

Lifeline's Suicide Prevention Strategy





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1. Lifeline's Commitment

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Lifeline believes most suicides are preventable. Access to support and intervention for all people in times of crisis can save lives.

Our vision is communities where anyone can give and receive care, and our mission is to place services that support living and wellbeing within the reach of everyone.

Lifeline believes that no suicidal person should be left alone. We are always there for people, 24 hours a day, 7 days a week, 365 days a year.

Lifeline offers services in the areas of crisis support, suicide prevention, and mental health support.

Lifeline is committed to a community approach to preventing suicide where everyone plays a role and takes responsibility.



A woman with long brown hair, wearing a red top with white embroidery, is shown in profile, looking thoughtfully to the left. The background is a warm, blurred indoor setting with a green light source visible in the lower right. The page features a dotted line under the title and a circular graphic element containing the number 3.

2. Strategy Purpose

This Lifeline Suicide Prevention Strategy is intended to inform Lifeline and stakeholders regarding our suicide prevention work and our vision for a suicide safer future.

In providing and progressing this Strategy, Lifeline is committed to a whole-of-community approach to preventing suicide in which everyone plays a role. Reducing stigma and increasing suicide awareness creates a climate for access to care and provision of care by Lifeline and the wider community.

Lifeline is a leading provider of services for suicide prevention. Our Strategy will guide the continual improvement and expansion of these services to effectively respond to the needs of individuals, families and communities to prevent tragic loss of life by suicide.

3. Lifeline's Approach to Suicide Prevention

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Lifeline's unique position in supporting suicidal people is that the person is our focus. Our approach to suicide prevention support is focused on compassion and care for each individual in the context of that person's particular life circumstances. We take the time to talk with and listen to the person and hear what they are going through. We also seek to understand what lies behind their thoughts of suicide or why some currently feel that the only answer is to end their life. We also listen for, explore and seek to build upon their reasons for living, even when thinking about suicide.

Lifeline's primary role is that of short-term crisis support and suicide intervention. Research has found that crisis support services such as

telephone helplines are effective in reducing suicidality, and that people at significant suicide risk do use these services¹. Lifeline's 13 11 14 service plays a vital role in providing phone-based crisis support in Australia and serves as a hub for enabling pathways to further care within and outside Lifeline. Collectively, these services encourage early access to immediate crisis support and enable continuity of follow-up care beyond this initial crisis contact, as needed.

Lifeline's related commitment is to train people to intervene competently with a person at risk of suicide or bereaved by suicide. Our suicide intervention training, centred on LivingWorks' suite of programs (such as ASIST and safeTALK) are relevant to informal caregivers

(such as parents and peers) as well as front line workers and Lifeline's own crisis line volunteers. Research reviews have provided promising evidence of benefit for 'gatekeeper' suicide intervention training generally² and ASIST specifically³. Applied Suicide Intervention Skills Training (ASIST), which features in the Commonwealth's Fourth Mental Health Plan⁴, has the capacity for widespread use in training front line caregivers and workers.

Lifeline also concentrates on supporting those who are bereaved by suicide, encouraging early access to care in dealing with the painful legacy of suicide and recognising that they may become vulnerable to suicide themselves.

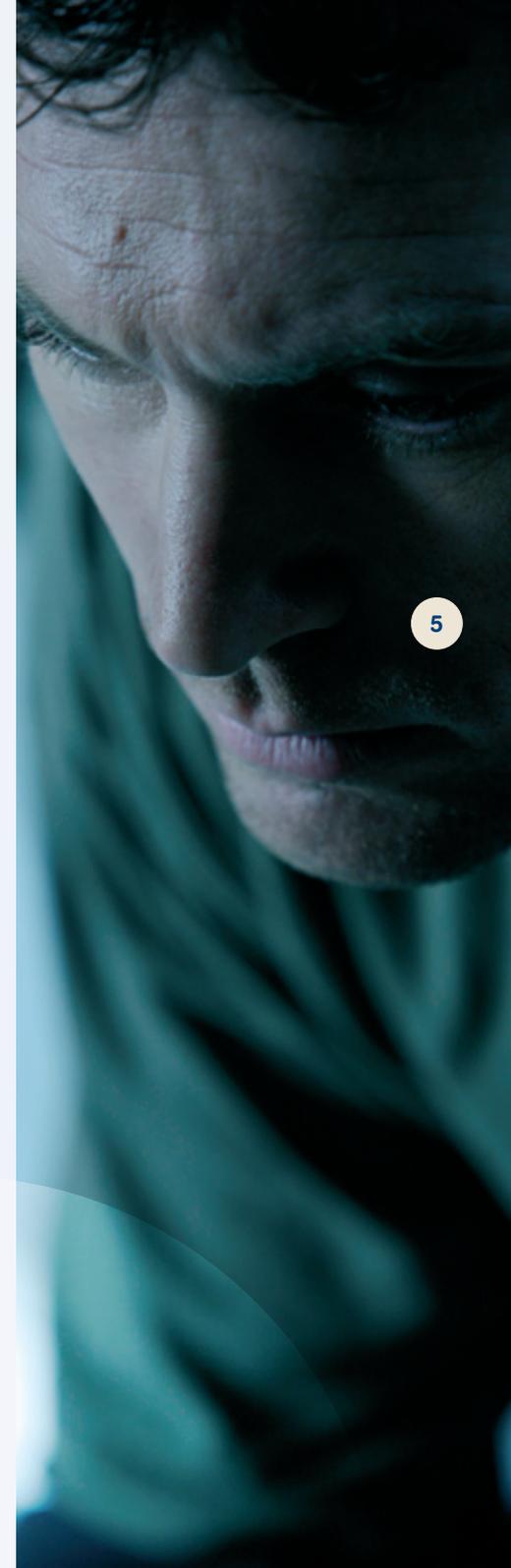
¹ Gould, M.S., Kalafat, J., Harris Munfakh, J.L. and Kleinman, M. (2007). An evaluation of crisis hotline outcomes: Part II Suicidal callers. *Suicide and Life-threatening Behaviors*, 37 (3), 338-352.

² Mann, J.J., Apter, A, Bertolote, J., Beautrais, A. et al., (2005). Suicide prevention strategies: A systematic review. *JAMA*, 294, (16), p. 270;

³ Rodgers, P. (2010). Review of the Applied Suicide Intervention Skills Training Program (ASIST): Rationale, evaluation results and directions for future research. Evaluation Report.

⁴ Commonwealth of Australia. (2009). *Fourth National Mental Health Plan. An agenda for collaborative government action in mental health 2009-2014*, ACT: Author. p. 35.

LIFELINE'S APPROACH TO SUICIDE PREVENTION



4. Our Strategic Priorities

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4.1 Enhance 13 11 14 as an essential suicide intervention service

Rationale: The 13 11 14 service has a unique capacity to enable targeted and universal access to suicide intervention that can save lives, reduce deliberate self-harm, and link persons at risk with further care.

Our strategy will continuously improve the reach, quality and effectiveness of Lifeline's 13 11 14 service as an essential suicide intervention service through;

- Targeting high risk groups and individuals within a broad based strategy of promoting service access for the whole community;
- Increasing access capacity to enable prompt answer rates;
- Ensuring a consistent, competent application of the standardised practice model for service delivery;
- Maintaining quality supporting processes such as training and supervision for our telephone volunteers; and
- Strengthening the role of 13 11 14 as a gateway to professional and community services.

4.2 Enable follow-up support for suicidal persons

Rationale: Having established initial contact with persons at high risk of suicide, follow-up support builds on callers' choice to seek help and improves continuity of care.

Our Strategy will extend the opportunities to help suicidal persons beyond their initial crisis contact by providing options for follow-up and further care through:

- Expanding and improving the Lifeline Suicide Crisis Support Program (LSCSP) to become a national follow-up service for suicidal callers to 13 11 14;
- Offering support for people identified as suicidal through online services, face to face contact and via linkages with other services;
- Operating crisis phones at suicide 'hot spots' to facilitate immediate intervention and continuing support for suicidal persons;
- Formalising referral and collaborative service protocols with emergency services such as ambulance paramedics, police and hospitals.

4.3 Improve capabilities for suicide intervention through LivingWorks training

Rationale: LivingWorks enables Australian organisations, communities, individuals and frontline service workers to learn and apply a common approach to suicide awareness and intervention using an internationally respected program.

Our Strategy will optimise opportunities for individuals to participate in LivingWorks training by:

- Encouraging and facilitating the development of local suicide prevention networks to identify community leaders and 'gatekeepers' who will benefit from training;
- Enabling widespread dissemination of LivingWorks programs within organisations and workplaces;
- Seeking recognition of the completion of LivingWorks training within vocational education and professional development systems;
- Offering LivingWorks training to friends and family members who are caring for suicidal persons; and
- Training every Lifeline 13 11 14 volunteer in LivingWorks ASIST (Applied Suicide Intervention Skills Training).

4.4 Support those impacted by the loss of someone to suicide

Rationale: We need to compassionately reach out to those individuals, families and communities who have experienced the loss of someone to suicide.

Our Strategy will build collaborative ways of providing support, drawing on recognised best practice standards and guidelines by:

- Developing and facilitating bereavement support groups at the local level throughout Australia, so that every suicide bereaved person has access to support;
- Forming closer working partnerships with non government suicide prevention service providers, government agencies such as police, hospitals, emergency and mental health services, and the private sector; and
- Conducting community outreach to tackle the stigma associated with suicide which itself can create barriers for people who would benefit from support following the death of someone by suicide.

4.5 Contribute to social policy and community development

Rationale: Policy frameworks and community capacity building enable a more coherent, systematic and well resourced environment for increasing suicide safety.

Our Strategy will be to align Lifeline services to local, state and national responses by:

- Providing support for local suicide prevention initiatives through local Lifeline Centres;
- Monitoring and addressing potential suicide risk associated with community trends that impact on suicide (such as unemployment and social/economic disadvantage);
- Seeking to reduce self-harm and death associated with suicide clusters and hotspots;
- Seeking to develop better access to and provision of mental health care; and
- Advocating and collaborating with governments at all levels, non government organisations, and external service providers about priorities and service development options in suicide prevention.

4.6 Continually improve services through research and evaluation

Rationale: Evidence of good and safe outcomes for persons at risk and helping processes that support these outcomes should inform service development, delivery and improvement.

Our Strategy will be to assess how effectively Lifeline delivers on its service and promises by:

- Evaluating services for effectiveness and monitoring service performance against process measures such as training, supervision and delivery;
- Involving consumers of our services in evaluation and improvement;
- Participating in research and evaluation to generate knowledge on the experiences and support needs of people who are personally impacted by suicide to inform improvements to services;
- Fostering locally responsive actions for each region in Australia. This will involve innovative service development, sharing best practices in suicide prevention and service planning based on accurate data on suicide deaths and attempt levels at a regional and state level; and
- Ensuring best practice approaches to service development, based on Lifeline's practice knowledge and expertise, together with international research and evidence around suicide prevention.

5. Statement of Outcomes

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Lifeline will evaluate the success of our Strategy against these outcomes:

- promote inclusive, stigma reducing, attitudes and beliefs about suicide;
- increase capacity of Lifeline staff and volunteers to contribute to suicide prevention across the 13 11 14 service and in their communities;
- prepare caregivers, family and friends to respond to suicidal crises;
- provide intervention to increase safety where there is imminent risk;
- link to care pathways and supports that sustain help beyond the immediate crisis;
- encourage and enable people at risk to remain safe utilizing their safety plans, treatment, formal and informal supports;
- support those who are affected by others' suicidal behaviour; and
- provide advocacy for suicide prevention to be included and considered in relevant social policy matters.



6. Conclusion

Lifeline's Suicide Prevention Strategy works on the belief that crises provide intervention opportunities to reduce distress, increase coping and expand options for safety and support.

Lifeline believes that when crisis support is available, most suicides are preventable. This is the principle that we work by.

Lifeline works to ensure that no suicidal person is left alone. We believe this is vital to achieving a suicide safer community. Our success in providing appropriate crisis support and suicide prevention initiatives will be measured against our Statement of Outcomes in the Strategy on a continual basis.



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