



South Australian Suicide Prevention Plan 2023-2026

Compassion. Connection. Action.



Government of
South Australia

If you need help

Talking and reading about suicide can raise all sorts of feelings. If you are worried about how you are feeling and would like to talk to someone, here are some places you can contact for support:

South Australian Supports

[Mental Health Triage](#)

13 14 65

24/7 assistance in a mental health emergency.

[Lived Experience Telephone Support Service](#)

1800 013 755

Non crisis support for mental health conditions between 5pm–11:30pm 365 days a year.

letss.org.au

[Regional Access](#)

1300 032 186

24/7 telephone and online counselling for people 15 years and older living or working in regional South Australia.

saregionalaccess.org.au

[Grieflink](#)

Online information for people who are dealing with the grief caused by the death of someone close to them, and for those who are supporting them.

grieflink.org.au

National Supports

[StandBy - Support After Suicide](#)

1300 727 247

24/7 support for anyone bereaved or impacted by suicide.

standbysupport.com.au

[Lifeline](#)

13 11 14

24/7 phone crisis response, and online crisis support chat available each evening.

lifeline.org.au

[Suicide Call Back Service](#)

1300 659 467

National 24/7 professional telephone and online counselling for anyone affected by suicide.

suicidecallbackservice.org.au

[Kids' Helpline](#)

1800 55 1800

24/7 phone and online counselling for youth (5–25 years).

kidshelpline.com.au

[MensLine Australia](#)

1300 78 99 78

24/7 advice, therapy and support for men with family and relationship concerns.

mensline.org.au

[Thirrili National Indigenous Postvention Service](#)

1800 805 801

24/7 telephone support.

thirrili.com.au/nips

[Beyond Blue](#)

1300 22 4636

24/7 telephone, online and email counselling.

beyondblue.org.au

[QLife](#)

1800 184 527

Online chat or phone counselling for lesbian, gay, bisexual, transgender and intersex people, 3pm–midnight, 7 days a week.

qlife.org.au

[Open Arms](#)

1800 011 046

24/7 phone and online counselling for veterans and their families.

openarms.gov.au

[National Relay Service](#)

Help for people with hearing or speech difficulties, or call the National Relay Service Helpdesk on

1800 555 660

relayservice.gov.au

Acknowledgements

The South Australian Suicide Prevention Plan 2023-2026 is dedicated to everyone who has died by suicide, been bereaved by suicide or experienced suicide related distress.

This State Government pays its respect to South Australia's Aboriginal Elders past, present and emerging, and acknowledges the generosity of the traditional custodians who welcomed us onto their ancestral lands to undertake consultations.

Designs used across the Aboriginal sections of this Plan are based on a commissioned artwork by Aboriginal community member Willy. Artwork has been used with permission and depicts "people sitting down and yarning and listening about getting help".

Disclaimer

Please note the term Aboriginal is used throughout this document to include all people of Aboriginal and Torres Strait Islander descent in South Australia.

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Foreword

Behind every suicide is the loss of a unique person with their own story.

Suicide is complex and there are many different factors that contribute to someone's distress. There is no 'one size fits all'. With the right supports most deaths by suicide are preventable.

South Australia is proud to be leading the way by introducing the first ever suicide prevention laws in Australia. At the centre of the legislation is the South Australian Suicide Prevention Plan 2023-2026.

In the past, the suicide prevention plan was often seen as simply a health matter. Suicide prevention is so much more: it involves taking action to build wellbeing and address all of life's adversities, strengthening the protective factors already in individuals and communities, building community awareness and capacity, and changing the way we think and act.

The voices of South Australians who have experienced suicide related distress or lost a loved one or friend to suicide have strongly influenced this Plan. For suicides to be prevented, lived experience wisdom must be harnessed and insights from those with lived experience acted on.

A key focus of this Plan is preventing suicide in Aboriginal and Torres Strait Islander communities. Aboriginal people must have autonomy over

the strategies and actions that seek to support life promotion and suicide prevention in their communities.

This Plan builds on and complements current international and Australian evidence, while being specific for South Australia. Importantly, it acknowledges the impact of challenges many South Australians have faced, including climate change impacts (for example the bushfires of 2019-20, ongoing drought and floods in December 2022) and the COVID-19 pandemic. These difficult events have had a significant impact on the wellbeing of South Australians. There can be long term effects on emotional health over the months and years following such events, including increased risk of suicide related behaviour. It is essential that South Australians work together to improve wellbeing across the lifespan, improve quality of life and prevent suicide.

Suicide has a big impact on our community. Sadly, people die by suicide in South Australia every year. Each one of these deaths has a deep and enduring impact on families, friends and communities. Through the implementation of this Plan over the next four years, we can work together and take action to reduce suicide and suicide related distress in South Australia.



Hon. Peter Malinauskas MP
Premier of South Australia



Hon. Chris Picton MP
Minister for Health and Wellbeing



Nadia Clancy MP
Premier's Advocate for Suicide Prevention

Vision

Compassionate, resilient and connected communities that support wellbeing and prevent suicide.

South Australia is a place where people live, grow, learn, work, and play in spaces that strengthen and support their wellbeing and do not cause or worsen distress. Everyone feels safe to talk openly about suicide and suicide related distress (feelings, thoughts, behaviours). South Australians can access compassionate supports that meets their needs when, and in the ways they are needed.

Principles

Principles are values that guide behaviour and create a shared understanding about what is important. This Plan is based on the following principles:



People come first and are treated kindly

A person centred approach ensures the focus is on what matters to the person and people experience kindness and compassion in their interactions with government, service providers and community.



Self determination of Aboriginal people is respected

Aboriginal cultural wellbeing is acknowledged, integrated and respected. Aboriginal people have autonomy over actions effected in relation to suicide prevention and the promotion of cultural wellbeing.



Everyone has a role to play

Suicide prevention is a shared responsibility across all levels of government, the private and not for profit sectors, education and research institutions, alongside communities, lived experience wisdom and individuals.



Communities are empowered

Suicide prevention strategies and actions are co designed in partnership with people with lived experience of suicide related distress, communities and stakeholders, leading to empowered communities, shared ownership and strategies that meet needs.



Practices, programs and reporting do no harm

Strategies and actions that aim to reduce suicide and suicide related distress, along with reporting of suicide do not harm people or worsen their distress.



Diversity and inclusion are valued and respected

Strategies and actions to reduce suicide and suicide related distress are inclusive of diverse understanding and values, and respond to different aspects of a person's identity.

Community consultation

More than 3,200 South Australians provided their ideas on what is important for suicide prevention in South Australia to help underpin the development of this Plan.

Many South Australians shared personal stories and experiences, along with ideas for improvement and examples of good practice. People with lived experience of suicide related distress and suicide provided valuable input into the themes and priorities.

The main themes that emerged from South Australian's feedback were:

- Respecting people as individuals.
- Building stronger communities.
- Building community capacity.
- Strengthening services.

South Australians told us:

“Prevention is a long-term strategy - and it requires early intervention”

“Compassion is everything”

“Combat grief and loneliness”

“Stay connected to people with thoughts of suicide”

“You don't need to be a professional to provide intervention”

“Suicide should not be just considered a health issue”

“Recognise that we have a diversity of communities with a diversity of needs”

“Just because I'm calm and polite does not mean I'm not highly distressed”

“Believe me”

“Let the community decide what will work for the community”

“If people are reaching out it's for a reason”



Suicide prevention is...

Suicide prevention is taking action to build wellbeing, address all of life's adversities and strengthen the protective factors already in individuals and communities.

It is understanding and addressing the social and interpersonal context of people's lives that may lead to distress (for example: childhood adversities, family violence, community turmoil, social disconnection and financial hardship) and building community awareness and capacity to respond.

All sectors working together to address risk and build protective factors across the lifespan can reduce and prevent distress well before a suicide crisis occurs.

To prevent or respond early to people becoming distressed, a range of cohesive, connected and cross sector approaches are needed, from broad public awareness and community skill building, to practical and compassionate supports for individuals.



Risk and protective factors for suicide

Suicide is rarely caused by a single circumstance or event, it arises from a complex and personal interaction between many vulnerabilities, risk factors and triggers in a person's life at a particular point in time. While risk factors can provide important information about lifetime risk for suicide, they are not as helpful for predicting when a person will engage in suicide related behaviour or die by suicide.

Suicide can also be influenced by social and economic circumstances and differences between cultures and individual's experiences. Enablers of suicide prevention span all aspects of where people live, work, learn and socialise. Equally there are many factors at individual, relationship, community, and societal levels that can support and protect people from thoughts of suicide to reduce the risk of suicide.

Characteristics, relationships, circumstances or events that can increase the likelihood of thoughts of suicide. These factors may be present at the individual or family level or at broader social, cultural or institutional levels, although not all individuals or groups may be effected in the same ways or to the same extent. Risk factors should not be confused with warning signs.

<https://lifeinmind.org.au/about-suicide/glossary-of-terms>

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> > Support to develop effective coping and problem solving skills. > Reasons for living (for example, family, friends, pets, etc.). > Strong sense of cultural identity. > Access to secure housing. > Stable employment. > Mental health literacy. > Access to mental health treatment. 	<ul style="list-style-type: none"> > Previous suicide attempt. > History of mental illness. > Serious illness such as chronic pain. > Criminal/legal problems. > Job/financial problems or loss. > Impulsive or aggressive tendencies. > Alcohol and other drug use. > Current or prior history of adverse childhood experiences. > Sense of hopelessness. > Violence victimisation and/or perpetration.
Relationship	<ul style="list-style-type: none"> > Support from partners, friends, and family. > Community support and connectedness. 	<ul style="list-style-type: none"> > Bullying. > Bereavement by suicide. > Loss of relationships. > High conflict or violent relationships. > Sense of isolation and lack of social support.
Community	<ul style="list-style-type: none"> > Availability and timely access to consistent and high quality mental health and general health care. > Provision of readily accessible crisis support and post vention support services. > Feeling connected to school, community, and other social/cultural/religious institutions. 	<ul style="list-style-type: none"> > Lack of access to health care. > Suicide cluster in the community. > Stress of acculturation. > Community violence. > Trauma or abuse. > Discrimination.
Society	<ul style="list-style-type: none"> > Reduced access to lethal means of suicide among people at risk. > Open discussion on mental health and help seeking behaviours. > Strongly held cultural, religious, or moral objections to suicide. 	<ul style="list-style-type: none"> > Stigma associated with help seeking and mental illness. > Intergenerational trauma and loss of connection to culture. > Easy access to lethal means of suicide or availability of information online for people at risk. > Unsafe media portrayals of suicide.

What suicide prevention looks like



Compassionate connection to community supports and health services.



Healthy workplaces and employment opportunities.



Coordinated postvention and suicide attempt aftercare.



Secure housing and safe neighbourhoods.



Social connection, celebrating diversity and inclusion.



Culture, a protective factor for Aboriginal people in determining good life outcomes.



Community connection through community centres, youth spaces and libraries.



Access to transport and getting where we want to go.



Learning from lived-experience wisdom.



Skill building, education and training programs in community.



Welcoming open spaces, parks and community places for people to gather.



Responding compassionately to distress.



Responsible reporting and messaging that challenges suicide taboos.



Opportunities for community participation and volunteering.



Community events that bring people together.



Planning and policies that create healthy and safe environments.



Behind every suicide is the loss of a unique individual with their own story

The impact of suicide is far reaching, socially, culturally, psychologically and economically. The grief for those bereaved by suicide is often long lasting and traumatic.

Suicide is complex and not generally caused by a single event or condition. Life stressors like financial hardship, relationship stress, bullying and insecure housing can contribute to suicide related distress for some people. For others, these life stressors can interact or compound with other challenges across a lifespan such as the death of a loved one, a health condition, gambling, alcohol and other drug use, and heightened suicide related distress.

Experiencing challenges or life stressors does not necessarily mean a person will think about or act on thoughts of suicide. There are different personal and environmental factors that help protect people from distress. These 'protective factors' can include positive connections with culture, family and friends, feeling a sense of belonging, having a purpose and/or meaningful work and being resilient and self compassionate in the face of adversity.

With access to supports when, and in the ways people need them, suicide related distress and suicide can be prevented.

- Suicide is **the leading cause of death** for people aged **15-44 years**.
- **1 in 9 adults** reported experiencing **suicide thoughts** in 2018-19.
- **35 years of life potentially lost** for each person who dies by suicide across Australia.
- **Self-harm or attempted suicide is not reported in SA data** and is potentially under reported.
- The South Australian Suicide Registry has been established to collect data on death by suicide, aiming to collect all cases over time. The Registry has an established electronic notification system from the Coroner's Office, in addition to health system data to identify all cases of death by suicide. Work will continue to improve the quality and ascertainment of the data in an ongoing way.
- Currently there is no system for reporting self harm data in South Australia, due to a number of epidemiological factors. These include no agreed definition for self harm and also no existing way to record all self harm episodes, and incomplete or incorrect data may lead to misinterpretation of causes and patterns of self harm.



Suicide can affect anyone with some populations disproportionately impacted by suicide

South Australians of any age, race, ethnicity, or gender can experience suicide risk. People with certain life experiences or identities may experience disproportionately, or in combination, life stressors linked to increased risk of suicide.

These identities and experiences may include:

- **Aboriginal people** in South Australia are dying by suicide almost twice that of non-Aboriginal people.
- **Men** are 3-4 times more likely to die by suicide than women.
- In **regional, rural and remote South Australia**, suicide rates are higher than in the Adelaide metropolitan area.
- **LGBTIQA+ communities** have a higher rate of suicide related behaviours than their peers.
- **People who have experienced thoughts of suicide, behaviours, and/or attempts** are at a heightened suicide risk.

Other population groups who may be at higher risk of experiencing thoughts of suicide or behaviours include, but are not limited to:

- People experiencing **discrimination** due to racism, age, disability, gender or other identities and/or neurodiversity.
- **Migrants.**
- **First Responders.**
- People who have had contact with the **criminal justice system.**
- Defence force **veterans.**
- Children and young people along with people who have experienced **early life adversity.**
- People who have been **bereaved** by suicide.
- People who have **previously made an attempt on their life.**
- People whose identity may intersect with more than one of these groups/identities.



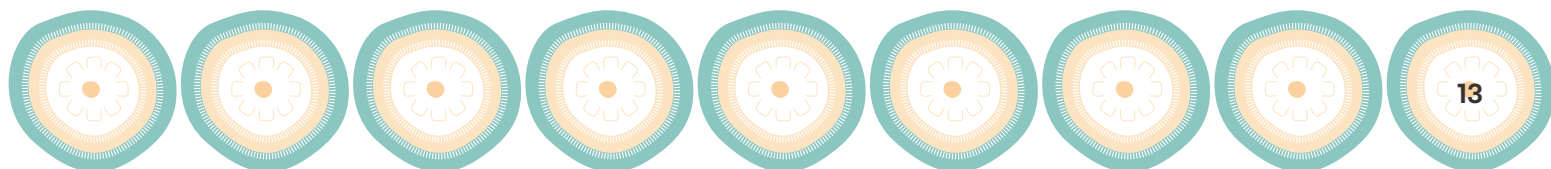
Aboriginal and Torres Strait Islander cultural, social and emotional wellbeing

Aboriginal and Torres Strait Islander wellbeing encompasses all aspects of a person's life – their social, emotional, physical, cultural and spiritual wellbeing including that of their community and their Country. Strong cultural, social and emotional wellbeing protects against impacts of adversity including suicide related distress and provides a foundation for strategies to reduce suicide risk factors and strengthen care and support services.

Factors that have been identified as enhancing social and emotional wellbeing include:

- Maintaining connection to Country, spirituality, ancestry and kinship networks.
- Aboriginal culture and Aboriginal knowledge systems.
- The capacity for self determination.
- Strong positive cultural identity, pride and sense of belonging.

The profound experience of grief and loss today due to the long lasting effects of colonisation, stolen generation, dispossession of traditional lands, and loss of culture and knowledge passed forward from one generation to another, contributes to poor social and emotional wellbeing and suicide related distress. This carriage of intergenerational trauma along with continuing racism and discrimination contributes to Aboriginal people being at greater risk of suicide and poor life outcomes.



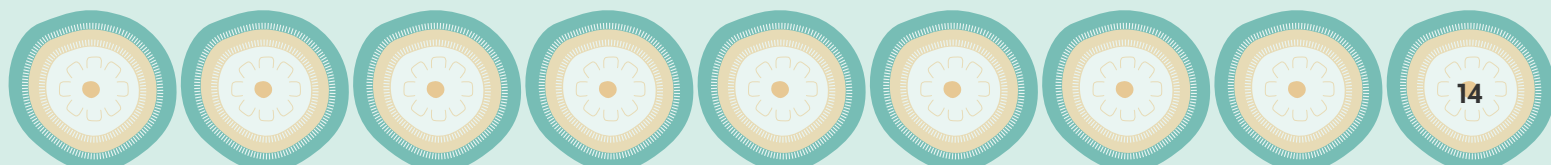
Aboriginal people in South Australia are dying by suicide at a much higher rate than non-Aboriginal people.

- Nationally, suicide was the **fifth leading cause of death** for **Aboriginal people in 2020** and the **second leading cause of death for Aboriginal men**.
- Suicide is disproportionately more common among younger Aboriginal people, almost **one third** of all **deaths of Aboriginal youth** (up to 24 years old) in Australia in 2016-2020 being due to suicide.

Applying a trauma sensitive approach to closing the gap of suicide risk between Aboriginal and non Aboriginal people requires a coordinated culturally holistic approach linked by cooperation, trust and understanding.

This Plan respects that Aboriginal people have autonomy over the strategies in place and the actions effected for their own peoples' life promotion and suicide prevention. Culture, identity, belonging, community and spirituality are fundamental and protective factors for Aboriginal wellbeing.

To prevent suicides within the South Australian Aboriginal population, strategies must incorporate Aboriginal knowledge, lived experience and methodologies and consider the impacts of trauma and the protective benefit of strong culture, social and emotional wellbeing.



Population focus

Every South Australian can play a part in preventing suicide. To reduce suicide in South Australia, there is a need to continue what is working well while also considering a variety of different and innovative ways to ensure that suicide prevention is a priority across all levels of government and community.

It is beneficial to address underlying adversity in life and focus on prevention, early intervention and postvention, including:

- ▶ Promoting wellbeing, strengthening protective factors already in the community and building community capacity to prevent and respond early to suicide related distress and behaviours.
- ▶ Identifying priority population groups, intervening early to reduce suicide risk factors and strengthening care and support services.
- ▶ Reducing the impact of a death by suicide by providing quality care following a suicide attempt and assisting people who are bereaved.

This Plan recognises that suicide prevention is a shared responsibility requiring a multi strategy, multi sectoral and whole of community approach. In addition, it recognises that strategies to build and maintain wellbeing in communities are key foundations for suicide prevention.



The South Australian approach to suicide prevention

In 2021, the *Suicide Prevention Act 2021* (the Act) was passed to establish measures to reduce suicide in South Australia. It promotes best practice in suicide prevention, including suicide prevention training and education, identifying priority populations at risk of suicide, and the establishment of a Suicide Prevention Council.

The Plan, developed under Part 4 Division 1 of the Act, builds on the work of previous South Australian Suicide Prevention Plans (2012-2016 and 2017-2021) and maintains a strong focus on a person centred approach, empowering communities and translating evidence into practice. Previous actions will continue to be strengthened, such as community Suicide Prevention Networks and the provision of suicide prevention training.

The Plan provides a framework for prescribed State authorities to develop their own Suicide Prevention Action Plans and focuses on priority population groups. In line with Section 21 of the Act, the Respect Priority of the Plan provides a specific focus on suicide prevention for Aboriginal and Torres Strait Islander communities and the need for targeted and sustained action. It acknowledges that Aboriginal mental health encompasses all aspects of life, including the social, physical, emotional, cultural and spiritual wellbeing of the individual and their community.

The Plan complements current suicide prevention approaches in both the Australian and international landscapes. Whilst the Plan has this regard, it is specific to South Australia. It takes a comprehensive population health approach informed by current data, community and lived experience wisdom, and the expertise of various working and steering groups. Suicide prevention requires an ongoing approach that addresses risk and protective factors across the lifespan to reduce and prevent distress well before a suicide crisis occurs.



Four year goals

1. To reduce suicide related distress and death by suicide in South Australia.
2. To reduce distress that may contribute to suicide.
3. To improve community understanding and responsiveness to prevent suicide.

Priorities

These priorities have been developed utilising community and lived experience wisdom and current research, evidence and data.

To achieve the vision of compassionate, resilient and connected communities that support wellbeing and prevent suicide, action will be required across all five priorities.

Suicide prevention is a shared responsibility. Local, state and federal government, the private sector, the not for profit sector, research and education institutions, communities and individuals can all play a role. This may include through partnering, co investing, advocating, informing and facilitating.



Partner

Enable multisectoral and whole of community approaches to suicide prevention.

Why is this important?

Supporting people and promoting hope requires the combined effort of many individuals, organisations and sectors working together and sharing a sense of responsibility. Working together and sharing information will build understanding and create meaningful and timely responses.

Strategies

- Ensure local, state and federal government work together with communities and lived experience and cultural wisdom to co design suicide prevention initiatives.
- Undertake collaborative action on social determinants/factors that create trauma and impact on suicide related distress.
- Collaboratively develop multisectoral approaches to support people and communities after exposure to suicide as a further prevention measure.
- Make use of community touchpoints within government services to identify and respond to people in need of additional assistance.

“

The processes in place to get what you need are exhausting”



Respect

Promote social and emotional wellbeing and prevent and respond to suicide risk for Aboriginal South Australians.

Why is this important?

In building social and emotional wellbeing, the impact of racism and trauma and the social and economic disadvantage many Aboriginal people experience must be addressed. Suicide prevention responses should be culturally sensitive and compassionate, recognising the strengths, skills and resilience of Aboriginal people and the importance of connection to Country.

Strategies

- Ensure transparent partnerships with Aboriginal and Torres Strait Islander people and communities through collaboration and building trust.
- Build social and emotional wellbeing, strengths and capacity of Aboriginal and Torres Strait Islander people, communities, families, with a focus on children and young people, and resilience in times of crisis.
- Build whole of community knowledge, compassion and understanding by recognition of the enduring grief, loss and trauma experienced in Aboriginal and Torres Strait Islander communities.
- Create opportunities for development and delivery of Aboriginal and Torres Strait Islander led and created, culturally competent training and suicide awareness programs.
- Deliver targeted, culturally appropriate and collaborative suicide prevention initiatives and timely postvention responses to Aboriginal and Torres Strait Islander people and kinship networks impacted by suicide.
- Identify and/or create quality standards and indicators for data collection in Aboriginal and Torres Strait Islander suicide prevention.
- Utilise data to measure the effectiveness of suicide prevention activities for Aboriginal and Torres Strait Islander people.



Prevent

Create compassionate, safe and resilient communities.

Why is this important?

Building suicide prevention awareness and skills will help people to feel able and safe to recognise and respond to concerns, provide support, ask for and seek help, and reduce suicide related distress in their communities.

Strategies

- Connect people and communities to culturally appropriate and accessible activities, information and resources on suicide prevention.
- Empower communities to determine and deliver suicide prevention and postvention activities that are most appropriate for them.
- Support suicide prevention education and awareness raising across community to:
 - build understanding
 - develop skills to respond compassionately to distress
 - reduce social stereotypes
 - challenge taboos about suicide
 - promote hope and wellbeing managing (pro and reactively) sensationalism.
- Undertake actions at individual, service and systems level to reduce stigma, including self stigma, about suicide.
- Promote safe messaging and responsible reporting.
- Assist communities to identify risks and take action to create safety in their communities.
- Reduce ready access to means of suicide.

“

You don't have to be a professional to provide an intervention. You just need the skills and the heart.”

“

There are lots of little things that anyone can do to help people. Smile, listen, talk”



Respond

Meeting the needs of people and communities when, and in the ways, they are needed.

Why is this important?

Suicide prevention is not 'one size fits all'. Tailoring compassionate and timely suicide prevention responses, with a focus on those who may be more at risk and/or bereaved by suicide, will help reduce peoples' and communities' distress.

Strategies

- Build community capacity to manage life adversity and sources of suicide related distress.
- Develop, and connect people experiencing distress to accessible, culturally relevant and compassionate community based health care and practical supports.
- Improve community knowledge and skills in responding to people bereaved by suicide.
- Develop compassionate and timely aftercare services for anyone who has attempted suicide or experienced a suicide crisis.
- Increase compassionate and timely community based supports for people bereaved and impacted by suicide loss.
- Identify actions with and for priority populations (see page 12).
- Identify actions for occupations and industries with higher rates of suicide.

“

Recognise that we have a diversity of communities with a diversity of needs that need to be considered and addressed”

“

Don't treat me as something that needs to be managed, ask me how I am and want to really know the answer”



Review

Monitor and evaluate suicide prevention strategies and support evidence informed practice.

Why is this important?

Evaluating strategies will provide information on what is working and how to best target, deliver and maximise impact on suicide prevention.

Strategies

- Increase quality of data collection relating to suicide and suicide related distress.
- Regularly review the availability of supports and services to communities.
- Utilise data to inform activities related to suicide prevention.
- Activate mechanisms to enable the sharing of information and ideas across government and sectors.
- Use data to identify emerging priority populations that may experience higher rates of suicide.
- Design and pilot suicide prevention activities informed by evidence to test efficacy and gather further data.

“

Suicide should not just be considered a health issue”



Governance, monitoring and reporting

Under the *Suicide Prevention Act 2021*, the Suicide Prevention Council is responsible for preparing and maintaining the South Australian Suicide Prevention Plan, reporting annually to the Minister on the operation and effectiveness of the Plan. The Suicide Prevention Council is also responsible for the review of the Plan, at least once every four years.

Prescribed State authorities will report annually to the Suicide Prevention Council on the development and operation of their Suicide Prevention Action Plans. Suicide Prevention Action Plans can include any current or ongoing work authorities may be already undertaking that has an impact on suicide prevention. The Suicide Prevention Council will submit a report annually to the Minister, which will be made public.

Monitoring of progress is essential to know whether activities undertaken:

- Are working to help prevent and reduce the rate of suicide and suicide related behaviours.
- Have a positive impact on the communities for which they are intended.
- Demonstrate evidence informed practice.

Monitoring will occur using existing data in relation to incidence of suicide (and by priority population groups), prevalence of thoughts of suicide, prevalence of psychological distress and overall individual wellbeing. Additionally, monitoring will include protective factors such as proportion of South Australian adults who feel in control of decisions which affect their life and who feel socially connected. These data are available through sources such as the Australian Bureau of Statistics, South Australian Suicide Registry and South Australian Population Health Survey. Over time, additional data for monitoring and evaluation purposes may be explored.

Additionally, prescribed State authorities will monitor progress through their Suicide Prevention Action Plans.

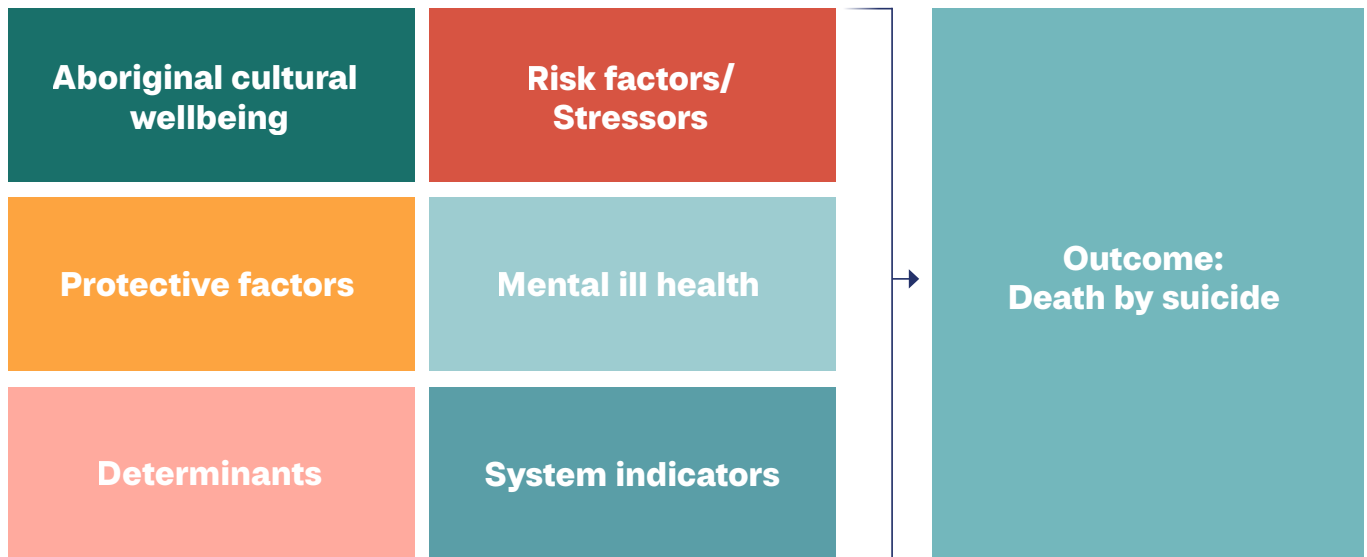


Indicator framework

An indicator framework will be developed to support ongoing monitoring and evaluation of this Plan. This framework is anticipated to include a range of lead and lag indicators to provide information about the effectiveness of the Suicide Prevention Plan and also to guide future action to reduce the risk of psychological distress and death by suicide in the community. A representation of the breadth of information these indicators will cover is included below, with lead indicators being those that may contribute to death by suicide and are amenable to intervention, and the lag indicator reflecting death by suicide.

Lead indicators

Lag indicators



Appendix 1:

Reference list

Australian Bureau of Statistics. 2020. *Causes of Death, Australia: Intentional self-harm deaths (Suicide) in Australia in Aboriginal and Torres Strait Islander People*. ABS cat. no. 3303.0. Canberra: ABS. [online] Available at: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020#intentional-self-harm-deaths-suicide-in-aboriginal-and-torres-strait-islander-people>

Australian Institute of Health and Welfare. 2021. *Australian prevalence estimates of suicidal behaviours*. [online] Available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/prevalence-estimates-of-suicidal-behaviours>

Australian Institute of Health and Welfare. 2021. *Deaths in Australia: Leading causes of death*. [online] Available at: <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>

Australian Institute of Health and Welfare. 2021. *Suicide & Indigenous Australians: Deaths by suicide amongst Indigenous Australians*. [online] Available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians>

Australian Institute of Health and Welfare. 2021. *Suicide & self-harm monitoring: Deaths by suicide by remoteness areas*. [online] Available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-remoteness-areas>

Child Death and Serious Injury Review Committee. 2020. *Annual Report 2019-2020*. [online] Available at: <http://www.cdsirc.sa.gov.au/wp-content/uploads/2020/12/CDSIRC-Annual-Report-2019-20.pdf>

Department of Health. 2020. *Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice)*. National Suicide Prevention Advisor. Canberra: Australian Government. [online] Available at: <https://www.health.gov.au/sites/default/files/documents/2021/05/national-suicide-prevention-adviser-final-advice-connected-and-compassionate.pdf>

SA Health. 2020. *Data Compendium Chief Public Health Officer's Report 2018-2020*. [online] Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%20Content/SA%20Health%20Internet/About%20us/Publications%20and%20Resources/Reports/The%20Chief%20Public%20Health%20Officers%20Report/The%20Chief%20Public%20Health%20Officers%20Report>

Suicide Prevention Australia. 2021. *State of the Nation in Suicide Prevention: A survey of the suicide prevention sector*. [online] Sydney: Suicide Prevention Australia. Available at: <https://www.suicidepreventionaust.org/wp-content/uploads/2021/09/State-of-the-Nation-in-Suicide-Prevention-2021-report.pdf>

Wellbeing SA. 2020. *South Australian Population Health Survey 2018 - 2020*. [online] Available at: <https://www.wellbeingsa.sa.gov.au/evidence-data/sa-population-health-survey>

Wellbeing SA. 2021. *What We Heard About Suicide In South Australia report*. [online] Adelaide: Government of South Australia. Available at: <https://yoursay.sa.gov.au/what-we-heard-about-suicide-in-sa>



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