Cairns and Hinterland
SUICIDE
PREVENTION
Community Action Plan

Whole-of-Region Strategy

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Acknowledgements

Acknowledgement of Country

The Cairns and Hinterland Suicide Prevention Community Action Plan (SPCAP) acknowledges Aboriginal and Torres Strait Islander peoples are Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued cultural and spiritual connection to country, waters, kin and community. We also pay our respects to their Elders past, present and emerging as the custodians of knowledge and lore. Through the development of the Cairns and Hinterland Suicide Prevention Community Action Plan (SPCAP), we are committed to making a valued contribution to the wellbeing of all Aboriginal and Torres Strait Islander peoples of northern Queensland.

We acknowledge the Aboriginal and Torres Strait Islander communities, consumers, carers, and organisations who have participated in developing this plan.

Lived experience acknowledgement

The Cairns and Hinterland SPCAP adopts Roses in the Ocean's lived experience acknowledgment, recognising those who have considered ending their life, and those who have attempted to do so. We acknowledge your courage and tenacity to carry and move through the immense pain. We acknowledge those who care for loved ones through a suicidal crisis. We acknowledge the fear and helplessness you experience, and your endless endeavors to empower them to live. We acknowledge those bereaved through suicide. May your immeasurable loss define a legacy and a mission to discover healing and a new purpose. We acknowledge all the magnificent lives we have lost to suicide and those who are struggling with life today. Everyone's lived experience is unique. Everyone's lived experience is valuable. Everyone's lived experience can make a difference.

Roses in the Ocean

We would like to thank Roses in the Ocean as Australia's leading lived experience of suicide organisation for providing their expertise in leading the lived experience engagement component of the Cairns and Hinterland SPCAP project, as well as providing valued strategic advice over the course of the project. Your involvement has resulted in a SPCAP that is truly informed by people with a lived experience of suicide.

Black Dog Institute

We would like to thank Black Dog Institute as the only medical research institute in Australia to investigate mental health and suicide prevention across the lifespan. By providing your suicide prevention specific expertise in relation to the LifeSpan model as well as a compelling Suicide Data Analysis Report we will ensure that the Cairns and Hinterland SPCAP is data-driven and informed by leading practice.

Northern Queensland PHN

We would like to thank Northern Queensland PHN for funding the development of the Cairns and Hinterland SPCAP as well as supporting the direct involvement of the passionate and committed NQPHN team in developing the SPCAP along the way.

Acknowledgement of participants

Last but not least, we would like to acknowledge all of the Cairns and Hinterland community members and sector professionals who participated in the Community Advisory Group and any of the engagement opportunities throughout the course of the project. We value all of your contributions.

Foreword

In 2002 at the age of nineteen I had a life altering accident, falling 5.4m on a job site and landing on concrete. I awoke from a coma absent of memories from the life I'd lived, and what followed was months of hospitalisation and years of extensive recovery. My life felt absent of true meaning, independence and was fundamentally built on pain and darkness. Reflecting today I honestly wouldn't change a thing about the past, not even the day I orchestrated my non-fatal attempt of suicide.

I was blessed with the gift of more time and a chance to build a new life full of optimism, love, faith, passion and even some heartbreak. It's been a life highlight representing the voice of those with a lived experience of suicide as part of the Community Advisory Group in the development of the Cairns and Hinterland Suicide Prevention Community Action Plan. Together with community members, non-government organisations, community groups and government departments, we have worked collaboratively and extensively to develop a Plan that represents the heart of Cairns and the Hinterland. We've birthed a plan encompassing the nine LIfeSpan strategies developed by the Black Dog Institute, that when implemented simultaneously will reduce the rates of suicide in our community.

The LifeSpan framework has arisen following years of studying suicide and suicidality. The research has created awareness of risk factors and trends, directed legislation and policy reform and guided environmental changes. Recently the voice of the lived experience has been acknowledged and embraced in all areas of suicide prevention. This plan marks a momentous moment for the region as we embark on the implementation and fusing the knowledge acquired from the research with the wisdom only accessible through engaging those with a lived experience of suicide.

I'm humbled by the engagement and vulnerability the communities have shown in openly sharing their experiences around and visions for preventing suicide. It's an exciting moment to implement these action areas and a time for everyone to come together. Preventing suicide isn't just a job for policy makers, health departments, the bereaved and various sectors. Preventing suicide is something that everyone has a role in doing. I call on everyone to come together in creating a safe space for people to share their story and play a part in driving regional change. Whether they have been impacted by mental illness, mental health challenges or those moments when life happens and we feel alone and like we have no place to turn, this plan is for everyone.

-Tynan Narywonczyk, Lived experience representative, Community Advisory Group

Background

About the SPCAP

The purpose of the Cairns and Hinterland Suicide Prevention Community Action Plan (SPCAP) initiative was to lead the collaborative development of a community and sector endorsed path forward for coordinated suicide prevention activities across the region.

The project was delivered through a partnership led by Beacon Strategies, supported by Roses in the Ocean and Black Dog Institute, and funded by Northern Queensland PHN and guided by the Community Advisory Group, comprised of representatives from NQPHN, CHHHS, service provider organisations and people with a lived experience of suicide.

About this document

The Cairns and Hinterland SPCAP is presented as two companion documents aimed at giving the right amount of detail for the respective audience.

- **Whole-of-region strategy:** the purpose of this document is to set out the background, rationale, strategic drivers and high level priority actions aligned to Black Dog Institute's LifeSpan framework. This document is designed to inform and guide implementation activities by providing a list of priority actions that should be prioritised for implementation for the whole-of-region steering committee or local implementation teams.

- **Whole-of-region actions register:** the actions register lists all actions in this document in more detail, including a description, key stakeholders, readiness assessment and implementation steps. It contains all actions which may be implemented at a whole-of-region level or locally and can be used by implementation teams to understand actions and the initial steps which may help their implementation. It is not intended that all actions will be implemented simultaneously, but rather this document will assist the whole-of-region steering committee and local implementation teams to prioritise actions for implementation.

This document, the whole-of-region strategy, is designed to inform and guide implementation activities by providing a list of actions that can be implemented within the community. This document will be used in conjunction with the action plan templates (whole-of-region action plans and implementation team action plans) which will be used by local implementation teams to determine how to implement the plan's actions.

The process so far...

The development of the Cairns and Hinterland SPCAP has been quite the journey. Although experiencing a number of temporary disruptions (COVID-19 and an extreme weather event...), the end result has been more than worth it.

The process so far has been a rewarding one with many highlights to report, including:

- Establishing the Cairns and Hinterland SPCAP Community Advisory Group in January 2020 and holding the inaugural meeting with representation from NQPHN, CHHHS, NGOs, First Nations specific organisations, Black Dog Institute and Roses in the Ocean.

- At short notice, moving the first run of sector professional engagement workshops to be delivered remotely in April and May of 2020.

- Temporarily pausing the project 6 months up until October 2020 due to COVID-19. Although this was a hard decision to make at the time, it was the right call to ensure resources were maintained to prioritise person-to-person and meaningful engagement at later stages of the project.

- Rescheduling and delivering a round of consultation with sector professionals, engaging deeply with 51 stakeholders across a 5-day consultation loop, taking place in Cairns North, Atherton, Innisfail, Edmonton and Mossman in December 2020.

- Rebooting the format of the Community Advisory Group by expanding the membership to new organisations and individuals (18 organisations in total) and refreshing the Terms of Reference in January 2021 to allow for deeper engagement relating to the development of the plan, rather than restricting involvement to advising on the direction of the project.

- Leveraging the expertise of Black Dog Institute's Suicide Data Analysis Report (SDAR) in February 2021 to improve visibility of local suicide data and trends, enabling a targeted approach to developing suicide prevention responses to meet the needs of those who need them most.

- Roses in the Ocean engaging deeply with a total of 19 people in April 2021 who have a lived experience of suicide, defined as having experienced suicidal thoughts, experienced suicidal crisis or attempt, have cared for someone through a suicidal crisis, or have been bereaved through suicide, via engagement with the Cairns, Innisfail, Ravenshoe, Mareeba and Mossman communities. Although few in absolute terms, these deep and meaningful conversations have gone a long way to shape the Cairns and Hinterland SPCAP.

- Roses in the Ocean delivering an LGBTIQAP+ specific engagement opportunity attended by 16 people in April 2021 for LGBTIQAP+ folk who work in the sector or who either have a lived experience of suicidal crisis or attempt, have cared for someone through a suicidal crisis, or have been bereaved through suicide

- Between March 2021 and May 2021 hearing from the Cairns and Hinterland community through the submission of 155 written responses to the Cairns and Hinterland SPCAP Community Survey regarding ideas that could be implemented locally to strengthen suicide prevention activities across the region.

- Engaging directly with a number of Aboriginal Community Controlled Health Organisations (ACCHOs) across the region via direct conversations in May and June 2021.

- Working intensively with the Cairns and Hinterland SPCAP Community Advisory Group via a series of 4 workshops from March 2021 to June 2021 to identify issues and priority actions, develop the vision and purpose of the plan, refine ideas and prioritise actions and endorse the final Cairns and Hinterland SPCAP.

Regional need

Cairns and Hinterland at a glance

The Cairns and Hinterland region refers to the area covered by the Cairns and Hinterland Hospital and Health Service (HHS), covering 142,900 square kilometers from Cow Bay in the north to Tully in the south and Croydon in the west.[1] The Cairns and Hinterland region is one of four HHSs in the Northern Queensland PHN region, and includes Cairns North, Cairns Southern Corridor, Tablelands (east), Innisfail - Cassowary Coast, Port Douglas - Daintree, and part of Far North.[2] The Cairns and Hinterland region has an estimated population of 269,704 in 2021, 14% of whom identify as Aboriginal and Torres Strait Islander.[3]

People in the Cairns and Hinterland region have higher rates of socioeconomic disadvantage than the rest of Queensland, with over half of the population (59%) in the lowest two quintiles of disadvantage.[4] Cairns and Hinterland HHS facilities also see many patients from the Cape and Torres HHS catchment, providing specialised and referral services to communities in the Cape York, Torres Strait and Northern Peninsula regions.[5]

NQPHN Health Needs Assessment 2019-2022

Northern Queensland PHN has identified a need for increased suicide prevention activities in the Health Needs Assessment 2019-2022. Across the broader Northern Queensland region, the Cairns and Hinterland HHS region has the highest suicide rate of any HHS region, marked by a high percentage of male suicides and a high percentage of Aboriginal and Torres Strait Islander suicides.

In the NQPHN region, the overall age-standardised rate for suicide (16.4/100,000) was higher than the state (14.4/100,000) and national (10.9/100,000) rates. Within the Cairns and Hinterland region, the rate was even higher at 17.6/100,000. The rate of hospitalisation due to intentional self-harm increased in the NQPHN region from 20/100,000 in 2013/14 to 26/100,000 in 2015-16 which is higher than the national rate of 17/100,000. Several SA3 areas within the NQPHN region were notably higher:

- Innisfail-Cassowary Coast (29/100,000)
- Cairns-North (32/100,000)
- Tablelands (East-Kuranda) (32/100,000)
- Port Douglas-Daintree (40/100,000)

NQPHN has identified a number of barriers to effective suicide prevention activites throughout the region, including:

- Lack of coordination between primary health care service and related mental health and suicide prevention services
- Lack of suicide prevention programs and response protocols in rural areas
- Issues with current suicide prevention activities including:
    - Suicide prevention models being culturally ineffective

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[1] *Cairns and Hinterland Hospital and Health Service population profile 2018*, Cairns and Hinterland HHS

[2] *Clinical Services Plan 2018-2022*, Cairns and Hinterland HHS

[3] Ibid,

[4] Ibid.

[5] *Cairns and Hinterland Hospital and Health Service population profile 2018*, Cairns and Hinterland HHS

- ○ Limited number of services
  - ○ Lack of sector coordination
  - ○ Lack of awareness of evidence-based interventions
  - ○ Difficulty accessing services
  - ○ A need to develop greater capacity within services
- Current suicide prevention assessment tool is culturally inappropriate and onerous

Further, the NQPHN Health Needs Assessment advocates for a regional approach to suicide prevention that should be targeted in addressing identified barriers and provide region-wide solutions to identified needs.

Policy environment

The Fifth National Mental Health and Suicide Prevention Plan

The Fifth National Mental Health and Suicide Prevention Plan released in 2017 identifies a coordinated approach to suicide prevention as one of its eight key priorities. This coordinated approach should draw on existing strategic guidance, including the Living Is For Everyone Framework, the Report of the Aboriginal and Torres Strait Islander Suicide Prevention Project, Suicide Prevention Australia's Strategic Framework for Suicide Prevention, the LifeSpan model, Mindframe's National Media Initiative and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

An action of the plan is for Primary Health Networks (PHNs) and Hospital and Health Services (HHSs) to engage with local communities and develop integrated, whole-of-community approaches to suicide prevention.

Joint Regional Wellbeing Plan for Northern Queensland

The foundational Joint Regional Wellbeing Plan for Northern Queensland — Mental health, suicide prevention, and alcohol and other drugs developed by Northern Queensland Primary Health Network (NQPHN), Torres and Cape Hospital and Health Service (TCHHS), Cairns and Hinterland Hospital and Health Service (CHHHS), Townsville Hospital and Health Service (THHS), and Mackay Hospital and Health Service (MHHS) was released in December 2020.

It identified six priority areas:

- Workforce, including peer workers
- Aboriginal and Torres Strait Islander partnership in healing
- Service access and coordination
- Alcohol and other drugs harm reduction
- Physical health of people living with mental illness
- Suicide prevention

Under the suicide prevention priority area, there is a joint commitment by Northern Queensland PHN and the Cairns and Hinterland HHS in realising the proposed outcome of "coordinated regional community action plans are in place" to be actioned through the provision of appropriate resources "to support development of or continuing effectiveness of suicide prevention community action networks and activities."[6]

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[6] *Joint Regional Wellbeing Plan for Northern Queensland*, NQPHN, TCHHS, CHHHS, THHS, MHHS,

A systems approach to suicide prevention

Suicide prevention is a complex health and social policy area with responibility shared across both health and non-health systems. The Cairns and Hinterland SPCAP has been developed in direct alignment with Black Dog Institute's LifeSpan framework.[7]

LifeSpan is an integrated framework for suicide prevention. It combines nine strategies that have evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.

LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis.

LifeSpan involves the implementation of nine evidence-based strategies simultaneously within a localised area. For each strategy, LifeSpan selects and implements the interventions or programs that have the strongest evidence base.

These strategies are based on the most up-to-date evidence drawn from similar, large-scale suicide prevention programs overseas that have shown positive results.

The nine evidence-based strategies are implemented from whole-of-population level to the individual level, simultaneously within a localised region. For effective delivery, all strategies require a thorough consultation and review process to ensure their relevance and tailoring to the local context and community.

Recognising that multiple strategies implemented at the same time are likely to generate bigger effects than just the sum of its parts (i.e. due to synergistic effects). LifeSpan offers a data driven, evidence-based approach, setting it apart from current practice and raising the bar in suicide prevention.

Source: Black Dog Institute's LifeSpan Framework

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[7] *LifeSpan Trials*, Black Dog Institute.

Strategic drivers

Vision

The vision of the plan is ultimately that fewer people are experiencing significant emotional distress and attempting and dying by suicide in the Cairns and Hinterland region.

This will be achieved through communities throughout the region working together to drive suicide prevention activities that are tailored and locally relevant for people at all ages and from all backgrounds, preparing communities to identify and support people in distress, empowering people to seek support and ensuring they are treated with respect and dignity.

Outcomes

Through implementing the Cairns and Hinterland SPCAP, it is anticipated that a series of cascading outcomes will be realised over the short, medium and long term. While in the short term the implementation of the Cairns and Hinterland SPCAP will be focused on establishing appropriate governance arrangements and implementation teams to sustain future suicide prevention efforts, the SPCAP will aim to achieve increased community capacity to recognise and respond to people in distress, better coordination of suicide prevention efforts and a reduction of suicide attempts and deaths in the medium to long term.

Time period	Outcomes
Short term (within 12 months)	- Establishment of a functional whole-of-region steering committee - Establishment of functional local implementation teams
Medium term (1-3 years)	- Sustainability of whole-of-region steering committee and local implementation teams - Progress made against whole-of-region and local implementation plans - Improved coordination and integration of suicide prevention efforts across the region - Improved community capacity to identify and respond to people in suicide crisis - Improved sector and institutional capacity to identify and respond to people in suicide crisis
Long term (3-5 years)	- Reduced suicide attempts - Reduced deaths by suicide - Address the social determinants of health and key drivers of suicide (e.g. prevention and early intervention)

Values

The values of the SPCAP, as determined by people with a lived experience of suicide, will underpin how we implement, oversee and communicate about all suicide prevention activities in this plan. The Cairns and Hinterland SPCAP will be guided by:

- Empathy
- Listening
- Transparency

- Collaboration
- Equity

Principles

The key principles supporting the LifeSpan framework and adopted by the Cairns and Hinterland SPCAP's implementation are:

- **Data-driven decision making** - Planning of suicide prevention activities is evidence-based, informed by collecting, analysing, interpreting and mapping available data that is locally relevant.
- **Workforce information and development** - Health and community services professionals and frontline workers play a critical role in suicide prevention. Training and knowledge sharing is key to supporting workers in preventing suicide.
- **Lived experience inclusion at every level** - We acknowledge the invaluable contribution of those with a lived experience of suicide, who must be included at all stages of decision making, implementation, and evaluation of the SPCAP.
- **Local ownership and adaptation** - Local communities must own the implementation of the SPCAP. Actions have intentionally been left high-level so that localised implementation teams may adapt them to suit the region.
- **Community engagement** - The community all have a role to play in suicide prevention. As much as possible, the plan's implementation should be community led and should be designed to meet community needs.
- **Cultural governance and inclusion** - Any initiative done within Aboriginal and Torres Strait Islander communities must be led and owned by the community to ensure that they are done in the best interest of the community and in the most appropriate way.

Priority populations

In the Cairns and Hinterland region, we know that suicide rates are higher among several population groups that should be taken into consideration regarding the implementation of the plan's priority actions.

Males aged 35-44

Based on Black Dog Institute's suicide audit of the ten years from 2008 to 2017, males aged 35-44 had the highest rate of suicide in the Cairns and Hinterland region.[8] This risk was compounded by unemployment and relationship separation. In Queensland, compared to female suicide, male suicide is:

- 12x more likely to be linked to financial problems
- 8 to 9x more likely to be linked to pending legal matters
- 5x more likely to be linked to recent or pending unemployment
- 4 to 5x more likely to be linked to problems at work or school
- 4x more likely to be linked to child custody disputes[9]

Suicide prevention activities for men should focus on the life crisis, include online or anonymous supports, and use evidence based interventions in environments where men feel safe.[10]

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[8] *Cairns and Hinterland Suicide Data Analysis Report Feb 2021,* Black Dog Institute
[9] Ibid.
[10] Ibid.

Aboriginal and Torres Strait Islander people

In the ten years to 2017, in the Cairns and Hinterland region Aboriginal and Torres Strait Islander people had a suicide rate of 22.8 per 100,000, compared to 17.6 per 100,000 in the general population. We know that in Aboriginal and Torres Strait Islander populations in the Cairns and Hinterland region, persons aged 15-24 accounted for the highest number of deaths.

Suicide prevention activities for Aboriginal and Torres Strait Islander people must:

- Focus on strength-based approaches
- Focus on social and emotional wellbeing, healing, and connection to culture
- Be culturally led and informed[11]

LGBTIQAP+

Though the data is limited, we know that suicide deaths among LGBTIQAP+ individuals is underreported because reporting relies on information available in police or coronial reports, which may not include accurate information about their sexual orientation.[12]

Compared to the general population in Australia, LGBTIQAP+ people are more likely to attempt suicide. Specifically, LGBTIQAP+ youth aged 16 to 27 are almost five times more likely to have attempted suicide in their lifetime, and transgender people aged 14-25 were fifteen times more liekly to attempt suicide.[13]

Young people

The youth suicide rate in Cairns and Hinterland is high for both males and females and nationally, the suicide rate of young females has increased. Among females in the Cairns and Hinterland region, the age group with the highest number of lives lost was 15-24.

Schools are an effective way of reaching young people through resilience building and help-seeking programs that support mental health and wellbeing.[14] However, schools do not reach all young people and other touchpoints need to be considered for those not engaged with the education system.

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[11] Ibid.
[12] *Suicide in Queensland Annual Report 2020*, Australian Institute for Suicide Research and Prevention
[13] *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ people, April 2021*, LGBTIQ+ Health Australia
[14] *Cairns and Hinterland Suicide Data Analysis Report Feb 2021,* Black Dog Institute

SPCAP Focus Areas

Black Dog Institute LifeSpan Framework

The priority actions in this document are aligned with Black Dog Institute's LifeSpan Framework as seen below. Actions have intentionally been left high-level to allow the whole-of-region steering committee to prioritise and refine key actions and for local implementation teams to tailor their responses to the needs of their communities. The list of priority actions nested under each of the LifeSpan domains are a mix of existing and prospective activities. As mentioned previously, it is not the intention of the Cairns and Hinterland SPCAP to deliver on all priority actions simultaneously but should be used as a source for guiding strategic conversations regarding how existing activities could be improved or better coordinated and where new activities are required.
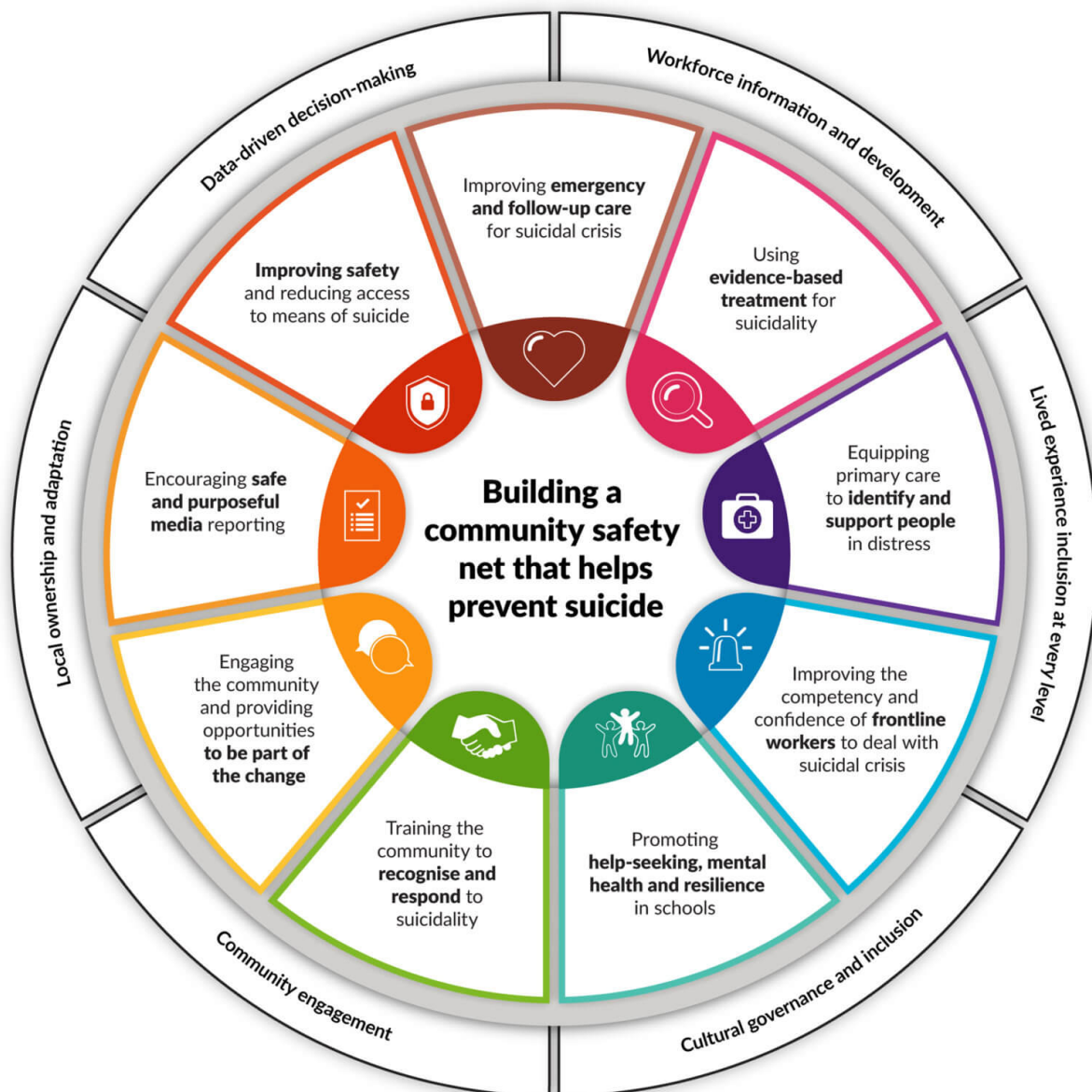
Improving emergency and follow up care for suicidal crisis

What is it?

A suicide attempt is the strongest risk factor for subsequent suicide. To reduce the risk of future attempts, a coordinated approach to care for people after a suicide attempt is essential.

Coordination of care is complex and emergency departments are high-pressure environments where staff are time poor. Often people who present in emergency departments (EDs) for suicidal thinking or attempts don't receive the care and support they need.

Evidence shows that it is the experience rather than strict adherence to a protocol that makes the difference between good and poor care. When people seek help, services need to make them feel validated, welcome and heard.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

Results from the Cairns and Hinterland SPCAP Community Survey suggested that the community is unhappy with the delivery of suicide prevention crisis care in emergency departments and other acute settings. The survey produced similar results about the community's view of aftercare following a suicide attempt and support for families, friends and communities after a suicide.

We've heard from people with a lived experience of suicide that waiting times to access services within the hospital setting are long, the physical environment of ED isn't suitable to providing empathetic and dignified care, ED staff have variable capability in providing trauma-informed care, the needs of carers and natural supports are often overlooked and follow-up after an interaction with the ED or acute care can be untimely and offered inconsistently.

We've heard from sector professionals that people are often discharged from hospital without receiving treatment as well as experiencing difficulties when being linked back to community services. Additionally, sector professionals have suggested that communication between the hospital and service providers is fragmented and coordination between the primary and secondary sectors could be vastly improved. We've also heard from sector professionals that priority populations have unique needs when accessing emergency and follow up care from ED (including Aboriginal and Torres Strait Islander peoples requiring culturally appropriate care and youth requiring age-specific responses) that aren't currently being met. Lastly, many people experiencing crisis or who have made an attempt on their life will not access ED for a variety of reasons. Alternative options for people need to be explored and implemented.

Priority actions

Across the Cairns and Hinterland region, *improving emergency and follow up care for suicidal crisis* could be improved through implementing the priority actions listed below:

- **Deliver suicide prevention training for ED staff:** train ED and other crisis staff on working with individuals and carers experiencing suicidal crisis, including culturally safe responses
- **Deliver peer-led support models in the ED:** develop and introduce suicide prevention peer worker-led support models to meet the needs of people in crisis within the ED setting

- **Implement and scale-up alternatives to ED:** implement and look to expand the reach of innovative and non-clinical models of care that provide an alternative to presenting to an ED
- **Increase the effectiveness and reach of aftercare services:** continue to implement aftercare services across the region whilst embedding agreed pathways and protocols for people who have presented to the ED. Additionally, explore opportunities to expand the reach of aftercare services across the region
- **Design a crisis response model for rural and remote communities**: design a crisis response model to meet the needs of rural and remote communities by collaboratively identifying support needs and designing geographically appropriate suicide responses
- **Develop agreed localised critical incident protocols and support after suicide:** localised critical incident protocols should effectively identify families and communities impacted by suicide and provide them with the support they need to be able to respond appropriately following a suicide or suicide attempt

Using evidence-based treatment for suicidality

What is it?

Ensuring that accessible and appropriate mental health care is available to those who need it the most.

Mental illness, including depression, is associated with a large portion of suicide attempts. Providing accessible and appropriate mental health care is essential to suicide prevention.

Central to this is ensuring mental health professionals are aware of the latest evidence and best practice care and treatment options. Information sharing between care providers also needs to be enhanced.

Source: Black Dog Institute's LifeSpan Framework.

What do we know?

Results from the Cairns and Hinterland SPCAP Community Survey demonstrated that the community generally find treatment for people experiencing emotional distress (e.g. mental health services such as psychology or social support) ineffective. Similarly, the community viewed telehealth and digital mental health tools as largely ineffective.

We've heard from people with a lived experience of suicide that there is a great need for quality mental health services, delivered in both face-to-face and remote formats, which make people feel understood and listened to. While some mental health specific services currently exist, they have limited availability or aren't provided routinely across all of the Cairns and Hinterland communities. We've heard that people with a lived experience see great potential in utilising peer workers with a lived experience of suicide within the community setting as well as strengthening the coordination and integration between clinical and psychosocial mental health services.

We've heard from sector professionals that service providers and community members generally have limited knowledge of available mental health and support services, partially caused by service providers delivering services in silos with limited collaboration with other organisations. Additionally, sector professionals suggested a lack of evidence-based models particularly for suicide prevention in Aboriginal and Torres Strait Islander populations. Sector professionals also noted a lack of evaluation activities for existing suicide prevention activities in the region and shortage of services in the geographically disparate communities outside Cairns.

We know that nearly half (48.5%) of people who died by suicide in Queensland between 2014-2016 did not have a diagnosed mental health condition.[15] It is crucial to provide accessible and appropriate support services to those experiencing suicidal crisis not related to mental illness.

Priority actions

Across the Cairns and Hinterland region, *using evidence-based treatment for suicidality* could be achieved through implementing the priority actions listed below:

- **Deliver integrated mental health services in the community:** provide accessible and integrated mental health services, across the stepped care continuum (from well population to severe and complex), that meet the needs of priority populations (both

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[15] *Suicide in Queensland Annual Report 2020,* Australian Institute for Suicide Research and Prevention

acuity and complexity)

- **Improve coordination between existing mental health and suicide prevention providers:** facilitate collaboration between local service providers (e.g. mental health, alcohol and other drug treatment services and suicide prevention providers) to improve coordination and share knowledge and information
- **Provide suicide prevention training for mental health professionals:** offer ongoing training for a broad range of mental health professionals to ensure they are delivering evidence-based suicide prevention services
- **Develop and promote localised suicide prevention resources:** develop (where necessary) and increase the awareness of and access to existing suicide prevention resources
- **Evaluate local suicide prevention initiatives:** evaluate local suicide prevention activities and programs to understand what works locally and where programs could be improved
- **Enhance community based suicide prevention programs:** enhance existing mental health and suicide prevention programs to deliver outreach service responses into geographically hard to reach communities
- **Design and deliver carer specific suicide prevention programs:** provide dedicated services and targeted information for loved ones and informal support networks to engage them in a person's care
- **Enhance, design and deliver First Nations specific suicide prevention programs:** support First Nations communities to prevent suicide attempts and deaths by strengthening links to culture and community
- **Improve the cultural capability of mainstream programs:** improve cultural capability of mainstream services supporting people experiencing distress to meet the needs of people from a diverse range of backgrounds and cultures
- **Utilise findings of local suicide audit/s to address compounding factors in suicide:** support programs which address factors that play a role in suicide (i.e. unemployment, relationship breakdown, financial hardship)
- **Offer locally-based support groups:** set up local community support groups for people with a lived experience of suicide based on community needs relating to the nature of the support group. Support these to be peer led or peer co-facilitated
- **Provide regular and culturally appropriate support and debriefing opportunities for workers:** ensure adequate support is offered to workers whose roles touch on suicide prevention and the support is culturally appropriate

Equipping primary care to identify and support people in distress

What is it?

Suicidal individuals often visit primary care providers in the weeks or days before suicide yet many do not mention their suicidal thoughts to their doctor or if they do, they often don't receive the care and support they need.

There are many reasons for this including fear, stigma and time pressures. Many GPs are unaware of referral points and current best practice care and treatment. Encouraging evidence-based practice and greater integration with other services is critical.

Capacity building and education for GPs is one of the most promising interventions for reducing suicide.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

Findings from the Cairns and Hinterland SPCAP Community Survey suggested that the community is mostly unhappy with general practice's ability to identify and support people in distress.

We've heard from people with a lived experience of suicide that accessing general practice can be problematic at times due to the necessity to book appointments and short consult times. It was suggested that many GPs could benefit from further training in identifying and addressing suicidal ideation and distress in a way that is compassionate and understanding. We also heard from people with lived experience about the inconsistency in responses between GPs when treating someone in distress, with some having limited knowledge of available services, resources or knowledge and confidence to directly support the person.

We've heard from sector professionals that general practitioners are often time poor and have limited time to engage in additional training to remain up-to-date with best practice in suicide prevention. We heard that primary care clinicians often are not aware of services or how to refer patients into them. Sector professionals also noted a shortage of general practitioners across the region and difficulties for patients to access a GP. Additionally, we've heard from sector professionals that the region has many locum GPs, so it is sometimes difficult for patients to build relationships and feel comfortable enough to seek help from GPs.

Priority actions

Across the Cairns and Hinterland region, *equipping primary care to identify and support people in distress* could be achieved through implementing the priority actions listed below:

- **Provide suicide prevention training for GPs:** offer ongoing suicide prevention training that has been informed by lived experience to primary care health professionals (e.g. general practitioners, practice nurses and allied health practitioners) to deliver high quality suicide prevention responses.
- **Develop and promote clear referral pathways for GPs:** ensure information located on HealthPathways is up-to-date, regionally specific and consistently promoted to GPs across the region to improve service navigation to relevant support services, programs

and resources
- **Support suicide prevention programs in primary care for First Nations populations:** equip and support Aboriginal Community-Controlled Health Organisations (ACCHOs) to identify and support people in distress
- **Provide cultural training for general practitioners:** to improve understanding of culturally safe suicide prevention responses and culturally specific signs of distress for identified priority populations (e.g. LGBTIQAP+, First Nations)

Improving the competence and confidence of frontline workers to deal with suicidal crisis

What is it?

The interactions a suicidal person has with frontline workers such as police, paramedics and emergency department staff, can influence their decision to access and engage with care. Frontline workers can play a key role in de-escalating a crisis and improving safety. However, existing training may not include the latest emerging research and skills require periodic refreshing.

When vulnerable people seek help, frontline staff need to make them feel safe and heard. Evidence shows that it is the experience, rather than strict adherence to a protocol, that can make the difference.

In addition, workers exposed to stressful situations and trauma can themselves become vulnerable to suicide. Offering training to those on the frontline can build their capacity to respond to those in need – both members of the community and their colleagues who may be vulnerable due to trauma and PTSD.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

Results from the Cairns and Hinterland SPCAP Community Survey reflected slightly more positive views about the effectiveness of the delivery of training for frontline workers to support people in crisis, however acknowledged that there was still work to do in equipping front line workers to identify and respond to people experiencing emotional distress.

We've heard from people with a lived experience of suicide that first responders sometimes respond in ways that are detrimental to the mental health and wellbeing and distress of somone in a suicidal crisis and could use training in delivering compassionate responses. Those with a lived experience of suicide also suggested the potential to explore co-responder type models that utilise peer workers with a lived experience of suicide responding together with ambulance and police.

We've heard from sector professionals that training for frontline staff in best-practice suicide prevention responses is limited or delivered inconsistently across the region. This has led to low confidence among frontline staff in ability to help someone in crisis. Sector professionals noted inconsistency in the level of support offered to frontline workers which can cause burnout and inadequate coping strategies. Sector professionals also suggested expanding a co-responder model to improve the response to mental health or crisis situations.

Priority actions

Across the Cairns and Hinterland region, *improving the competence and confidence of frontline workers to deal with suicidal crisis* could be achieved through implementing the priority actions listed below:

- **Partner with first responder organisations to plan and deliver suicide prevention specific training:** engage local representatives from first responder organisations (e.g. Queensland Police Service and Queensland Ambulance Service) to collaboratively

identify local training needs, identify relevant training packages and deliver training systematically across the region

- **Continue with and expand the mental health co-responder model:** evaluate and expand the mental health co-responder model to provide a trained suicide prevention peer worker or mental health professional to co-respond with QPS and QAS calls throughout the region
- **Partner with first responders to establish a lived experience advisory mechanism:** explore opportunities to embed a lived experience perspective into frontline services

Promoting help-seeking, mental health and resilience in schools

What is it?

Young people can be particularly vulnerable to mental health problems, self-harm or suicide. Schools are keen to support their students but often don't know how to choose quality programs or integrate programs with other student wellbeing activities and referral pathways.

Youth Aware of Mental Health (YAM) is designed to raise awareness about suicidality and the factors that protect against it. It works by improving mental health literacy and explicitly teaching the skills necessary for coping with adverse life events and stress, so that young people get help before reaching crisis point. YAM has the strongest evidence-base of school programs reviewed including the best outcomes specific to suicidal behaviour, and the flexibility to be integrated into any school environment.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

Findings from the Cairns and Hinterland SPCAP Community Survey reflected very negative views about the delivery of mental health and resilience programs in schools, suggesting the community is unhappy with current programs, signalling an opportunity to do more in the school setting across the region.

We've heard from people with a lived experience of suicide that school responses to suicide are inconsistent but play a critical role in a student's journey from the earliest signs of mental health issues arising through to following a suicide attempt or after losing a family member to suicide. We have heard that school staff and students need better education on how to speak to someone about suicide and how to support someone following an attempt or losing a family member. It was also suggested by people with a lived experience of suicide that everyone within the school setting should receive comprehensive training to ensure that schools are a safe environment for anyone experiencing distress or grief.

We've heard from sector professionals that stigma remains an issue for students talking about suicide and cultural factors play a role in students' help seeking behaviours. Sector professionals suggested prioritising social and emotional wellbeing and resilience building activities in schools as a key strategy for prevention and early intervention. We also heard that school staff are not aware of services that they can refer students into, and there is a lack of services for young people in regional areas. Sector professionals suggested that extracurricular activities often play an important role in students' wellbeing and offer an opportunity for resilience building.

Priority actions

Across the Cairns and Hinterland region, *promoting help-seeking, mental health and resilience in schools* could be achieved through implementing the priority actions listed below:

- **Deliver comprehensive suicide prevention training for school staff:** train school staff in suicide prevention, including recognising signs of distress, what to do if a student is suicidal, how to speak with students about suicide and how to provide support to a student who has lost someone to suicide
- **Provide comprehensive suicide prevention programs for students:** deliver programs

within the school environment that build resilence and destigmatise mental health and suicide prevention so that students are more likely to identify early signs of mental health issues or distress

- **Integrate mental health service providers in the school environment:** fund school-based service providers who can work with students in schools to better identify and manage mental health concerns
- **Deliver education programs for parents:** offer capacity building programs for parents to improve mental health and suicide prevention literacy, ability to recongise signs and understand what to do and how to speak to their children about suicide
- **Establish school-based referral pathways and up-to-date information:** develop up-to-date referral pathways and information for school staff, students and parents to ensure everyone is aware of available support services and resources
- **Deliver whole-of-school mental health and suicide prevention initiatives:** engage at a whole-of-school level and bundle the delivery of each of the initiatives listed above to create a suicide prevention promoting school environment

Training the community to recognise and respond to suicidality

What is it?

Many people who are experiencing suicidal thoughts communicate distress through their words or actions but these warning signs may be missed or misinterpreted. Training can provide people with the knowledge and skills to identify warning signs that someone may be suicidal, talk to them about suicidal thoughts and connect them with professional care.

By building a network of 'helpers' in our community we will strengthen our local safety net. Some people are natural helpers in the community while others provide help through the work they do. Everyone in the community has the potential to be a helper but the best way to reach a large number of helpers is via workplaces.

While there are many training programs that deliver skills in mental health awareness, QPR has the most and strongest evidence for building skills to help with a suicidal crisis.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

The Cairns and Hinterland SPCAP Community Survey results suggested limited effectiveness regarding efforts to train members of the community as gatekeepers to recognise and respond to suicidality.

We've heard from people with a lived experience of suicide that community gatekeeper training should include a broad cross-section of settings, inclusive of cultural leaders, workplaces, schools, sports clubs and churches. We've heard that in many situations, people experiencing suicidal thoughts or behaviours are likely to seek support through their informal networks and with people they trust as a priority. Additionally, we've heard that a lack of services available in rural and remote communities means that community leaders are relied on to provide support to members of the community when experiencing distress or grief.

We've heard from sector professionals that stigma within the community remains an issue and a barrier to people discussing suicide and seeking help. Sector professionals suggested building community capacity through training community groups and leaders, as well as offering regular mental health first aid training and suicide prevention training to local communities. Sector professionals suggested gatekeeper networks are particularly important in smaller communities, where people have regular interactions with many community members and could play a critical role in suicide prevention.

Priority actions

Across the Cairns and Hinterland region, *training the community to recognise and respond to suicidality* could be achieved through implementing the priority actions listed below:

- **Consistently deliver suicide prevention gatekeeper training across the region:** gatekeeper training should be delivered to community groups and community leaders (such as sports groups, churches, small business owners) to improve the identification and response to suicidal crises
- **Develop local suicide prevention gatekeeper networks:** leverage and continue to

provide support to community members who have undertaken gatekeeper training

- **Deliver suicide prevention gatekeeper training in high-risk industries and workplaces:** provide training to industries and workplaces who employ members of the community at a higher risk of suicide (e.g. men).

Engaging the community and providing opportunities to be part of the change

What is it?

Community engagement and communication delivered in conjunction with other evidence-based suicide prevention strategies can improve local awareness of services and resources, and drive increased participation in prevention efforts across the community.

Engagement in campaigns and activities such as R U OK? Day can provide an important first step for many community members. Some people may wish to take the next step: undertake training so they can recognise risk and connect others with professional support.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

The Cairns and Hinterland SPCAP Community Survey demonstrated low community opinion of the current effectiveness of region-wide community awareness campaigns relating to suicide prevention.

We've heard from people with a lived experience of suicide that stigma is a major barrier to reaching out for help because people don't know how to discuss suicide or seek support. Additionally, those with a lived experience of suicide suggested that having the opportunity to participate in local networks and groups to organise community events and campaigns to deliver positive messages to the community could help spread the word about suicide prevention awareness.

We've heard from sector professionals that the community is often unaware of services available to them and how to access these services that could benefit from local promotion. We also heard from sector professionals that stigma remains an issue and campaigns to 'start the conversation' may be of benefit in promoting help seeking and normalising discussions about suicide prevention. Sector professionals suggested that in smaller communities, community events and get-togethers offer an opportunity to build rapport and encourage discussions and help-seeking.

Priority actions

Across the Cairns and Hinterland region, *engaging the community and providing opportunities to be part of the change* could be achieved through implementing the priority actions listed below:

- **Deliver whole-of-region community awareness campaigns:** fund community awareness campaigns to raise awareness, reduce stigma and provide information to people seeking help
- **Coordinate and deliver localised community awareness events and programs:** coordinate and fund community awareness events and programs targeted at priority populations, tailored to the needs of local communities
- **Establish localised Suicide Prevention Networks:** to support the involvement of community members, including people with a lived experience of suicide, in planning, delivering and coordinating suicide prevention activities
- **Design and implement a community-based 'safe spaces' program:** develop a network of community based 'safe spaces' e.g. local cafes, community centres and mental health services where people in suicidal crisis could access and receive information on where to

go for help (e.g. in cafes) or receive services (e.g. mental health services)

- **Build a network of Suicide Prevention Champions:** suicide prevention champions to speak publicly in the community about suicide prevention and mental health to raise awareness and reduce stigma, and to bring their lived experience insights to all aspects of suicide prevention activity in the region. Training and support must be provided to build and support an active network of Suicide Prevention Champions
- **Understand the needs of local communities to inform future programs and initiatives:** engage local communities throughout the implementation of the plan

Encouraging safe and purposeful media reporting

What is it?

Suicidal behaviour can be learned through the media. Media guidelines supporting the responsible reporting of suicide by the media can reduce suicide rates, and in providing safe, quality media coverage, improve awareness and help seeking. Australia leads the world in application of the evidence around media and suicide yet there can be a misunderstanding and 'fear' of media guidelines.

What is said (or not said) about suicide is important. The community needs to drive the conversation about what is working locally, what people can do to help and where more attention is required. We are supporting local organisations to take a more proactive and coordinated approach to engaging with the media and managing this conversation.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

The Cairns and Hinterland SPCAP Community Survey suggested that the community do not find current local media reporting and communication of attempts or deaths by suicide to be safe.

We've heard from people with a lived experience of suicide that local media such as community noticeboards, local radio and community Facebook groups could be better utilised to advertise services and de-stigmatise discussions about suicide. Additionally, we've heard that the inappropriate use of outdated terminology can adversely impact the likelihood of someone to reach out for help.

We've heard from sector professionals that the way suicide is discussed in media often reinforces the stigma surrounding help-seeking and discussing mental health and suicide. Sector professionals suggested that there are unclear guidelines for media and social media around appropriate ways to discuss suicide. Sector professionals suggested better utilising media to advertise services and promote help-seeking, as well as working with local media to build capacity to discuss suicide in a safe and appropriate way.

Priority actions

Across the Cairns and Hinterland region, *encouraging safe and purposeful media reporting* could be achieved through implementing the priority actions listed below:

- **Develop local media partnerships:** partner with local media outlets to deliver suicide prevention media training and to promote information about local suicide prevention services and resources
- **Engage and partner with prominent social media groups:** provide training to community based social media groups and provide guidance on best practice communication regarding suicide

Improving safety and reducing access to means of suicide

What is it?

Local suicide trends and common means are not well understood. There is a lack of timely data, which is important, as implementation of any interventions must be informed by what is actually happening in the local community.

Restricting access to the means of suicide is one of the most effective suicide prevention strategies. With better data and a regional approach, communities can develop a long-term, strategic approach and drive local efforts in safety and prevention.

Source: Black Dog Institute's LifeSpan Framework

What do we know?

Improving community safety to respond to suicide 'hotspots' was rated the lowest of the nine domains in the Cairns and Hinterland SPCAP Community Survey. This was further reinforced by Black Dog Institue's Suicide Data Analysis Report that outlined the majority of deaths by suicide occuring on private property.

We've heard from lived people with a lived experience of suicide that restricting access to specific medications and firearms may lead to a reduction of suicides.

We heard from sector professionals that reducing access to means in rural areas is challenging. Sector professionals suggested utilising the local suicide audit data to inform means restrictions.

Priority actions

Across the Cairns and Hinterland region, improving safety and reducing access to means of suicide could be achieved through implementing the priority actions listed below:

- **Continue to monitor local suicide data:** continue to collect and monitor suicide data across the region to ensure suicide trends are acknowledged and mitigated where possible
- **Implement a region-wide 'safety planning initiative':** based on the findings of the regional suicide audit data it is likely that a robust safety planning initiative is one of the only likely ways that means restriction could be achieved

Implementation phase

Now that the Cairns and Hinterland SPCAP has been developed, the implementation phase commences. The focus of year 1 (July 2021 - June 2022) of the Cairns and Hinterland SPCAP will be on the establishment of governance arrangements as first priority to "get the foundations right", followed by the progression of a number of actions listed within the plan that are implementation ready.

Under a multi-tiered and collaborative governance arrangement, a collective impact approach will be utilised to ensure that the Cairns and Hinterland SPCAP is implemented in a structured and disciplined way that meets the needs of the region and local communities.

Beacon Strategies will lead the delivery of the Cairns and Hinterland SPCAP by providing 'backbone support' to the Cairns and Hinterland SPCAP governance mechanisms, ensuring activities are coordinated and effective.

In any initiative that relies on the participation of multiple stakeholders, there is an inherent need for a support function that is independent and focused on organising, coordination and monitoring progress rather than delivery of activities detailed in the plan itself.

What is collective impact?

Collective impact is defined as "the commitment of a group of cross-sector actors to a common agenda for solving a complex social problem."[16]

Collective impact initiatives are characterized by five core elements which have been distilled from studying the experiences of successful cross-sector collaboratives. All five elements are consistently present—in forms adapted and customized for the local context— to effectively facilitate cross-sector collaboration and the resulting population-level impacts. These five elements are:

- **Common agenda:** all participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon action (e.g. the Cairns and Hinterland SPCAP)
- **Shared measurement:** all participants agree on how to measure and report on progress, with a short list of common indicators identified to drive learning and improvement
- **Mutually reinforcing activities:** a diverse set of stakeholders, typically across sectors, coordinate a set of differentiated, mutually reinforcing set of activities
- **Continuous communication:** all players engage in frequent, structured communication to build trust, assure mutual objectives, and create common motivation
- **Backbone support:** an independent, dedicated staff provides support and key functions for the sustained operation of the collective impact initiative (e.g. supports with the delivery of points 1 through to 4)

No element is more important than the others; rather, a collective impact effort needs all five to effectively drive long-term, population-level changes in a given topic or area of focus. With all five elements in place, collective impact efforts can greatly accelerate the pace of change and drive deep and lasting social impact

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[16] *Collective Impact*, Stanford Social Innovation Review.

Governance arrangements

The plan comprises a holistic set of sector and community agreed suicide prevention activities, aligned to Black Dog Institute's LifeSpan model. Some of the activities listed in the plan are earmarked for implementation at a whole-of-region level whilst others will address local issues through local solutions.

In reflection of the need for action at both the whole-of-region and local level, the governance structure of the Cairns and Hinterland SPCAP will see the establishment of a whole-of-region steering committee as well as a number of local implementation teams.

Whole-of-region steering committee

The whole-of-region steering committee will be composed of cross-sector leaders, decision-makers, and lived experience representatives who will provide strategic direction, champion the effort, and align their own organisation's work to the common agenda.

The whole-of-region steering committee will meet quarterly and will be tasked with overseeing implementation progress across local implementation teams as well as progressing whole-of-region and system-level activities.

It is acknowledged that an outcome in itself will be the establishment of a functional whole-of-region steering committee in year 1 of the plan.

Local implementation teams

Local implementation teams will be composed of locally specific lived experience representatives, stakeholders representing affected populations, entities that implement related services and solutions, government agencies, and other relevant partners who together design, align, and implement a related set of strategies.

Implementation teams will be geographically based across the Cairns and Hinterland region with a number of local implementation teams established in key locations, which could include Cairns, Yarrabah, Mossman, Tablelands and Innisfail.

Local implementation teams will meet monthly and will be tasked with overseeing implementation progress within their local community and progressing locally-specific activities.

Implementation strategy

Beacon Strategies will work collaboratively and support the whole-of-region steering committee and local implementation teams to become established and functional governance mechanisms before establishing a rhythm of meeting, prioritising and implementing initiatives outlined in the plan.