A, Bartkowiak-Theron I, Makin J, Norris K, Castle D, Neil A. The impact of suicide registers and other monitoring systems on suicide prevention: A scoping review. *International Journal of Social Psychiatry*. 2024;0(0) doi:10.1177/00207640241261164

- An umbrella review on means restriction activities for suicide prevention.

The umbrella review has been completed, with results included in the Means Restriction and Suicide by Firearm project report. The review has been submitted for publication:

Nevarez-Flores AG and Pandey V, Perez-Angelucci A, Neil A, Castle D. Means restriction for suicide prevention: an umbrella review. *Acta Psychiatrica Scandinavica*. Submitted

Self-Harm and Suicidal Ideation: Emergency Department Presentations

In collaboration with the Statewide Mental Health Services, the TCMHSI has been conducting a project to establish a baseline assessment of patterns of self-harm and suicidal ideation presentations and admissions across Tasmanian public hospitals.

Data from the Emergency Department (ED) of the four public hospitals in Tasmania were obtained for the period 2017 to 2022 (inclusive). The data were cleaned by a member of the Centre's research team and a data dictionary developed.

In agreement with Action 5.2.3, data will be analysed to enhance whole-of-government coordination to assess the burden of self-harm and suicidal behaviours. Ethics approval was granted by the UTAS's HREC on 25 July 2024.

Data from the entire state of Tasmania within a 10-year period (1 July 2013 to 30 June 2023) will be analysed according to region and by sociodemographic groupings. Specific assessments include:

1. The distribution and presentation rate/10,000.
2. The frequency of presentations.
3. The complexity of presentations, as reflected in triage category and end status.
4. In those admitted, the specificity and sensitivity of the ED diagnosis.
5. Discharge and re-presentation patterns.

A report on the preliminary results of this project has been completed, and a summary of the report is presented in Appendix IV, the complete report (including all tables and figures) is available under request to TCMHSI.

Challenges

A series of challenges were identified within the implementation and operationalisation of the first Implementation Plan of the TSPS, and these are presented below.

- Alignment with different policy and commissioning timeframes both with the commonwealth and community sector had to be negotiated.
- The state election represented a challenge due to caretaker status.
- The breadth and volume of actions was significant in order to establish a solid foundation for the Strategy.
- Access and analysis of local suicide data within the specified timeframes was limited due to:
 - Data sharing legislative and policy requirements.
 - Limited Tasmanian-specific suicide and suicidal behaviour's data.
 - Lack of consistent electronic medical records systems.
- Human resourcing impacted the progresses of some priorities and actions.
- Stakeholder engagement was impacted due to competing needs of stakeholders.
- In the context of competing clinical demands and limited time availability, support was limited for clinical staff to engage in research.
- Limited available information on suicidal behaviours occurring outside of regular service use, post-incident responses, and consumer feedback for service evaluations.
- There were limited data and initiatives to support additional groups that identified as being at risk of poorer outcomes, for example, neurodiverse, culturally and linguistically diverse populations, or people with a disability.

Recommendations

Based on findings of this evaluation, a set of recommendations are provided to assist the development and implementation of subsequent implementation plans; and, to ensure transparency and further accountability to Tasmanian stakeholders and communities.

A collaborative approach between peak bodies and key stakeholders continues to be paramount in the development and implementation of actions aimed at reducing suicide in Tasmania as combined efforts are needed to ensure the work undertaken results in a real change for Tasmanian people.

Stakeholders' role and responsibilities in the prevention of suicide must be clearly defined and established. In this way, suicide prevention can be achieved through a whole-of-community, whole-of-services and whole-of government approach.

It is imperative to access timely and detailed information on suicide as it contributes to understanding the multi-factorial nature of suicide and support decision making on prevention initiatives.

Establishing real-time monitoring of suicide (real time data) can also support decision-making on matters requiring immediate action.

This in turn will facilitate *situation analysis* that will inform the planning and implementation of effective suicide prevention activities.

Events that facilitate awareness-raising must be instigated to draw Tasmanians' attention to suicide as a serious public health issue. An example can be public campaigns culturally/ contextually adapted that provide information on actions developed for the prevention of suicide, including:

- Support or aftercare services
- Education and training programs
- Actions developed for particular groups in Tasmania who may be at increased risk of suicide, such as Aboriginal and Torres Strait Islander people, LGBTIQ+ people and men.

Appendix I. Overview of Component Methodology

Component 1: Compliance with Priority Actions and Key Activities

The Evaluation Team conducted a structured review of Implementation Plan One to assess whether the priority actions and key activities were completed on time. The review focused on the following milestones:

- By March 2023: The Premier’s Mental Health and Suicide Prevention Advisory Council and other governance structures were established.
- By June 2023: Actions involving lived experience, community engagement, workforce development, and service improvements were underway.
- By December 2023: Progress had been made on cross-agency efforts, policy updates, and data improvements.
- By June 2024: All actions were monitored and reported, and work began on Implementation Plan Two.

The review assessed specific key activities and priority actions undertaken or supported by the TCMHSI, including:

- 2.2.2: Establishing, monitoring, and reporting on the first Safe Haven in southern Tasmania.
- 5.1.6: Developing and beginning the implementation of an evaluation framework for the Tasmanian Suicide Prevention Strategy 2023–27.
- 3.3.2 f: Delivering professional development courses for workers in health, community, and social services.
- 4.1.2: Creating a schedule to deliver tiered suicide prevention training to health workforces, with annual progress reports.
- 4.1.3: Working with stakeholders to provide tiered suicide prevention training for other agencies that support people in distress.
- 4.3.1: Developing a plan to deliver tiered suicide prevention training for staff in government and non-government alcohol and other drug (AOD) services, with annual progress reporting.
- 4.3.2: Implementing national comorbidity guidelines in AOD services and providing online comorbidity training for staff.

The priority actions were categorized into key focus areas:

- Promotion and prevention: Activities to promote wellbeing and prevent suicide.
- Intervention and postvention: Support for individuals in crisis and those affected by suicide.
- Lived experience leadership: Involving people with lived experience in decision-making.
- Connected communities: Localised planning and delivery to support community wellbeing.
- Targeted actions: Initiatives aimed at specific groups to prevent or reduce suicidal behaviour.

- Compassionate and skilled workforce: Building a workforce equipped to respond effectively.
- Coordinated responses: Integrating efforts across communities, services, and government.
- Data and evidence: Using information to guide planning and improve outcomes.

The evaluation also examined governance processes and the ability to access and use data as a measure of progress. Collaborative efforts between stakeholders were key to ensuring the success of these actions.

Component 2: Reflections from Stakeholders

Reflection was an important part of the community engagement process. To better understand what is needed to prevent suicide in Tasmania, the Evaluation Team asked the community for their concerns and input on the Strategy and its implementation. This feedback was included in the decision-making process to ensure the community's views were prioritized in future plans.

The qualitative assessment explored whether the following goals were being achieved:

- Involving lived experience: Opportunities were provided for people with lived experience of suicide to take part in planning and delivering suicide prevention actions (Action 3.1).
- Supporting local solutions: Communities already leading the design and delivery of local suicide prevention solutions received ongoing and expanded support (Action 3.2).
- Tailored approaches: Specific strategies were created to better support population groups at higher risk of suicide (Action 3.3).
- Comprehensive focus: Prevention efforts targeted both the early stages of suicidal distress and the provision of timely support for people affected by suicidal behaviour (Actions 2.1–2.4).

The Evaluation Team also gathered perspectives on:

- Which activities were helping target groups and why they were or weren't effective.
- How activities benefitted individuals and communities.
- Gaps in service delivery that needed to be addressed.

Key community stakeholders were interviewed every six months, and community members participated through focus groups and surveys. These methods provided valuable insights to guide future plans and ensure the Strategy met the needs of the Tasmanian community.

Component 3: Evaluation of Specific Interventions (Case Studies)

Several interventions were outlined in Implementation Plan One, including:

- Ahead of the Game (Action 3.3.1.g)
- Compassionate Foundations (Actions 1.1.1, 4.1.2)
- Connecting with People (Actions 1.1.1, 4.1.2, 4.1.3, 4.3.1, 4.3.2)

- Culture Care Connect Program (Action 3.3.3.b)
- Young People Training (Action 3.3.2.f)
- Family Man (Action 3.3.1.g)
- Head to Health Kids (Action 1.2.2)
- Movember Conversations (Action 3.3.1.g)
- Safe Haven (Action 2.2.2)

A selection of these interventions was fully evaluated to assess their progress, successes, and challenges (Actions 4.1–4.4). The evaluations were grouped under two major programs:

- Professional Development Evaluation
- Service Models Evaluation

The Evaluation Team used a mixed methods approach to gather a detailed understanding of these interventions. Mixed methods included approaches like convergent parallel, embedded, explanatory sequential, and exploratory sequential designs, with the choice of method depending on the specific case study. Data linkage was also explored for the qualitative component.

Professional Development Evaluation

The Evaluation Team collaborated with services to review the implementation and outcomes of professional development courses listed in the Plan. These included:

- Emerging Minds Training (Action 3.3.2.f)
- Connecting with People and Compassionate Foundations (Objective 4.1.2)
- Movember Conversations (Action 3.3.1.g)

Other training programs were also considered.

Evaluations were guided by theoretical frameworks such as the RE-AIM framework and the Consolidated Framework for Implementation Research (CFIR). A mixed methods approach was used, combining:

- Pre- and post-training evaluations.
- Self-report surveys.
- Performance measures.

These evaluations also incorporated the Theoretical Domains Framework to ensure courses met the needs of target populations. The results were used to improve services and ensure training was effective and relevant.

Service Models Evaluation

Service evaluations aimed to improve the quality, access, and efficiency of mental health services while ensuring they met the needs of users.

The Evaluation Team worked with stakeholders to guide the evaluation and reporting of the Safe Haven service, which provides support to people in suicidal or situational distress and their families, friends, or support networks (Objective 2.2.2). Stakeholder input helped define the goals for monitoring, evaluation, and reporting.

A combination of quantitative and qualitative methods was used to:

- Gather feedback from service users and providers.
- Assess key performance indicators for services.

Other service models were also considered for evaluation. These findings were used to improve service delivery and guide decision-making for future mental health programs.

Component 4: Data Collection and Evaluations

The Evaluation Team undertook several projects to improve data collection, evaluation, planning, and service delivery (Action 5.2.3). These projects included an audit of Tasmanian mental health data collections, at least two analyses of government data, and identifying potential legacy projects. A collaborative approach was used, involving key organisations and agencies, to achieve a "whole-of-community, whole-of-service, and whole-of-government" approach. Using existing data sources helped the team evaluate the Plan's performance more effectively and efficiently.

Project 1: Audit of Tasmanian Mental Health Service Provider Data Collections

The team surveyed mental health service providers in Tasmania to understand:

1. The size, range, and depth of each provider.
2. The types of services offered and the staff who deliver them.
3. The characteristics of administrative data collected about mental health services.
4. The types of data collected on clients.
5. How providers use their data, including storage, analysis, and potential for data linkage.
6. Perceived or actual gaps in data collection, storage, and analysis.
7. Referral patterns between the health system, service providers, and other support agencies, including how well they communicate and follow up.

The team also assessed organisations' willingness to engage in the process and identified any governance requirements.

Project 2: Establishing a Baseline for Self-Harm and Suicidal Ideation in Tasmanian Public Hospitals

The team analysed 10 years of data (1 July 2013 to 30 June 2023) from Tasmanian public hospitals to better understand the burden of self-harm and suicidal behaviours (X71–X83). The analysis included emergency department presentations and hospital admissions, broken down by region and sociodemographic groups.

Key assessments included:

- The rate of presentations per 10,000 people.
- How often individuals presented to emergency departments.
- The complexity of cases, based on triage categories and final outcomes.
- For admitted patients, the accuracy of emergency department diagnoses.

This project aimed to support better coordination across government and services.

Project 3: Evaluating Psychosocial Risk Factors and Service Use in Tasmanians Who Died by Suicide

The team analysed the Tasmanian Suicide Register to study psychosocial risk factors and service use among Tasmanians who died by suicide. The focus was on priority populations, including men (Action 3.3.1.a), veterans, culturally and linguistically diverse communities, and children and young people (Action 3.3.2).

This analysis identified local risk factors and informed suicide prevention efforts tailored to different contexts. For example, the findings guided actions to restrict access to means of suicide, including firearm-related deaths (Actions 1.5.1–1.5.3). The possibility of using the Deaths Surveillance Database for further analysis was also explored.

Project 4: Identifying Legacy Projects

The team identified long-term legacy projects to track improvements in individual and community wellbeing (Action 5.2.4). These projects were designed to take a whole-of-government or whole-of-community perspective, with some using data linkage. The legacy projects aimed to ensure sustained improvements across the entire Tasmanian population.

This comprehensive approach to data collection and evaluation helped improve service delivery, address gaps, and guide future suicide prevention efforts in Tasmania.

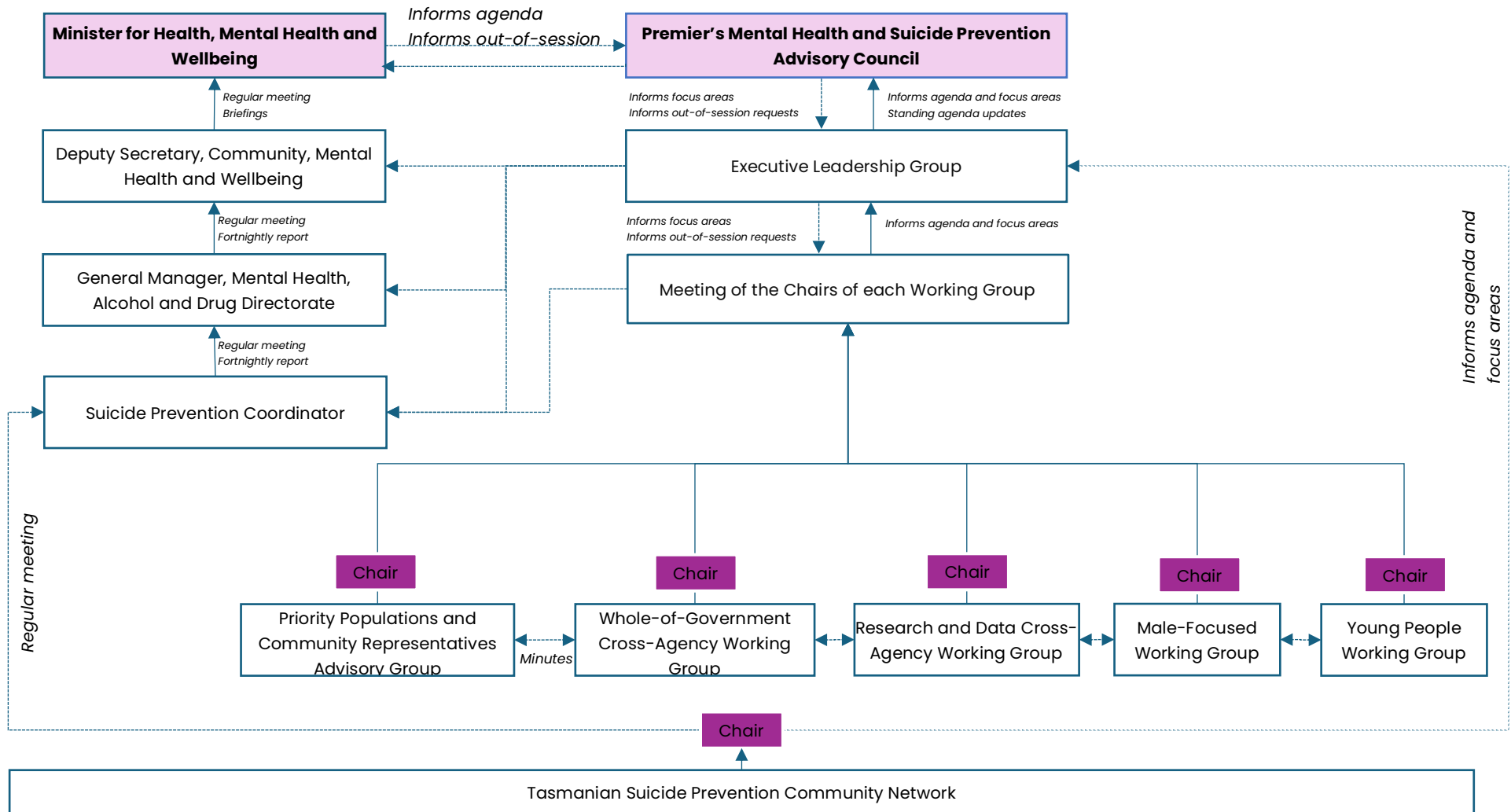
Component 5: Recommendations for Future Implementation Plans

The first implementation plan was designed to be more detailed than previous plans to ensure greater transparency and accountability to Tasmanian stakeholders and communities. To align with this goal, the Evaluation Team developed a comprehensive set of recommendations based on the findings of the evaluation.

The recommendations addressed gaps found during the implementation of Plan One and considered the legacy projects identified in Component 4.

A report with these recommendations was prepared for the Premier and the Minister for Mental Health and Wellbeing. The report was also shared broadly with all stakeholders to ensure clear communication and understanding.

Appendix II. Governance Summary – DoH – Mental Health and Suicide Prevention



Appendix III. Summary – Scoping Review on Workforce Suicide Prevention Training

Workforce suicide prevention training scoping review

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Summary

The aim of this scoping review was to describe the evidence (peer-reviewed and grey literature) of best practice in identification, evaluation, and implementation of workforce suicide awareness and prevention training. The review identified systematic review evidence and grey literature related to workforce suicide prevention training. The findings explored evidence of effectiveness, delivery modes, methods of evaluation, accreditation, competency frameworks nationally and internationally, and mapped availability, accreditation, and evaluation of training programs available in Australia.

Review methodology

Peer reviewed literature was searched for relevant systematic reviews and meta-analyses of intervention studies published between 2014 and September 2023. Grey literature was sourced from Commonwealth, State and Territory health department websites, Primary Health Network websites across all jurisdictions, and relevant Australian organisations' websites. Searches of peer-reviewed literature identified 25 review articles meeting inclusion criteria for the review. Two of the included reviews were assessed as being of high quality, two of low quality, and 21 of critically low quality using the AMSTAR 2 quality appraisal tool. Three relevant articles regarding competency frameworks or accreditation models were identified. Grey literature searches identified $n = 47$ distinct programs that fulfilled the criteria of providing Suicide Prevention Training to the Australian workforce engaging with individuals who may be in a suicidal state while using their services. Program documentation and evaluations were sourced (where available) to describe the programs and note evidence of evaluation or effectiveness

Review recommendations

Overall, the review found that implementation of evidence-based workforce suicide prevention training is likely to lead to an increase in preparedness and readiness of workforces to recognise and respond to an individual in distress or crisis.

Drawing on the evidence in this review, the following recommendations are made to guide the commissioning of trainings, and best-practice implementation, monitoring and evaluation.

- Commission, implement, and evaluate training according to relevant competency and accreditation frameworks.
- Commission training with a demonstrated or emerging evidence base, ideally in the Australian context, and ideally with accreditation.
- Adopt a tiered approach, implementing broad foundational training focussing on connection and human relationships for all workforces, that is augmented by more advanced competency-based suicide prevention training as required.
- Commission and target trainings to ensure the training content builds the skills and competencies required by each workforce (i.e., non-clinical workforces compared to clinical settings or professions more likely to engage with people in crisis or distress and with potentially higher baseline knowledge levels).

- Commission training programs where the training duration and delivery modes (i.e., face-to-face or online, facilitated or flexible self-guided learning) are feasible and acceptable within the professional development models of each workforce to encourage engagement and participation.
- Offer regular refresher courses or opportunities to maintain skills and competencies.
- Implement training as part of a comprehensive multi-component organisational and sector approach rather than as isolated interventions, where policies, practices, cultural and social norms are shifted to support workers to acquire and use their new competencies.
- Ensure the voice of people with lived and living experience of suicide informs all aspects of the program.
- Require training programs to incorporate evaluation, guided by program evaluation frameworks, and using validated measures where available.
- Support organisations to share learnings and outcomes to assess impact, guide continuous improvement and strengthen the evidence base in the Tasmanian context.
- Ensure training provided is culturally safe and appropriate for Aboriginal Tasmanians, both as gatekeepers and clients of services, for mainstream and Aboriginal-led service providers.

Appendix IV. Summary – Self-Harm and Suicidal Ideation Project

Establish a baseline assessment of patterns of self-harm and suicidal ideation presentations and admissions across Tasmanian public hospitals

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Summary

The results of this project are based on presentations categorised as R45.81 “Suicidal Ideation” or Z03.8 “Self-harm” (according to the International Classification of Diseases (10th Revision, Australian Modification) to an Emergency Department of Tasmania’s four public hospitals (i.e. the Royal Hobart Hospital, the Launceston General Hospital, the Mersey Community Hospital and the North-West Regional Hospital) between 2017 and 2022. Data before 2016 was unavailable because the “Trak ED” system from which data were sourced had not been implemented. No “X” codes for intentional self-harm (e.g., X60–X84) were available within this data. Additionally, possible means of suicidal behaviour, i.e., “S” codes for injury of external causes and “T” codes for “Poisoning by drugs, medicaments and biological substances”, or other “Z” codes for observations for suspected conditions related to suicidal behaviour (e.g., Z03.2, Z04.0) were not considered because intent could not be confirmed with clinical notes being unavailable.²

²For the purpose of this report, some Figures and Tables have not been included.

Results by specific assessments

1. Presentation rate/10,000 population

- a. Rates of presentation for suicidal ideation and self-harm per 10,000 population have increased between 2017 and 2022 (see Figures 1.1 and 1.2).

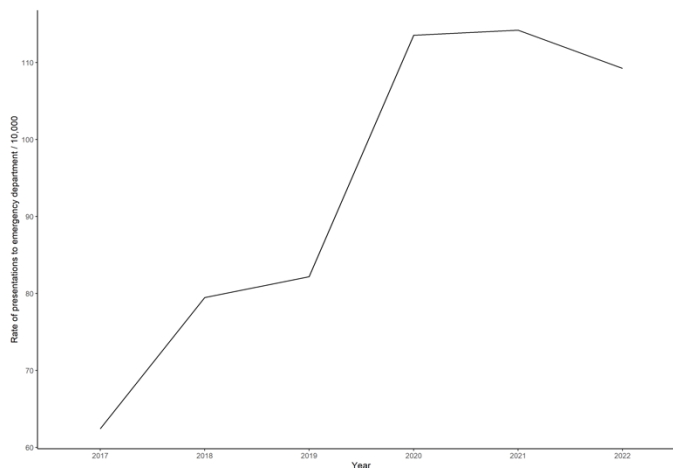


Figure 1.1. Rate of presentations for suicidal ideation to Tasmanian Public Hospital Emergency Departments, 2017 to 2022.

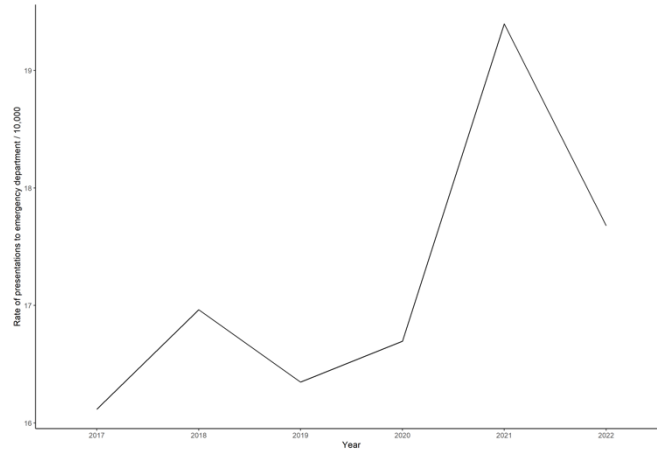


Figure 1.2. Rate of presentations for self-harm to Tasmanian Public Hospital Emergency Departments, 2017 to 2022.

- b. Individuals who presented to an Emergency Department (ED) for self-harm between 2017 and 2022 were mainly from the West and North West SA4.
- c. The suburbs with the highest number of presentations for self-harm to the ED between 2017 and 2022 were identified within two Statistical Area Level 4 | Australian Bureau of Statistics (abs.gov.au) (SA4): West and North West and Launceston and North East. The suburbs with the highest number of presentations for self-harm among females were identified within the SA4 geographical areas West and North West and Hobart (see Figure 1.3).
- d. The suburbs with the highest number of individuals that presented to the ED and classified as having suicidal ideation between 2017 and 2022 were identified within two SA4: West and North West and Hobart. Suburbs from those areas also had the highest number of individuals who first presented to an ED for suicidal ideation. The suburb with the highest number of presentations for suicidal ideation among males and females was identified within the SA4 geographical area, Hobart (see Figure 1.4).

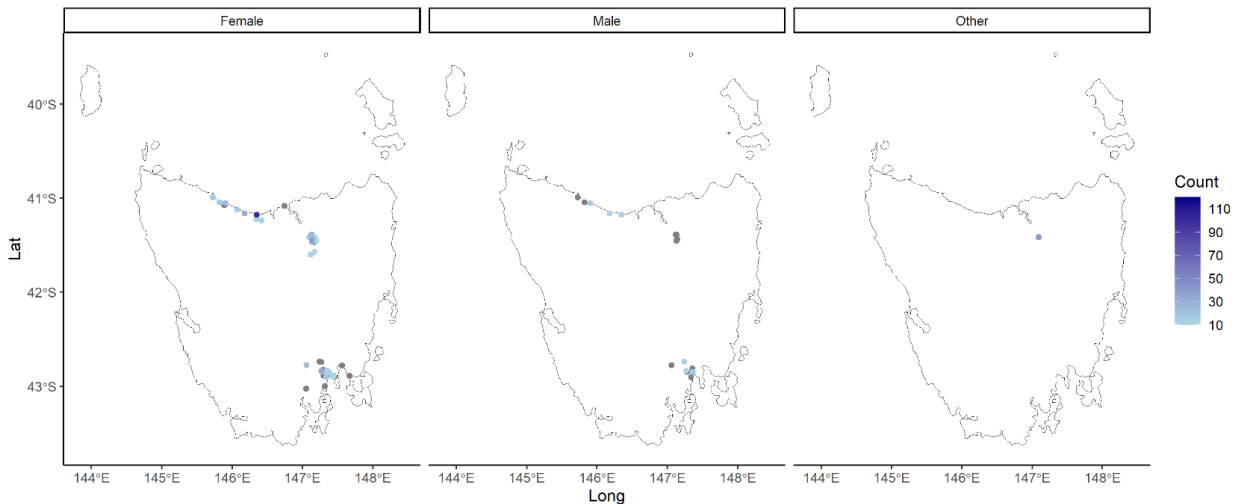


Figure 1.3. Distribution and number of presentations for self-harm to Tasmanian Public Hospital Emergency Departments between 2017 and 2022, by suburb and sex.

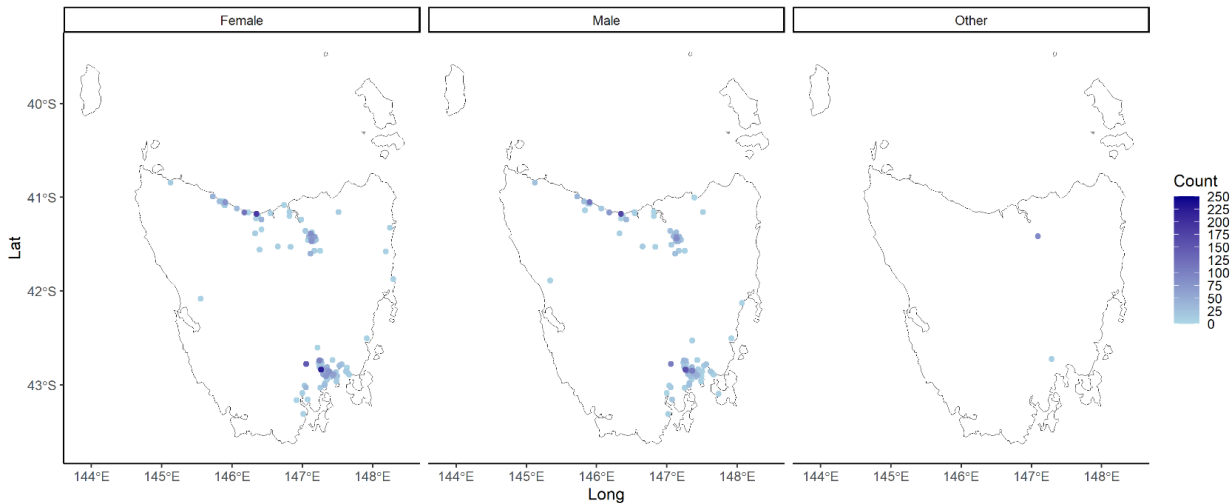


Figure 1.4. Distribution and number of presentations for suicidal ideation to Tasmanian Public Hospital Emergency Departments between 2017 and 2022, by suburb and sex.

2. Number of presentations

- a. The number of presentations for suicidal ideation and self-harm to the Tasmanian Public Hospital EDs has increased between 2017 and 2022 (see Figures 2.1 and 2.2).
- b. The annual total number of presentations for suicidal ideation and self-harm were higher in females than for males. The Royal Hobart Hospital had the highest levels of presentations for suicidal ideation and self-harm (see Figures 2.3 and 2.4).

3. The complexity of presentations, as reflected in the triage category and end status

- a. Individuals that first presented to one of the Tasmanian Public Hospitals and were diagnosed as having suicidal ideation or self-harm were most commonly classified as Triage category 3.
- b. The percentage of individuals who first presented for self-harm to an ED and were admitted into inpatient care tended to decrease as the triage category increased. Triage category 3 had the highest percentage of individuals who were admitted into the psychiatric ward following their first presentation for self-harm to an ED.
- c. Individuals that were classified as Triage category 2 upon first presentation for suicidal ideation were most often admitted into inpatient care.

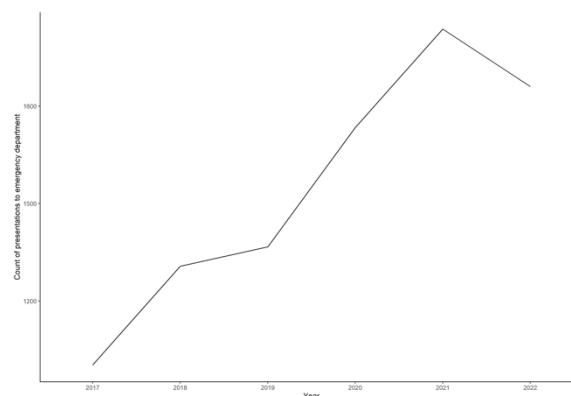


Figure 2.1. Total number of presentations for suicidal ideation to the Tasmanian Public Hospital Emergency Departments between 2017 and 2022.

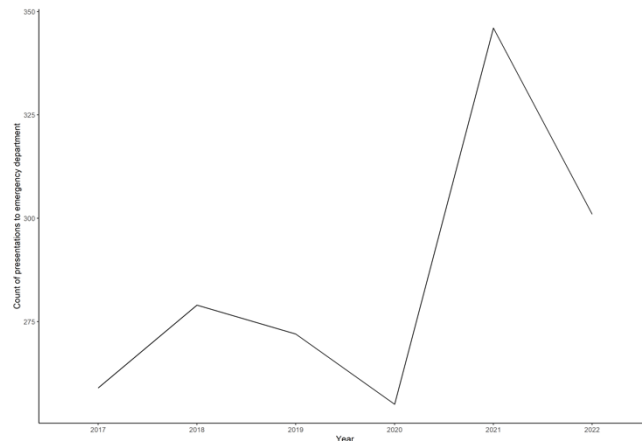


Figure 2.2. Total number of presentations for self-harm to the Tasmanian Public Hospital Emergency Departments between 2017 and 2022.

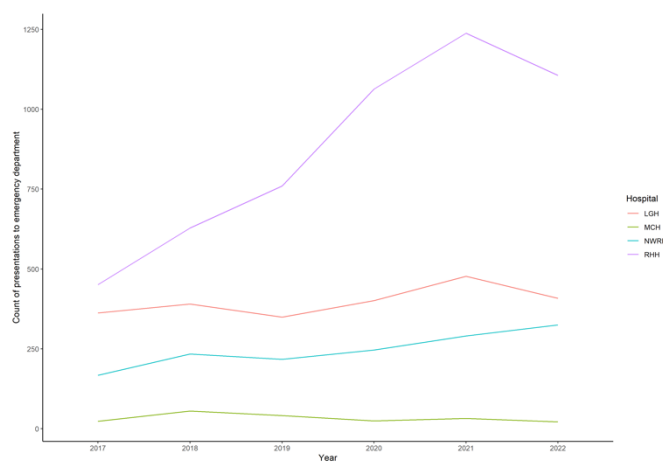


Figure 2.3. Total number of presentations for suicidal ideation between 2017 and 2022 to each of the four Tasmanian Public Hospital Emergency Departments.

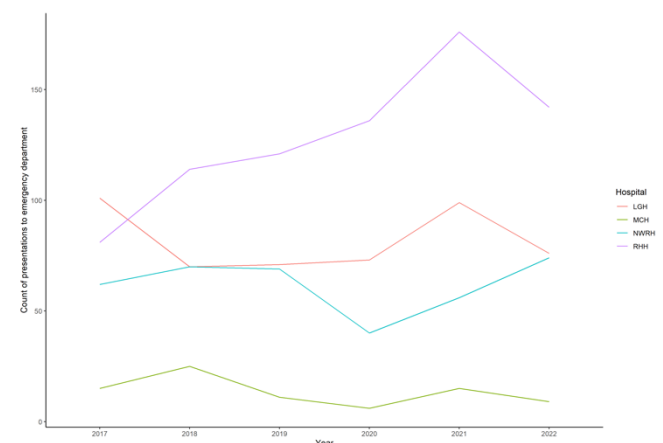


Figure 2.4. Total number of presentations for self-harm between 2017 and 2022 to each of the four Tasmanian Public Hospital Emergency Departments.

4. In individuals admitted, the specificity and sensitivity of the ED diagnosis

- a. Fifty-five percent (n=5133) of all presentations for suicidal ideation to the ED between 2017 and 2022 were admitted into inpatient care and re-classified into one of 254 different diagnoses. Thirteen percent of all presentations for suicidal ideation within the ED that were also admitted were given the same diagnosis within inpatient care.

- b. Twenty-seven percent (n=473) of all presentations for self-harm to the ED between 2017 and 2022 were admitted into inpatient care and re-classified into one of 91 different diagnoses.
- c. Ninety-five percent of inpatient admissions given the primary diagnosis of “suicidal ideation” were also given the same diagnosis when presented to the ED.
- d. No individual between 2017 and 2022 was given the primary diagnosis of “self-harm” after being admitted into inpatient care.

5. Discharge and re-presentation patterns

- a. “Departed under own care” was the most common discharge category for suicidal ideation and for self-harm between 2017 and 2022.
- b. “Home or usual place of residence” was the most common destination following discharge after presentation to an ED for suicidal ideation or self-harm (see Figures 5.1 and 5.2).
- c. Presentations to the ED for suicidal ideation and self-harm dropped exponentially from initial and first repeat presentations. The total number of repeat presentations for suicidal ideation ranged from 2 to 126 and for self-harm from 2 to 69.

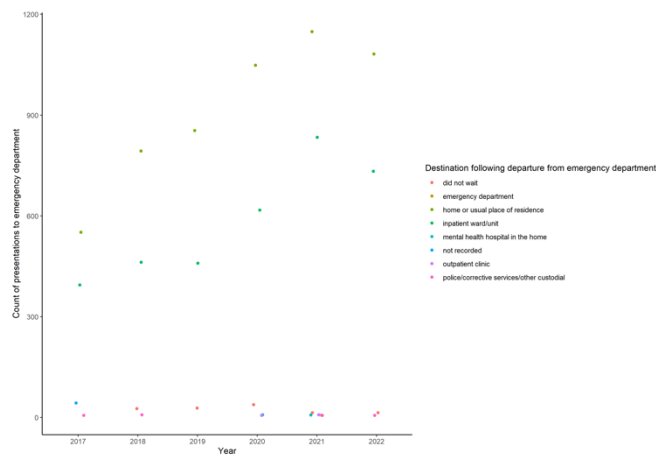


Figure 5.1. Destination following departing a Tasmanian public hospital after presenting to the Emergency Department for suicidal ideation across the years between 2017 and 2022.

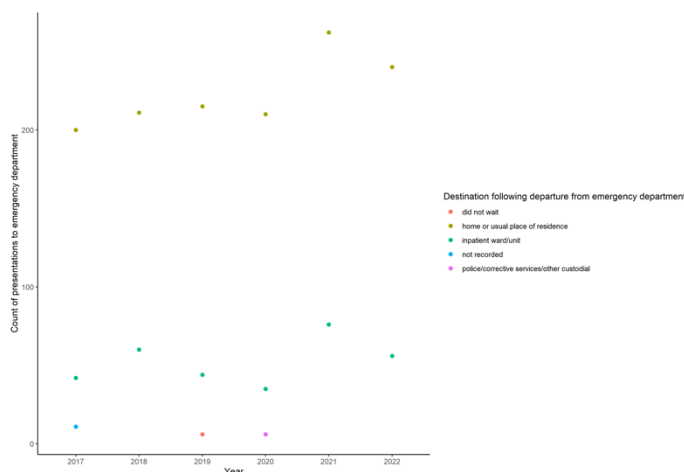


Figure 5.2. Destination following departing a Tasmanian public hospital after presenting to the Emergency Department for self-harm across the years between 2017 and 2022.

List of figures and tables not included in this summary:

Figures

- Distribution and number of presentations for self-harm to the Tasmanian Public Hospital Emergency Departments by suburb between 2017 and 2022.
- Distribution and number of first presentations for self-harm to the Tasmanian Public Hospital Emergency Departments by suburb between 2017 and 2022.
- Distribution and number of presentations for suicidal ideation to the Tasmanian Public Hospital Emergency by suburb between 2017 and 2022.
- Distribution and number of presentations for suicidal ideation to the Tasmanian Public Hospital Emergency Departments by suburb across the years between 2017 and 2022.
- Distribution and number of presentations for suicidal ideation to the Tasmanian Public Hospital Emergency Departments by suburb across the years between 2017 and 2022.
- Total number of presentations for self-harm to the Tasmanian Public Hospital Emergency Departments between 2017 and 2022 separated by sex.
- Total number of presentations for suicidal ideation to the Tasmanian Public Hospital Emergency Departments between 2017 and 2022 between sex.
- Method of departing a Tasmanian public hospital following presentation to the Emergency Department for self-harm across the years between 2017 and 2022.
- Method of departing a Tasmanian public hospital following presentation to the Emergency Department for suicidal ideation across the years between 2017 and 2022.
- Total frequency of presentations for self-harm to the Emergency Department by one individual between 2017 and 2022.
- Total frequency of presentations for suicidal ideation to the Emergency Department by one individual between 2017 and 2022.

Tables

- Characteristics of patients and episodes of care between different triage categories among individuals that first presented to the Emergency Department for self-harm between 2017 and 2022.
- Characteristics of patients and episodes of care between different triage categories among individuals that first presented to the Emergency Department for suicidal ideation between 2017 and 2022.
- Episodes of care from presentation to the Emergency Department for suicidal ideation to inpatient care between different triage categories between 2017 and 2022.
- Episodes of care from presentation to the Emergency Department for self-harm to inpatient care between different triage categories between 2017 and 2022.
- Principle Diagnosis in inpatient Care following diagnosis of suicidal ideation in the Emergency Department.
- Principle Diagnosis in inpatient Care following diagnosis of self-harm in the Tasmanian public Hospital Emergency Departments between 2017 and 2022.
- Principle Diagnosis in the Emergency Department before diagnosis of suicidal ideation in Inpatient care.
- Number of presentations for self-harm to the Emergency Departments that are admitted into inpatient care and advanced mental health inpatient care.
- Number of presentations for suicidal ideation to the Emergency Departments that are admitted into inpatient care and advanced mental health inpatient care.

Appendix V. Organisations for Community Engagement

Government Organisation	Non-Government Organisation
Ambulance Tasmania	Butterfly Foundation
Brighton City Council	Cancer Council Tasmania
Commissioner for Children and Young People	Catholic Education Tasmania
Council of Obstetric and Paediatric Mortality and Morbidity	CatholicCare Tasmania
Department of Communities Tasmania	Circular Head Aboriginal Corporation
Department of Education	Community Legal Centres Tasmania
Department of Health	Council on the Ageing
Department of Justice	Defence Families of Australia
Department of Natural Resources and Environment Tasmania	Discovery Early Learning Centres
Department of Police, Fire and Emergency Management	Early Childhood Australia
Department of Premier and Cabinet	Engender Equality
Department of State Growth	Equality Tasmania
Department of Treasury and Finance	Families Tasmania
Local Government Association of Tasmania	Family Based Care Association
Metro Tasmania	Heart Foundation Tasmania
Motor Accidents Insurance Board	Huntington's Disease Association Tasmania
Public Trustee	Jireh House
Sustainable Timber Tasmania	JusTas
Tasmanian Audit Office	Karinya Young Women's Service
Tasmanian Health Service	Kennerly Children's Home
Tasmanian Irrigation	Kidsafe Tasmania
TasPorts	Man Up Tasmania
TasRail	Migrant Resource Centre
Break O'Day Council	Multicultural Council of Tasmania
Burnie City Council	Parents, Family and Friends of Lesbians and Gays
Central Coast Council	Possibility
Central Highlands Council	Primary Health Tasmania
Circular Head Council	Probation and Community Corrections Officers'
City of Clarence	RSL Tasmania
City of Hobart	Rural Health Tasmania
City of Launceston	Sexual Assault Support Service
Derwent Valley Council	Shelter Tasmania
Devonport City Council	South East Tasmanian Aboriginal Corporation
Dorset Council	SPEAK UP! Stay ChatTY
Flinders Council	St Helens Neighbourhood House
George Town Council	St Vincent de Paul Society (Tasmania)
Glamorgan Spring Bay Council	TANA (Trauma Awareness Network Australia)
Glenorchy City Council	TasCAHRD
Huon Valley Council	Tasmanian Aboriginal Centre
Kentish Council	Tasmanian Association of Police and Community Youth Clubs

King Island Council	Tasmanian Men's Health and Wellbeing Association
Kingborough Council	The Link Youth Health Service
Latrobe Council	The Partners of Veterans Association of Australia
Meander Valley Council	The Salvation Army Tasmania
Northern Midlands Council	Trauma Awareness Network Australia
Sorell Council	Uniting Vic. Tas
Southern Midlands Council	Vietnam Veterans Association of Australia
StandBy Support After Suicide	Wellways
Tasman Council	Women's Health Tasmania
Tasmanian Health Service North	Women Veterans Network Australia
Tasmania Prison Service	Working it Out
Waratah-Wynyard Council	Wyndarra Centre
West Coast Council	Youth Network of Tasmania
West Tamar Council	Youth, Family and Community Connections
Community Service Organisation	Professional Bodies
Advocacy Tasmania	Australian Association of Social Workers
Alcohol and Drug Foundation	Australian College of Mental Health Nurses
Anglicare Tasmania	Australian College of Rural and Remote Medicine
Australian Red Cross	Australian Hotels Association Tasmania
Baptcare	Australian Medical Association Tasmania
Bethlehem House	Brain Injury Association of Tasmania
Beyond Blue	Carers Tasmania Australia
Choose Life Services	Disability Voices Tasmania
Colony 47	Families and Children Tasmania
Community Care Tasmania	Health Consumers Tasmania
Cornerstone Youth Health Services	Master Builders Tasmania
Drug Education Network	National Council of Women of Tasmania
GROW Australia	Network of Education Associations of Tasmania
Holyoake	Palliative Care Tasmania
Kentish Regional Clinic	Pharmaceutical Society of Australia
Lady Gowrie Tasmania	Pharmacy Guild of Tasmania
Langford Support Services	Royal Australian College of General Practitioners
Launceston City Mission	Royal Australian New Zealand College of
Laurel House	Psychiatrists
Legacy Tasmania	Rural Business Tasmania
Life Without Barriers	TasCOSS
Lifeline Tasmania	Tasmanian Chamber of Commerce and Industry
Li-Ve Tasmania	Tasmanian Farmers and Graziers Association
Mates4Mates	Tasmanian Hospitality Association
Men's Resources Tasmania	Tasmanian Small Business Council
Mosaic Support Services	Tasmanian Women in Agriculture
Neighbourhood Houses Tasmania	The Law Society of Tasmania
Open Arms	National Association of Women in Construction
Pathways Tasmania	Police Association of Tasmania
Royal Flying Doctor Service Tasmania	
Relationships Australia Tasmania	
Richmond Fellowship Tasmania	

Rural Alive and Well Tasmania	
The Men's Table	
Warrane Mornington Neighbourhood Centre	
Business and Education	Peak Bodies
Alison Pederick Counsellor	ADF (Alcohol and Drug Foundation)
Centre for Rural Health	Alcohol, Tobacco and other Drugs Council Tasmania
Hobart Private Hospital	Headspace Burnie
Ochre Health Medical Centre John Street	Headspace Devonport
Stride	Headspace Hobart
Stronger Together	Headspace Launceston
Talking About...Training	Mental Health Lived Experience Tasmania
The Hobart Clinic	Mental Health Council of Tasmania
The Lindisfarne Clinic	Mental Health Families and Friends Tasmania
THEIRS (Talk, Hear & Help, Educate, Inform, Refer and Support)	Suicide Prevention Australia
University of Tasmania	Tasmanian Men's Shed Association
Women's Health Tasmania	
Velocity Transformations	