



Fact sheet 10

Principles for conducting suicide prevention activities

The central goal of Living Is For Everyone is to reduce suicide attempts, the loss of life through suicide and the effect of suicidal behaviour in Australia.

This fact sheet sets out the principles for effective suicide prevention and considerations for planning and conducting activities.

Principles underpinning the Living Is For Everyone (LIFE) Framework for Action

There are a set of binding principles underpinning the LIFE (2007) Framework. They are:

1. Suicide prevention is a shared responsibility across the community, including families and friends, professional groups, and non-government and government agencies.
2. Activities should be designed and implemented to target and involve:
 - the whole population
 - specific communities and groups who are known to be at risk of suicide; and
 - individuals at risk.
3. Activities need to include access to clinical or professional treatment for those in crisis, and support for people who are recovering and getting back into life.
4. Activities must be appropriate to the social and cultural needs of the groups or populations being served.
5. Information, service and support need to be provided at the right time, when it can best be received, understood and applied.
6. Activities need to be located at places and in environments where the people most at risk are comfortable, and the activities are accessible to those who most need them.
7. Local suicide prevention activities must be sustainable to ensure continuity and consistency of service.
8. Suicide prevention activities should be evidence-based, outcome-focused and independently evaluated.
9. Suicide prevention activities should first do no harm. Some activities that aim to protect against suicide have the potential to increase suicide risk amongst vulnerable groups. Activities need to respect the context, health, receptivity and needs of the person who is feeling suicidal.



10. Activities need to be sensitive to the broader factors that may influence suicide risk – the many social, environmental, cultural and economic factors that contribute to quality of life and the opportunities life offers – and how these vary across different cultures, interest groups, individuals, families and communities.
11. Services for people who are recognised as suicidal should reflect a multi-disciplinary approach and aim to provide a safe, secure and caring environment.

Key considerations in implementing the LIFE Framework for Action

In designing activities, actions and programs, the following must be taken into account:

- The care and support provided to people at risk needs to match their unique needs. In particular, whether the path towards suicide is gradual and visible, or rapid with no outward sign of distress, specialised care needs to be available readily and rapidly when it is needed.
- There should be a focus on:
 - reducing exposure to risk of suicide;
 - reducing access to the means of suicide;
 - improving protective factors;
 - providing individuals who are feeling suicidal with access to a range of support – from family and the community, the workplace, professional carers and health services;
 - identifying the individual's particular needs and providing the right support, in the right place, at the right time;
 - improving community understanding of the needs of people with a mental illness, grieving, profoundly distressed or traumatised; and
 - education and information for the immediate family, friends, social networks, work colleagues, and local health and community service professionals.
- Place the health and wellbeing of the individual at the centre. This is essential to all suicide prevention planning and initiatives, and to creating appropriate pathways to care for suicide prevention. This includes provision of community-based safety nets and services to support people in their transition between care providers and back into the community. The likelihood of suicide can increase significantly after a person is discharged from care. For instance, the risk of suicide increases by around 200 times for patients (both men and women) after discharge from inpatient clinical care.
- A key element of effective suicide prevention is also the provision of a coordinated response by all relevant individuals and services. This includes the concept of integrated pathways to care for individuals. If an integrated system is in place, it does not matter where the search for help starts, a person should be able to move easily, smoothly and rapidly to the service that is best able to attend to his or her needs.
- Care, support and services should be provided in accordance with evidence of good practice, and the expected outcomes from each intervention needs to be clearly defined so its effectiveness can be evaluated.

Suicide prevention activities, services and programs should address the following three types of interventions defined in the LIFE Framework:

- Universal interventions aim to engage the whole of a population or populations to reduce access to means of suicide, reduce inappropriate media coverage of suicide, and to create stronger and more supportive families, schools and communities.
- Selective interventions entail working with groups and communities who are identified as at risk to build resilience, strength and capacity, and an environment that promotes self-help and support. This might include, for instance, working with families of those who have taken their own life to respond to their grief, loss and elevated risk of suicide; or working with children who are survivors of child abuse to build strength and resilience.
- Indicated interventions target people who are showing signs of suicide risk or present symptoms of an illness known to heighten the risk of suicide (eg severe depression). These people can be helped to manage their current situation by solving some of the problems that have caused the illness. Alternatively, referral can be given to doctors or psychologists. Family and community members can be educated to recognise those warning signs and take appropriate action to support people at risk.

More information

- *Living Is For Everyone (LIFE) – A Framework for Prevention of Suicide in Australia* (2007). Commonwealth Department of Health and Ageing: Canberra.
- *Living Is For Everyone (LIFE) – Research and Evidence in Suicide Prevention* (2007). Commonwealth Department of Health and Ageing: Canberra.
- Mental health & well being – information on the Australian Government's role and contributions to mental health reform activities in Australia: www.mentalhealth.gov.au