





Leadership for systems change

Supporting implementation of place-based suicide prevention

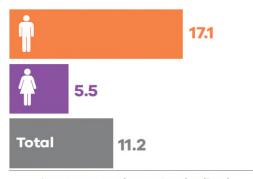
Dr Alison Asche (SEMPHN) and Dr Katharine Gibson (DHHS)





EVERY YEAR IN VICTORIA, SUICIDE TAKES MORE THAN TWICE AS MANY LIVES AS THE ROAD TOLL

SUICIDE RATES BY SEX



Average annual age-standardised rate per 100,000 2008–17

621 VICTORIAN LIVES LOST IN 2017

SUICIDE AND AGE



The largest number of suicide deaths (59%) involve people aged 25–54 years.

SUICIDE IN RURAL AREAS



The suicide rate is higher in areas outside Greater Melbourne

Place-based suicide prevention trials

 Suicide prevention is a shared focus of the Victorian Government and Primary Health

Networks

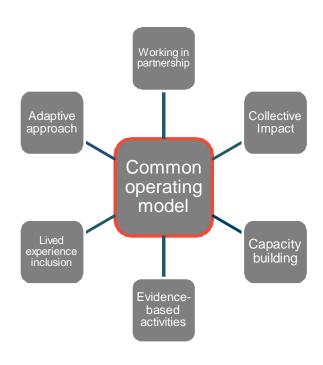
 Helping twelve local communities prevent suicide







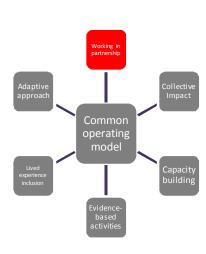
Delivering place-based suicide prevention



Working in partnership

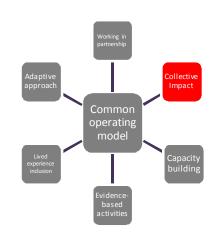
- PHN-funded community based activities
- State-funded place-based activities
- Co-commissioning approach





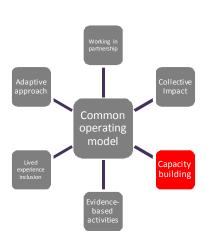
Collective impact approach

- Infrastructure backbone support role
- Continuous communication
- Consistent measurement
- Mutually reinforcing activities
- Shared agenda



Community capacity building

- Local leadership and expertise
- Inclusive and multisectoral
- Shared understanding of issues
- Problem-solving
- System effectiveness

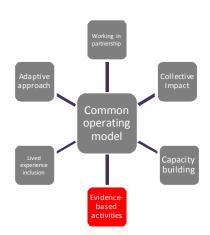


Evidence-based activities

- ATSISPEP: 'Solutions that work: what the evidence and our people tell us'
- LifeSpan model as a systems framework;

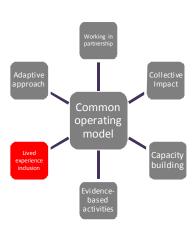


- Training programs
- School based programs
 - Awareness programs
- Responsible media reporting
 - Reducing access to means



Lived experience inclusion





Adaptive approach to evaluation

Phased evaluation

Establishment phase

Exploring and in development - what needs to happen?

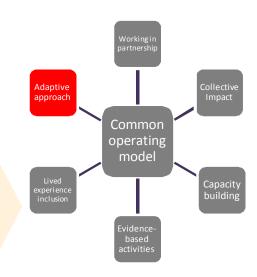
November 2017 to November 2018

Formative phase

Evolving and being refined – how well is it working? February 2019 to December 2019

Summative phase

Stable and becoming established – what difference did it make? May 2020 to July 2021



What are we learning?

- Consensus from stakeholders that the place-based approach is the right model
- Collective impact approach complementary
 - Backbone support role is critical
- Significant time required to build relationships & understandings of local nuances

Opportunities

- Addressing data challenges & identifying emerging risk
- Postvention protocol development
- Harnessing the wisdom of lived experience
- Co-funding model and joint structures

Next steps

- Maintaining current momentum
- Increasing community involvement
- Planning for sustainability

THANK YOU



For further information please contact: suicide.prevention@dhhs.vic.gov.au



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