Roses in the Ocean

stemming the tide of suicide

Whole of government reform through lived experience of suicide

A discussion paper for the Commonwealth Department of Health

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22 March 2022

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Understanding the current context

In May 2021, the Final Advice from the National Suicide Prevention Taskforce made recommendations for all governments to deliver a whole of government approach to suicide prevention (Recommendation 1), and to commit to integrate lived experience knowledge into national priority setting, planning, design, delivery and evaluation of suicide prevention services and programs (Recommendation 2).

The move to a whole of government approach to suicide prevention presents an unprecedented opportunity to achieve a meaningful and sustained reduction in the suicide rate and the emotional pain and distress associated with suicide for individuals, families and communities.

Fundamental to achieving a whole of government approach is cultural change within departments, both in terms of a supportive environment within the workplace that ensures the safety of employees (an important focus given the Commonwealth government employs almost 250,000 people), and in terms of the contribution departments' service delivery can make to suicide prevention in the community. A whole of government focus on suicide prevention requires departments to review, consider and implement suicide prevention policy and initiatives both internally, with their own workforce, and externally for their service users.

The following features, guided by the insights of people with lived experience of suicide, are key for a whole of government approach to be effective:

- Coordination and consistency of whole of government activities to improve suicide prevention
- Visible senior executive endorsement and leadership
- Sustainable cultural change within departments including development of capacity in lived experience expertise, and maintenance of skills and awareness in suicide prevention across the workforce
- Appropriate communication across government regarding the Commonwealth government's policy direction in suicide prevention, especially its whole of government focus
- Reforms that maximise departments' contribution to suicide prevention, especially in public facing services

There is a primary need to facilitate an attitudinal shift in how staff view, think and talk about suicide, and for them to ultimately approach their work through the lens of suicide awareness. This is no different to the same shift that is still required in the general community, and the voice of lived experience of suicide is a powerful catalyst for change in this respect.

Internally, significant cultural change will be required, alongside the development of appropriate infrastructure to enable and support lived experience of suicide informed practice. Externally, each individual department will need to meaningfully engage with users of their services, understand the impact of how their department currently works and the services they deliver, and determine the intersection between the services their department provides and suicide prevention and/or responses to suicide. These are difficult and sensitive discussions that need to be had if reform is to occur.

Whole of government activity will make a vital contribution to a whole of community approach to suicide prevention. It is recommended however, that significant activity outside government departments, including non-government organisations, the mainstream health system, research institutions, local government and other settings, also take place to ensure widespread reform to reduce suicides and improve responses to suicides in the community. Consistent with the recommendations of the National Suicide Prevention Taskforce, these activities should also be strongly informed by lived experience of suicide.

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Achieving a systematic, lived experience informed whole of government approach to suicide prevention

The following seven stages set out a systematic approach to achieving a whole of government approach to suicide informed by lived experience expertise. The process is assumed to be implemented in a highly supportive and widely participatory manner and be continuously responsive to departments' needs and feedback, as well as the perspectives of people with lived experience of suicide engaged throughout the process.

With the advent of the National Suicide Prevention Office, it is probable and appropriate that the process below would be coordinated by the Office. It is necessary for there to be a central point of coordination, with a whole of government mandate, that has responsibility for engaging and building support within departments, achieving consistency and shared information across departments, and providing detailed and comprehensive support for departments to implement what is likely to be a challenging and at times daunting process.

Indicative timelines are provided but could be contracted or expanded depending on department size, pre-existing capability in suicide prevention, or other factors. Note these are not sequential timeframes however, and some stages can and should occur simultaneously.

What would departments be asked to do?

To successfully undertake this project, departments would be required to commit to the following:

- Actively promote and champion implementation within their workforces
- Support a Lived Experience Advisory Group of employees with lived experience of suicide to form and operate within their departments to assist with guiding the project
- Manage the design and conducting of an audit for suicide prevention within their departments and its services
- Devise a Departmental Action Plan to implement reforms identified in the audit process
- Participate in a post-implementation assessment of outcomes
- Provide feedback throughout the project to contribute to continuous improvements in delivery

A seven stage process for whole of government lived experience informed system reform

1. Orientate and consult with executives, HR/people & culture and other staff (3-6 months)

It is essential to engage senior and other executives and other staff in priority departments to consult with them and orient them to the lived experience concept, the suicide prevention policy environment, and the details of the proposed project. This is a critical stage of the process and significant time may be required to build support throughout departments.

- Identify priority departments, with emphasis on departments with public facing services likely to be in contact with people in crisis. Focusing firstly on a smaller number of departments most likely to engage with the project may be more useful than attempting to engage a large number of departments and agencies in this stage. This strategy can be effective in encouraging more reticent departments to engage with the project later.
- Consider known psychosocial features of suicide (using the annual ABS data on psychosocial risk factors published in recent years for example) as this can be especially instructive. Legal, employment, youth, older people, veterans and Aboriginal community services, as well as fields such as domestic and family violence and sexual assault (where emerging evidence is indicating noteworthy links with suicide), are important considerations. Crucial parts of Health include primary care and mental health services

accessed under Medicare. The National Suicide Prevention Taskforce has published an authoritative list of risk and protective factors in the context of government administration, and this is a useful resource for this exercise (see Appendix A, *Shifting the Focus*, 2021).

- Engage senior executives, HR/people and culture managers, and other appropriate staff to orientate the project, gather initial feedback on the approach, and make revisions as required.
- Develop project support from Department Executives and devise communications that ensures this support is widely known within departments.

2. Build organisational readiness and basic suicide prevention awareness (6-9 months)

Ensuring that key teams within departments are prepared for implementation and have developed some initial familiarity with lived experience and suicide prevention is essential for the overall success of the project. This is a broader scope than the first stage, that seeks to build widespread support for the project throughout department workforces. Simultaneously, this is also an opportunity to create or affirm basic awareness of contemporary approaches to suicide prevention, which can be an important educational process for parts of government that may be using outdated approaches to suicide prevention or may be unfamiliar with the meaning of lived experience in the suicide field.

- Deliver organisational readiness training for managers, People and Culture teams and other identified key staff. Organisational readiness is an important preparatory stage that will help to ensure acceptance of the project in later stages.
- Increase basic suicide prevention knowledge and skills throughout each department with lived experience informed suicide literacy training for staff. At this point, this may be as basic as delivering key messages about the need for greater compassion in responses to people in crisis, understanding the guiding principles of engaging people with lived experience, the importance and impact of appropriate language regarding suicide, and building understanding of the likely intersection between some areas of policy and service delivery and the risk of suicide among some groups of service users. Front facing staff with direct contact with service users will benefit from further lived experience informed training to build their confidence in recognising and responding appropriately to people experiencing distress and/or at risk of suicide. It is anticipated that such needs will be addressed through the subsequent steps in the process.

3. Build departmental capacity in Lived Experience expertise (6-9 months)

This may be the most challenging stage of the process for some departments, as it requires a safe environment to be promoted in which people with lived experience can identify themselves. It also has the potential to be the most rewarding and culturally transformative as increased openness and visibility of people with lived experience promotes important attitudinal changes to suicide and reduces silence and stigma towards people affected by it. Forming Lived Experience Advisory Groups to help support and guide implementation of the project within each department is an especially inclusive and overt strategy that centres people with lived experience in the process. These groups also develop internal capacity to sustain lived experience participation over time by developing employees' capacity and confidence to support, train or mentor others.

- Identify and engage departmental employees with lived experience of suicide willing to be Lived Experience Advisory Group participants. A sensitively managed EOI process may be most appropriate for this purpose. Encouraging and supporting these staff to ensure they are listened to and respected is vital for lived experience participation to be effective. Potential concerns about adverse impacts on employees' career progression for example should be proactively allayed.

- **Establish an internal Lived Experience Advisory Group for each department** including delivery of training for Advisory Group members. Whole of government training events of Advisory Group members may be an especially energising networking opportunity and efficient in maximising coordination across departments.
- **Work with departments to develop internal processes** to support each Advisory Group's ongoing role in the project. This is required so that Advisory Groups have a clear role and that processes for them to input into their department's implementation of the project are well established. There are risks associated with forming a Lived Experience Advisory Group without these structures and processes also being determined and clarified for the Advisory Group members and the wider workforce involved in implementation.
- **Establish a community of practice** for Lived Experience Advisory Groups to share information and ideas across departments, reduce isolation and promote greater coordination.
- **Identify and train an internal pool of lived experience trainers** (departmental employees with lived experience of suicide) for ongoing delivery of lived experience informed training for the workforce (likely to be a staple activity in the subsequent stages) and cost effective sustainability.

4. Conduct departmental audits (6 months)

Suicide prevention audits through the lived experience of suicide lens with identified departments and their services are likely to reveal possibly many opportunities to reduce suicide risk in the community and the workforce. It is probable such audits may identify work practices or elements of service delivery that may potentially increase or exacerbate suicide risk. This makes an honest and open audit crucial to a creating a genuinely whole of government approach to suicide.

The National Suicide Prevention Taskforce report *Shifting the Focus* contains useful tools and resources that government departments can use to assist with auditing their work, or at least use as a starting point. In particular, the Decision Making Tool (p. 30) contains helpful questions for government departments to consider in developing their suicide prevention capabilities. It is recommended these tools and resources be utilised with the involvement of people with lived experience, ideally through each department's Lived Experience Advisory Group that has been trained in and supported to contribute to system reform.

- **Collaboratively design audit criteria and method** with key department staff and Lived Experience Advisory Groups. Undertaking this in a sensitive and transparent way will help build support for the audit in departments.
- **Undertake the audit with all stakeholders** including management, inward facing staff, front facing service delivery staff, and service users through workshops, interviews, focus group conversations, surveys, reviews of policies and procedures, and other methods as needed.
- **Benchmark current levels of suicide literacy, attitudes and skills** within the workforce.
- **Review suicide prevention implications of policies, systems and procedures** for internal staff and external service users.
- **Identify ongoing training needs and solutions to meet needs.**
- **Compile and present audit results** to relevant staff including Lived Experience Advisory Groups.

5. Co-design departmental actions (3 months)

Using a co-design approach to Departmental Action Plans ensures a broadly inclusive and collaborative approach to each department's response to their audit results. Departmental Action Plans identify and schedule activities to improve each department's engagement with lived experience, contribution to suicide prevention and response to suicide. Action Plans can be customised to the specific circumstances and requirements of each department. This stage may also be a useful point in the process for cross department activities that develop or share Action Plans, making a helpful contribution to ongoing coordination and integration of the process across government.

- Collaboratively develop an Action Plan for each Department based on audit findings, guidance from Lived Experience Advisory Groups and consultations with executives, managers and other staff as required. Action Plans may consist of customised training, revision of processes or procedures, policy development and implementation, or modification of services to reduce risk of suicide. They are likely to have an expansive focus, but may benefit from targeting a smaller number of key activities likely to have the largest impact. Strategies to ensure the central involvement of people with lived experience of suicide in these activities is an essential consideration in developing the Action Plans.
- Secure endorsement of Departmental Action Plans by senior executives. This is vital to ensure ongoing support for the implementation of the project. It may require specific communication within departments to ensure staff understand the leadership's continued commitment to the process.

6. Support implementation of departmental actions (up to 12 months)

This is a crucial stage given the success of the project depends on departments' implementation of their Departmental Action Plans. It will be important that departments are actively supported in their implementation, alongside continued input from Lived Experience Advisory Groups. Progress should be continuously reviewed, with contingencies developed and new initiatives devised where required.

- Assist department staff as needed to implement Departmental Action Plans, including advising executives and managers, supporting Lived Experience Advisory Groups, and sourcing, developing and delivering technical advice, training or other resources as required.

7. Undertake post-implementation assessment and compile final report (6 months)

Producing a final report compiled from the implementation of Departmental Action Plans and discussion with departmental staff and other stakeholders is an important conclusion to the project to reflect on what has been achieved, identify opportunities for further improvements, and discuss strategies for any additional monitoring of the project's effects beyond its implementation. This should consist of a comprehensive assessment of the outcomes of the Departmental Action Plans, and the project more broadly.

- Conduct post-implementation assessment of outcomes of Departmental Action Plans.
- Develop final report in consultation with departments (including Lived Experience Advisory Groups), including recommendations for further activities where required.
- Present findings to senior executives and others as directed (eg. People & Culture managers, Public Service Commission, Mental Health Commission, etc).
- Widely distribute the final report or relevant communications about the project's activities and outcomes throughout the workforce.

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Indicative timeframe

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Orientate and consult												
Build organisational readiness												
Develop lived experience capacity												
Conduct departmental audits												
Co-design departmental actions												
Implement departmental actions												
Final report												

Implementation of the above project is as ambitious as the goal of achieving whole of government suicide prevention and response capability itself. The challenge of such a project should not be underestimated, however, if a whole of government scope is to be reached, government and its departments will ultimately need to come to terms with this challenge. This includes overcoming the widespread community hesitation to openly discuss suicide, as well as the challenge of whole of government coordination towards a single purpose (reduced suicides and better responses to suicide when they do occur) in which every department has a unique, but likely, at least partially unrealised contribution. The national policy direction clearly states the central importance of the lived experience perspective in preventing and responding to suicide. Creating space for the role of people with lived experience to be realised in a project such as that outlined in this paper will maximise the likelihood of success, and help to generate the wider cultural shifts required for the suicide rate in Australia to be further reduced.

Further considerations

In New South Wales, a less comprehensive whole of government initiative than that described above was implemented from 2019-2021, focused on achieving a consistent approach to suicide prevention training across public-facing government services. The initiative was undertaken so that people in crisis would receive more compassionate and consistent responses irrespective of the service with which they were in contact, and to create more seamless referrals and appropriate communication between services.

The following points were learnt from this experience that may warrant consideration:

- Although senior executives can be highly enthusiastic, this enthusiasm may not be effectively communicated or shared throughout departments. This can create inconsistencies between the stated commitment of a department's leadership and the responsiveness of staff at branch and unit level within departments. A specific and deliberate strategy to ensure communication within departments, and that the commitment of senior executives is widely announced within departments is recommended. This will provide greater leverage when liaising with branches, middle management staff, and others. This is especially helpful in circumstances where staff may be overwhelmed by many priorities, or reluctant to engage with the project for other reasons.
- There are some departments where lived experience informed suicide prevention may be especially confronting or culturally challenging. Defence and Home Affairs may be the most likely departments where this response might be anticipated. Suicide prevention in these settings can take a less compassionate form than would be considered good practice in other contexts. Careful adaptation of the project to ensure the participation of these departments is needed, as their opting out will leave crucial gaps in a whole of government approach.
- Some departments may already have some form of suicide prevention strategy in place, most likely parts of Health, Education, Skills and Employment, and Veteran's Affairs. Reaching some synergy with these pre-existing activities is important in bringing these departments into a whole of government process cooperatively. The process outlined in this paper is best positioned as an enhancement and further development of existing activities, rather than a replacement of what is already being implemented within departments, as this approach is likely to create immediate resistance.
- Where this approach becomes problematic however, is when departments, or agencies or branches within departments, are implementing or have implemented outdated or discredited approaches to suicide prevention (such as risk stratification or stigmatising language for example). This is especially challenging where these initiatives have been developed specifically within or are customised for the department, or parts of it. In these circumstances, sensitive communication, including with executives about the required reform is needed.

- Some departments may assume that they have no role in suicide prevention because of the technical nature of their work, compounded by the belief that suicide prevention is exclusively the remit of the health system. However, every department will at least have a responsibility to have better suicide prevention and response processes available to their workforces. Beyond this, there are also important contributions that all Commonwealth departments can make to suicide prevention in the community, including in areas such as reducing access to the means or methods of suicide in infrastructure or transport projects, improving access to support services via digital communication, contact with rural and remote communities or industries with higher risks for suicide such as farming and construction, and many other fields of activity.
- Central agencies such as Prime Minister and Cabinet can be especially influential in taking up early implementation of whole of government programs. It is important that this early uptake be seen by other departments, and critically, that it is meaningful and robust participation in the initiative, and not merely a talking point or claim to have engaged that is not matched by a deeper commitment.
- There is a risk that a project such as that described in this paper can be reduced to a superficial activity in which departments merely point to work they are already doing that may contribute to suicide prevention. While this is not without value and is a useful starting point for the audit and Action Plan stages described above, it will not be sufficient to identify in detail how this work's potential for suicide prevention can be increased, or to create any changes beyond the status quo. The process should not be limited to a reporting requirement.
- Actively partnering with other parts of government such as Prime Minister and Cabinet, the Public Sector Commission and others that have whole of government influence may also be beneficial in engaging departments and sustaining their implementation of the process.
- Endorsement from the Prime Minister is greatly beneficial of course, particularly if this endorsement can be used in broad, whole of government communications promoting the project, preferably in a range of formats that can be used for different purposes with various audiences and throughout implementation. Highly visible endorsements from other leaders such as ministers, commissioners, secretaries and others are also recommended to help engage departmental leaders and workforces.

About Roses in the Ocean

Roses in the Ocean envisages that many people within each government department will feel completely at a loss as to how to do this work. Not only may they lack the content expertise in the area of suicide prevention, but they may also be fearful of taking actions that are unintentionally counter-productive, or not understand the nuances of working with people with lived experience of suicide. This can lead to unsafe and unproductive interactions for everyone.

As Australia's leading exponent of lived experience of suicide, Roses in the Ocean collaborates with government and non-government organisations within the suicide prevention sector to ensure sustainable investment in, and meaningful inclusion of, lived experience expertise in all aspects of suicide prevention. Our focus on building the capacity of people with lived experience of suicide to contribute to suicide prevention efforts, and of organisations to integrate lived experience expertise, has led to the development of a suite of high-quality consulting, training and support services, all of which are lived experience designed, developed and delivered.

Roses in the Ocean is accountable to the ACNC and listed on the Harm Prevention Register. We are governed by a Board of Directors, with our Lived Experience Advisory Committee embedded into our Constitution. We are part of the Commonwealth Department of Health's National Suicide Prevention Leadership and Support Program.

Roses in the Ocean has been the driving force behind, and/or collaboratively involved in many ground-breaking initiatives to influence and inform suicide prevention policy and strategies, health system reform, integration of suicide prevention into workplace health and wellbeing activities,

and embedding lived experience in communities' actions to address suicide. We continue to be engaged for our lived experience expertise and representation in Australia and internationally, including with the World Health Organisation.

In February 2022, Roses in the Ocean launched our Lived Experience Engagement, Participation and Integration (LESEPI) suite of resources – a culmination of ten years of developing best practice in lived experience of suicide engagement, development and integration.

The LESEPI resources are designed to guide service providers, organisations and government to engage, integrate and partner with people with lived experience of suicide as we collectively embrace a whole of community, whole of government lived experience informed approach to suicide prevention. They include:

- Engagement principles
- An engagement, participation and integration framework
- An implementation toolkit
- Decision and evaluation tools
- A practical guide for organisations
- A language and imagery guide
- A co-design planning guide

More resources are being adding to this suite to provide a range of guidance to organisations working with people with lived experience of suicide.

Over the past decade, Roses in the Ocean has committed itself to developing a national lived experience workforce to inform and enhance suicide prevention activity at all levels, through government and the community. We have built the expertise to enable people with lived experience of suicide to use their skills, capabilities, and expertise in a safe and supportive way, and have trained thousands of community members and organisations in appropriate suicide prevention messaging, language, and evidence-based knowledge of suicide and suicide prevention.

We provide people with lived experience of suicide the opportunity to engage at different levels, from initial opportunities like helping out at a local community initiative, through to in-depth, skilled and representative involvement in policy and program development, advocacy, system reform, research and peer-to-peer support initiatives.

Many years of working to develop and support this lived experience workforce has provided us with the deep expertise to drive the development of the now emerging specialised Suicide Prevention Peer Workforce.

Roses in the Ocean was contracted by the NSW Ministry of Health to further develop our training curriculum and a suite of SP Peer Workforce Support Services in order to support an effective and sustainable peer workforce for the rapidly growing number of non-clinical safe spaces and blended co-responder models at regional, state, and national levels.

Since early 2021, we have also been in discussions with the Commonwealth Government regarding their shift to a whole of Australian Governments focus in national suicide prevention policy and programs, informed by lived experience expertise. With the release of the National Suicide Prevention Taskforce's reporting in April 2021, Queensland has also begun exploring the concept with us through the Queensland Mental Health Commission led Qld Suicide Prevention Network.

With this decade of experience in developing the breadth, depth and sophistication of lived experience of suicide expertise in Australia, Roses in the Ocean is available to support government to implement the recommendations of the National Suicide Prevention Taskforce, which call for lived experience expertise to be central to all suicide prevention efforts.