

# **BURDEKIN SUICIDE PREVENTION COMMUNITY ACTION PLAN**

**2022– 2023**



Photo courtesy of Ronnie Sparke Photography

**Burdekin Suicide Prevention Network**

## Acknowledgements

### Acknowledgement of Country

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

### Acknowledgement of Lived Experience

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

### Acknowledgement of Funding

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

### Acknowledgement of 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 compelling Suicide Data Analysis Report we will ensure that the Burdekin SPCAP is data-driven and informed by leading practice.



## Background

The **Burdekin Suicide Prevention Network (BSPN)** was established by the Burdekin Community Association Incorporated (BCA), via funding from the Northern Queensland Primary Health Network (NQPHN), in February 2019 to ensure broad-based, collaborative, community engagement on suicide prevention in the Burdekin. The Network brings together key members of the community with an interest in suicide prevention and has facilitated the development of this Community Action Plan (CAP) to prevent suicide in the Burdekin.

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

The LIFE Framework is based on the understanding that:

- Suicide Prevention activities will do no harm.
- That there will be community ownership and responsibility for action to prevent suicide.
- That service delivery will be client-centred.

The LIFE Framework aims to:

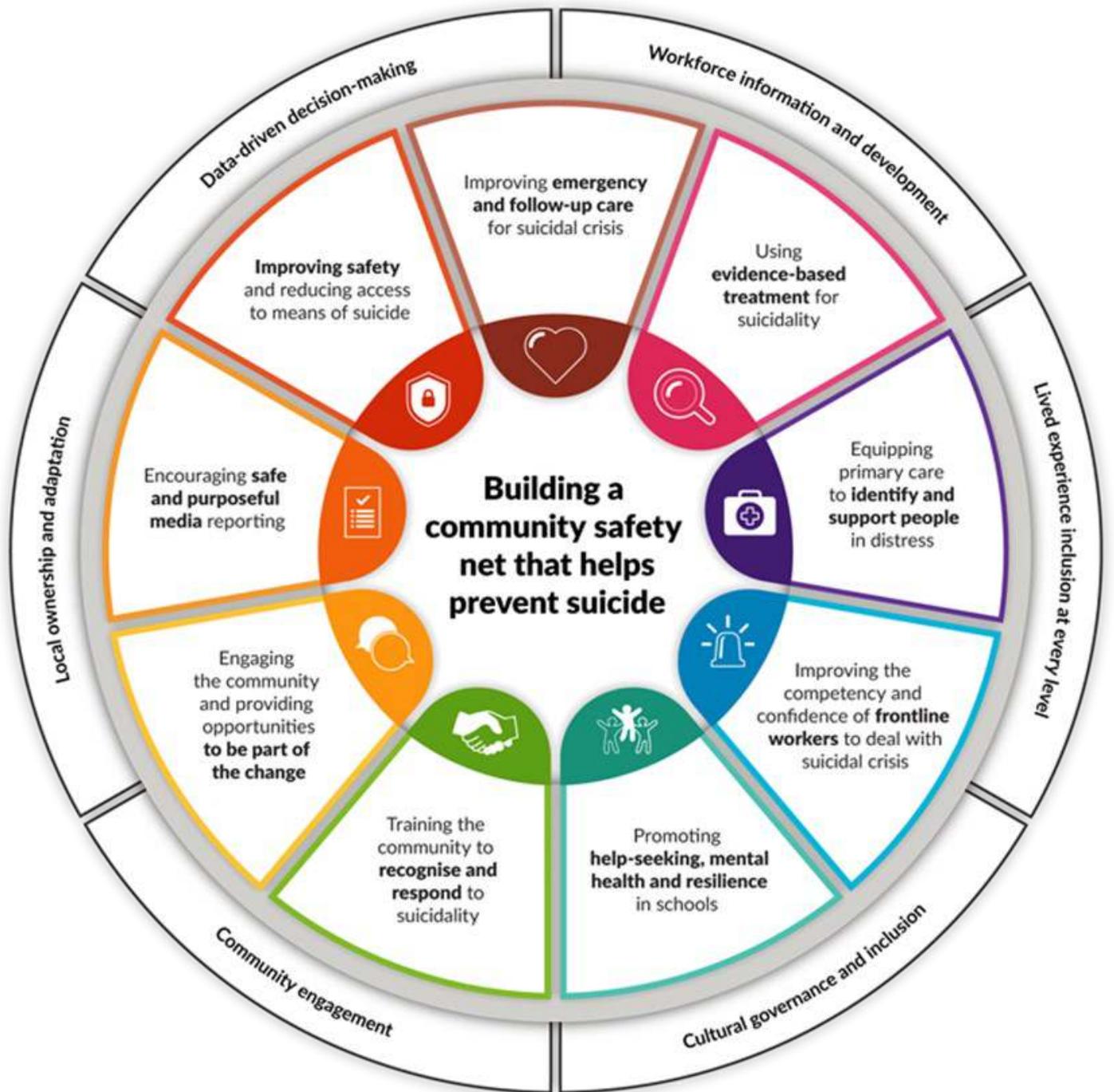
- Improve understanding of suicide.
- Raise awareness of appropriate ways of responding to people considering taking their own life.
- Raise awareness of the role people can play in reducing loss of life to suicide.

For the purpose of the Community Action Plan, the LIFE Framework was integrated with the Lifespan Framework of the Black Dog Institute.

The work of BSPN is guided by the Queensland Suicide Prevention Action Plan 2015-2017/2017-2019. This Action Plan aims to reduce the suicide and its impact on Queenslanders and is a step towards achieving a 50% reduction in suicides in Queensland within a decade.

The Action Plan outlines actions under four priority areas:

1. Stronger community awareness and capacity so that families, workplaces and communities are better equipped to support and respond to people at risk of, and impacted by, suicide.
2. Improved service system responses and capacity to ensure people at risk, including those who have attempted suicide, get the support they need, when and where they need it.
3. Focused support for vulnerable groups to address the specific needs of groups and communities experiencing higher rates, and at greater risk, of suicide.
4. A stronger more accessible evidence base to drive continuous improvement in research, policy, practice and service delivery.



*Black Dog Institute LifeSpan Systems Approach*

## *Purpose*

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

The underpinning principles of the BSPN is that suicide prevention is everybody's business and that strong resilient communities that are able to understand and speak about suicide issues will also have the capacity to address the problem.

We have seen a number of individual events aimed at suicide prevention throughout our community, however, until now, there has not been a coordinated, collaborative approach. To this end, the BSPN plays a key role in coordination, collaboration and resource exchange throughout the Burdekin area to build the community's capacity as a foundation for the development of effective suicide prevention initiatives.

The BSPN will seek to identify gaps in services and supports and collaboratively work to advocate for these gaps to be filled by agencies, organisations, bodies and groups.

Where the BSPN identifies needs that cannot be fulfilled within the resources of the agencies, organisations, bodies and groups, the BSPN will make recommendations to the Northern Queensland Primary Health Network, Townsville Hospital Health Service, Queensland Mental Health Commission and relevant Government agencies.

It is recognised that the BSPN CAP (Community Action Plan) is a living document and as such will be subject to regular reviews by the BSPN.

## OVERARCHING STRATEGIES

### Priority areas for the Burdekin region action plan:

- Resourced sustainability of the plan to drive community awareness and capacity
- Accumulation of network mapping data of Burdekin resources to improve continuous research and policy
- Build on diverse and culturally appropriate pathways within the community

Addressing immediate priorities will support collective action of partnerships within the next six to twelve months. Supporting the existing work already established within the Burdekin and strengthening new solutions in response to evolving issues with evidence based solutions.

What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
Continued delivery of accessible evidence-based suicide preventative strategies across the Burdekin community working with pre-existing local suicide prevention groups.	<ul style="list-style-type: none"> <li>- Ensure sustainability through continued funding</li> <li>- Project Coordinator to support implementation</li> <li>- Maintain Terms of Reference</li> <li>- Implementation of the Burdekin Steering Group that will provide advice and support to stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- NQPHN</li> </ul>	BSPN	Current and ongoing
Development, delivery and long-term sustainability of the suicide prevention network within the Burdekin	<ul style="list-style-type: none"> <li>- Maintain communications through knowledge sharing with NQPHN and community groups</li> <li>- Maintain communications through scheduled visits with Burdekin providers</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> <li>- Burdekin Shire Council</li> <li>- Relative Stakeholders</li> </ul>	BSPN	Current and ongoing

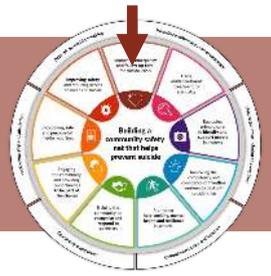
What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
Service mapping for Burdekin Community Action Plan strategies to be suitably targeted for identified outcomes.	<ul style="list-style-type: none"> <li>Identify existing services</li> <li>- What they provide</li> <li>- Their target audience</li> <li>- Focus approach</li> <li>- Availability of service</li> <li>- Eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> <li>- NQPHN</li> </ul>	BSPN	Current and ongoing

## Resourced sustainability of the plan to drive community awareness and capacity

What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
Assess and understand the nature of an individual's interactions of services within the region to enable appropriately targeted strategies for recognised outcomes.	- Assess service mapping of an individual's experience through regional services.	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- QAS</li> <li>- Townsville HHS</li> <li>- Regional psychological autopsy experts</li> </ul>	BSPN	Current and ongoing
Appropriate suicide prevention services for individuals and regional communities of different gender preferences and cultures.	- In association with Queensland Transcultural Mental Health Centre evaluate the advice, resources and distribution of resources from the Department across the region.	<ul style="list-style-type: none"> <li>- Queensland Transcultural Mental Health Centre</li> <li>- Gudjuda Reference Group Aboriginal Corporation</li> <li>- Bur-Del Co-operative Advancement Society</li> <li>- The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP)</li> <li>- LGBTQI</li> </ul>	BSPN	Current and ongoing

## Strategy one

### Aftercare and crisis care (Improving emergency and follow-up care for suicidal crisis)



#### Accumulation of data to improve continuous research and policy

#### Build on diverse and culturally appropriate pathways

Suicide is a significant and increasing problem. One of the strongest predictors of a suicide attempt or suicide death is a previous suicide attempt. This clearly suggests that it is vital to offer effective medical and psychological care when a person identifies as at-risk of suicide or attempts suicide. The risk of a further suicide attempt is greatest immediately after discharge from an emergency department or psychiatric ward and remains high for up to 12 months following the attempt.

\*Coordination of care is complex and emergency departments are high-pressure environments where staff are time poor. Often people who present in emergency departments (ED's) for suicidal thinking or attempts don't receive the care and support they need. For this reason, access to high quality emergency and follow-up care (aftercare) is essential for suicide prevention initiatives. 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. For many different reasons, people at risk of suicide have varying levels of motivation to engage with follow-up treatment services. Consequently, there are four different options for follow-up once a person is discharged from hospital:

1. Brief contact interventions: For patients who have made a suicide attempt and are not ready to engage in 'face-to-face treatment'. Includes, but not limited to supportive short letters, phone calls, provision of an emergency or crisis card which encourages help-seeking or offers on-demand crisis help.
2. Coordinated assertive aftercare: Provided in the form of home visits, phone calls, voice messages, texts by a mental health professional over a 6-12-month period.
3. Brief therapy combined with brief contact interventions: Focusing on helping a person who has recently attempted suicide to understand the circumstances that led them to feel that way, and develop more adaptive coping strategies to help them in the future.
4. Evidence-based treatments: For people willing and able to engage with ongoing treatment who may also be referred to their GP or other mental health professional for ongoing care.

We have learnt that many people experiencing crisis who have made an attempt on their life will not access the ED for a variety of reasons. Alternative options for these people need to be explored, however, a solution may not be easy to source within a small rural township.

\*Source: Black Dog Institute's LifeSpan Framework

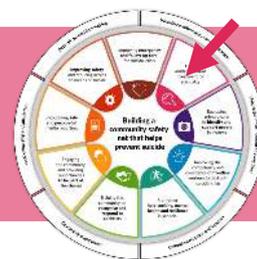
What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe/ Implementation Steps
<p>Deliver Suicide Prevention training for ED staff</p>	<p><i>Source and provide training for ED and other crisis staff on working with individuals and carers experiencing suicidal crisis, including culturally safe responses.</i></p> <p>Continue to provide education and training to Emergency Department and other crisis staff in working with someone in crisis, someone who has attempted suicide, or a carer of someone in crisis or who has attempted suicide, to improve understanding and reduce stigma and judgment. The training should include culturally safe responses.</p>	<ul style="list-style-type: none"> <li>- The Townsville HHS</li> <li>- ED staff</li> <li>- Standby Support After Suicide</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> </ul>	<p>(Considered) 12+ months</p> <ul style="list-style-type: none"> <li>- Monitor training delivered to ED staff within THHS</li> <li>- Identify opportunities to strengthen program of education</li> </ul>
<p>Develop agreed localised critical incident protocols and support after suicide</p>	<p><i>- Localised critical incident protocols should effectively identify families and communities impacted by suicide and provide them with the support services they need to be able to respond appropriately following a suicide or suicide attempt.</i></p> <p>Develop agreed communication channels regarding critical incidents to respond appropriately and support the community following a suicide or suicide attempt, particularly emergency services, health services, postvention services and key settings in the community (e.g. schools workplaces)</p>	<ul style="list-style-type: none"> <li>- Townsville HHS</li> <li>- Local ED Staff</li> <li>- First Responders</li> <li>- Service Providers</li> <li>- Burdekin Mental Health Unit (BMHU)</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> </ul>	<p>(considered 12+ months)</p> <ul style="list-style-type: none"> <li>- Review service coverage of available support services for those bereaved by suicide.</li> <li>- Review and/or develop localized crisis protocols</li> <li>- Engage with first responders and other appropriate settings to enhance support after suicide</li> </ul>
<p>Burdekin Service Finder Card re-print and distribution</p>	<ul style="list-style-type: none"> <li>- Re-print cards to be distributed to schools and handed out at local events</li> </ul>	<p>Supports all contributing services to the Burdekin community and 24/7 State and National help lines.</p>	<p>BCA</p>	<p>12+ months</p>

## Collaboration

<p>Existing resources to be used, where possible, for current crisis and</p>	<p>Collaborate with suicide prevention initiatives across the</p>	<p>First Responders</p>	<p>BSPN BCA</p>	<p>(Considered) July 2020</p>
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## Strategy two

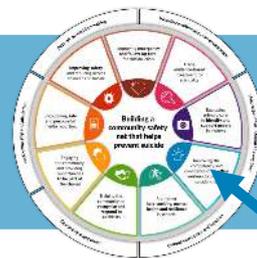
### Using evidence-based treatment for suicidality



People living with mental illness are up to 30 times more likely to die by suicide than the general population. Although not all people who die by suicide have a mental health problem, and not all people with mental illness are affected by suicidal behaviors, access to excellent mental health treatment represents an important strategy for suicide prevention. This strategy aims to improve access to evidence-based treatments for suicidality by equipping mental health professionals with information and guidance about identifying the best treatment options and upskilling. Psychological therapies have been shown to significantly reduce suicidal thoughts and behaviors.

## Strategy four

### Improving the competency and confidence of frontline workers to deal with suicide crisis



And

Frontline workers such as police, emergency telephone operators, paramedics and firefighters are often the first to respond when someone is in suicidal crisis. Australian statistics show high numbers of suicide deaths among emergency services personnel. The World Health Organisation (WHO) recommends that frontline workers should be able to recognise when someone is at risk of suicide, and have the skills to de-escalate a mental health crisis. Effective communication in a suicidal crisis can ease confusion, depression, helplessness and hopelessness, which can ultimately reduce suicidality. Research shows that the most powerful tools for keeping someone safe in a suicidal crisis are compassionate listening and empathy. The aim of this strategy is to ensure frontline workers are equipped with the most up to date communication skills to manage suicidal crises, and to help build and maintain strong ties across emergency, community and health services.

Through the Burdekin Suicide Prevention Network, priorities were identified by First Responders requiring psychological first aid training to appropriately assist mental ill-health when on call.

\* 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.

It has been stated from sector professionals that training for frontline staff in best-practice suicide prevention responses is limited or delivered inconsistently within our region. This has led to low confidence among frontline staff in ability to help someone in crisis. Inconsistency in the level of support offered to frontline workers can cause burnout and/or inadequate coping strategies.

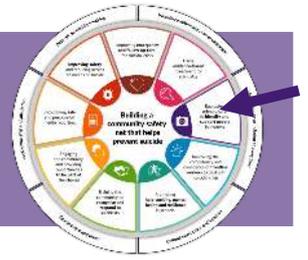
*\*Source: Black Dog Institute's LifeSpan Framework*

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What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
<p>Deliver integrated mental health services in the community ensuring that accessible and appropriate mental health care is available to those who need it the most.</p>	<p>- Continue to commission evidence-based mental health support services throughout the region. Better utilise technology to enable accessibility for people in rural areas.</p>	<ul style="list-style-type: none"> <li>- NQPHN</li> <li>- Townsville HHS</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	<p>12+ months</p>
<p>Improve coordination between existing mental health and suicide prevention providers.</p>	<p>- Continue to facilitate the Health Network Meetings as well as the SP CAP Steering Committee Meetings to improve coordination and share knowledge and information.</p>	<ul style="list-style-type: none"> <li>- Townsville HHS</li> <li>- BCA</li> <li>- Schools</li> <li>- Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	<p>12+ months</p>
<p>Ensure First Responders and frontline workers are equipped (through relevant training &amp; workshops) with the most up-to-date communication skills to manage suicidal crises.</p>	<p>- Partner with first responder organisations to plan and organize the delivery of suicide specific training.</p>	<ul style="list-style-type: none"> <li>- NQPHN</li> <li>- QPS</li> <li>- QAS</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	<p>12+ months</p>

## Strategy three

### Equipping primary care to identify and support people in distress



\* 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 GP's 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 GP's is one of the most promising interventions for reducing suicide.

\*Source: Black Dog Institute's LifeSpan Framework

What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
Consumers have access to current suicide prevention information.	Collaborate with healthcare clinics to provide user-friendly up-to-date resources such as: Beyond Blue flyers, cards or books and CORES training information	<ul style="list-style-type: none"> <li>- GPs</li> <li>- BCA Psychologists</li> <li>- Healthcare professionals</li> <li>- People with lived experience</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	12+ months
Provide suicide prevention training for GP's.	Offer ongoing suicide prevention training that has been informed by lived experience to primary care health professionals (e.g. GP's, practice nurses and allied health practitioners). Training may include: - <ul style="list-style-type: none"> <li>• How to recognise signs of distress</li> <li>• How to speak to someone who is suicidal including empathetic and non-judgmental listening</li> <li>• How to manage risks appropriately and help to keep someone safe</li> </ul>	<ul style="list-style-type: none"> <li>- GPs</li> <li>- Healthcare professionals</li> <li>- Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	12+ months



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.

We have heard from sector professionals that stigma remains an issue for students talking about suicide and cultural factors play a role in student's help seeking behaviours. Many school staff are unaware of services that they can refer students onto, and there is often a lack of services for young people.

What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
Deliver education programs for parents.	Offer capacity building programs for parents to improve mental health and suicide prevention literacy, ability to recognise signs and understand what to do and how to speak to their children about suicide.  (Programs can be offered through schools to reach a high number of parents)	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- NQPHN</li> <li>- Service Providers</li> <li>- Schools</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	12+ months
Deliver comprehensive suicide prevention training for school staff	Offer all school staff training in suicide prevention including recognizing signs of distress, what to do if a student is suicidal, how to speak to students about suicide and how to provide support to a student who has lost someone to suicide.	<ul style="list-style-type: none"> <li>- NQPHN</li> <li>- Schools</li> <li>- Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	12+ months

**Note: Burdekin schools are currently providing education and resources within the mental health space to students.**

## Strategy six

# Training the community to recognise and respond to suicidality



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 (Question, persuade, refer) 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 want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
<p>Deliver suicide prevention ‘gatekeeper’ training across the region.</p>	<p>Gatekeeper training should be delivered to community groups and community leaders (sports groups, churches, small business owners) to improve the identification and response to suicidal crises.</p> <p>Training could include “Question, Persuade, Refer; Cores, Mental Health First Aid etc.)</p> <p>Training should also focus on the different populations within the community such as First Nations, LGBTIQAP+, young people, men, women etc.</p>	<ul style="list-style-type: none"> <li>- NQPHN</li> <li>- Council</li> <li>- Community organisations</li> <li>- Sports Clubs</li> <li>- Suicide Prevention gatekeeper training providers</li> <li>- Other local groups</li> </ul>	<p>- BSPN</p>	<p>12+ months</p>

## Strategy seven

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



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.

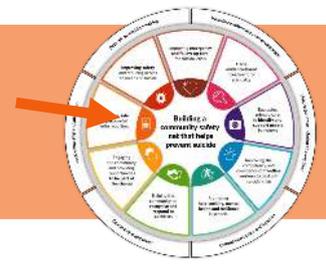
Engagement in campaigns and activities such as R U OK? Day can provide an important first step for many community members. Some people may wish to take the next step; undertake training so they can recognise risk and connect others with professional support.

Source: Black Dog Institute's LifeSpan Framework

What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
<p>Collaborate with local services to coordinate and/or deliver localised community awareness events and programs.</p> <p>Ensure understanding of the needs of the community to inform future programs and initiatives.</p>	<ul style="list-style-type: none"> <li>- Deliver events in line with the needs of the local community</li> <li>- Engage with Burdekin Shire Council Community Development, Townsville HHS and other relevant community organisations</li> <li>- Engage the community by planning ongoing communication and engagement to continuously seek feedback.</li> <li>- Deliver communication and engagement activities by way of surveys to ensure activities remain relevant.</li> </ul>	<ul style="list-style-type: none"> <li>- Burdekin Shire Council</li> <li>- Townsville HHS</li> <li>- Community organisations</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	<p>12+ months</p>

## Strategy eight

# Encouraging safe and purposeful media reporting



Suicidal behavior 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.

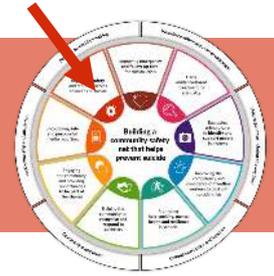
What is said (or not said) about suicide is important. The community needs to drive the conversation about what is working locally, what people can do to help and where more attention is required.

Source: Black Dog Institute’s LifeSpan Framework

What do we want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
<p>Develop local media partnerships to deliver suicide prevention media training and to promote information about local suicide prevention services and resources.</p>	<p>Partner with external Service Providers such as “Standby, Support after Suicide” to deliver suicide prevention media training.</p>	<ul style="list-style-type: none"> <li>- Local media outlets</li> <li>- External training organisation (such as “Standby Support after Suicide, Mindframe)</li> </ul>	<ul style="list-style-type: none"> <li>- BSPN</li> <li>- BCA</li> </ul>	<p>12+ months</p>

## Strategy nine

### Provide help-seeking information & improve safety and reduce access to means of suicide



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 want to achieve?	How will this be achieved?	Supports	Lead Who will take responsibility?	Timeframe
Monitor local suicide data to ensure suicide trends are acknowledged and mitigated where possible.	- Continuously use data and findings of local suicide audits to inform means restriction activities into the future.	- Current suicide data - QPS - QAS	- BSPN	12+ months
Working towards sharing de-identified real-time data of safety issues to determine any emerging trends while still maintaining privacy.	- Bi-monthly meetings of BSPN group (knowledge and information insights)	- First Responders and providers	- BSPN	12+ months

## Resourcing/Stakeholder Support

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

## Evaluation of Strategies

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

## What Can I do?

**Everyone** has a role to play in suicide prevention, intervention and postvention. The question most often asked is: “What can I do to help?” Therefore, a list of practical suggestions of what you can do to play your role in the Burdekin Suicide Prevention Community Action Plan is listed on the following pages.

## Valuable Resources to Use:

### **Conversations Matter**

[www.conversationsmatter.com.au](http://www.conversationsmatter.com.au) (practical online resources for individuals, families, community groups, workplaces and educational settings to support safe and effective discussions about suicide)

### **Heads Up**

[www.headsup.org.au](http://www.headsup.org.au) (a workplace tool created by Beyond blue for small, medium and large businesses).

## INDIVIDUAL LEVEL

<b>Prevention</b>	<p>Connect with others in your community.</p> <p>Welcome new neighbours to the neighborhood.</p> <p>Hold regular BBQs/social events with the people in your street or unit complex.</p> <p>Join a community group or club.</p> <p>Volunteer.</p> <p>Get involved in community events, e.g.: Neighbour Day.</p> <p>Fundraise for &amp; support <b>local</b> suicide prevention initiatives.</p> <p>Support friends &amp; family to transition well when there is major change in their life.</p> <p>Cultivate friendships and a support network.</p> <p>Take care of yourself.</p>
<b>Intervention</b>	<p>Undertake Intervention Training.</p> <p>Encourage your workplace/community groups to do intervention training.</p> <p>Know what services are available in your local community.</p> <p>Learn how to talk safely about suicide – <b>See Conversations Matter.</b></p>
<b>Postvention</b>	<p>Avoid judgmental language.</p> <p>Do not ignore or avoid people who are bereaved by suicide.</p> <p>Reach out to people bereaved by suicide - be there for them over the <b>long term.</b></p> <p>Check out the many <b>suicide bereavement resources</b> online, such as:</p> <ul style="list-style-type: none"> <li>• Lifeline, Beyond Blue, SANE Australia, ReachOut.com</li> <li>• Learn how to talk safely online following a suicide – <b>See Conversations Matter</b></li> </ul>

## COMMUNITY GROUP LEVEL

<b>Prevention</b>	<p>Promote resilience building opportunities.</p> <p>Encourage safe discussion of suicide prevention within the group.</p> <p>Utilise resources available at <b>Conversations Matter</b>.</p> <p>Fundraise for and support <b>local</b> suicide prevention initiatives.</p> <p>Support members to transition well when there is major change in their life.</p> <p>Provide regular opportunities for people in your group to gather and socialize.</p>
<b>Intervention</b>	<p>Make it a key policy to have people trained in intervention, e.g.: coaching staff.</p> <p>Have a trained Mental Health First Aid Officer identified within the group.</p> <p>Have a process in place to follow if someone is in need of help.</p> <p>Know what services are available in the local community.</p>
<b>Postvention</b>	<p>When a suicide has occurred in the community:</p> <ul style="list-style-type: none"><li>• Do not remain silent – people need to be able to discuss what happened safely.</li><li>• Consult Conversations Matter.</li><li>• Plan how the news of a death will be told to others.</li><li>• Explain suicide with care and sensitivity avoiding simplistic explanations.</li><li>• Monitor and respond to conversations online.</li><li>• Memorials should be considered carefully.</li><li>• Think about messages for community forums.</li><li>• Encourage people to seek help.</li><li>• Learn about other services and resources available.</li></ul>

## ORGANISATIONAL LEVEL

<b>Prevention</b>	<p>Create a mentally healthy workplace - See Heads Up.</p> <p>Write an Action Plan for a mentally healthy workplace &amp; suicide prevention.</p> <p>Raise awareness of mental health conditions and reduce stigma.</p> <p>Support someone with a mental health condition.</p> <p>Create a positive working environment.</p> <p>Invest in local suicide prevention initiatives.</p>
<b>Intervention</b>	<p>Provide Intervention Training for all staff.</p> <p>Have an Employee Assistance Program (EAP).</p> <p>Have dedicated Mental Health/Suicide First Aid Officers.</p> <p>Make employees aware that trained colleagues are available to talk to.</p> <p>Put up posters and information about where employees can go for support.</p> <p>Tailor information about nearby support services and info lines to your needs.</p> <p>Encourage staff with mental health conditions to seek treatment &amp; support early.</p> <p>Develop appropriate policies &amp; procedures for managing a crisis situation where an employee is at risk of suicide.</p>
<b>Postvention</b>	<p>Consult Conversations Matter and Heads Up.</p> <p>The suicide of a colleague can have a profound emotional effect in the workplace- it's important for co- workers to support each other.</p> <p>Ensure appropriate policies and procedures are developed and implemented for managing a crisis situation for an employee returning to work following a suicide attempt or losing someone to suicide.</p> <p>Be prepared to respond to a death by suicide.</p> <p>Ask your EAP or HR team if they offer counselling referrals following a suicide.</p> <p>Allow colleagues to grieve and direct them to the appropriate support.</p> <p>Offer support for employees affected by suicide through flexible work hours or reduced hours when they initially come back to work.</p> <p>Support someone returning to work after a suicide attempt with genuine care and concern, making reasonable adjustments where necessary.</p> <p>Support a colleague bereaved by suicide – start by:</p> <ul style="list-style-type: none"> <li>• asking the bereaved person how their grief is affecting them,</li> <li>• what they would like their colleagues to be told in relation to the death, and</li> <li>• what you and the wider business can do to support them.</li> </ul>

## Glossary of Terms

ASIST	Applied Suicide Intervention Skills Training
BSPN	Burdekin Suicide Prevention Network
BCA	Burdekin Community Association Incorporated
CAP	Community Action Plan
CORES	Community Response to Eliminating Suicide
EAP	Employment Assistance Program
GP	General Practitioner
LGBTIQ	Lesbian, Gay, Bisexual, Trans, Intersex, Queer/Questioning
MHFA	Mental Health First Aid
NQPHN	Northern Queensland Primary Health Network
QAS	Queensland Ambulance Service
QFES	Queensland Fire & Emergency Services
QPS	Queensland Police Service

## Resources and References

*Black Dog Institute*

*LifeSpan Framework*

*Queensland Suicide Prevention Action Plan 2015-2017 & 2017-2019*

*Townsville Community Suicide Prevention Action Plan 2017-2020*

*Townsville Suicide Prevention Network, Townsville, Qld Australia*

*Whitsunday Community Suicide Action Plan (Whitsunday, Isaac & Mackay)*

*Cairns & Hinterland Suicide Prevention Community Action Plan*

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