NACCHO
National Aboriginal Community Controlled Health Organisation

CULTURE
CARE
CONNECT

Establishing an Aftercare service

NACCHO Guide for Aboriginal Community Controlled Health Organisations

Table of Contents

1. Purpose of this document

This document provides guidance to design and establish an Aftercare service within your Aboriginal Community Controlled Health Organisation (ACCHO) for your Communities. This guide has been developed as part of NACCHO's Culture Care Connect Program (CCC Program), which will establish up to 31 community-controlled suicide prevention networks and Aftercare services nationally. However, this guide can be used by any ACCHO seeking to establish and/or strengthen Aftercare services.

NACCHO also acknowledges the different models and contexts in which ACCHOs operate, and that each ACCHO should adapt service delivery based on the specific needs of their Communities.

2. Overview of Aftercare services

What are Aftercare services and who are they for?

Aftercare services are the support offered to people who have attempted suicide or are thinking about attempting suicide (in suicidal crisis). Aftercare services provide a safe environment, culturally appropriate care coordination and support, and linkages with different aspects of treatment.

Why are Aftercare services important?

Past suicide attempts and suicidal ideation are the strongest predictors of suicide death. Aftercare services are an essential part of suicide prevention. ACCHOs are trusted access points for clients, families, and communities to have culturally safe conversations about suicide, and are best placed to provide Aftercare services to Aboriginal and Torres Strait Islander people.

When are Aftercare services provided?

Aftercare services generally identify clients in need of support for up to 3 months following a suicide attempt or suicide crisis, but can be extended to any length of time, depending on local need.

Where are Aftercare services provided?

Due to the coordinated and varied nature of Aftercare services, support can take place in a number of settings such as your ACCHO, the client's home, or a hospital emergency ward.

How are Aftercare services developed and delivered?

Aftercare services work with clients to help guide them through their recovery. Read the following sections to find out more about how to develop and deliver an effective Aftercare service for your ACCHO.

3. What makes an Aftercare service effective?

In 2021, NACCHO undertook a literature review exploring effective suicide prevention activities, including Aftercare services for Aboriginal and Torres Strait Islander people. This work drew heavily on existing resources and reviews including the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).[1] 'Assertive' Aftercare services – where a client's case support worker is responsible for maintaining contact using multiple methods, rather than relying on the patient to make contact with the service – have the strongest evidence of effectiveness. This finding is supported by data that many people who make suicide attempts do not seek out Aftercare services[2] and therefore services should be proactive in their approach. The NACCHO literature review found several programmatic factors that contribute to effective Aftercare services, including:

- Rapid follow-up after a suicide attempt
- Assertive and high frequency of follow-up in the first month after a suicide attempt
- Face-to-face sessions, especially for the first session if telephone follow-up is to occur in subsequent sessions
- Addressing social determinants of health that are contributing to suicide risk
- Involving support people such as family members and kin
- Involving clinicians that are culturally responsive
- Aftercare services are integrated with primary health care services
- Assertive and rapid follow-up, case management and motivational support which remain in place for an appropriate length of time.**Error! Bookmark not defined.** [3]

In addition, ATSISPEP[4] identified success factors in evaluated Aboriginal and Torres Strait Islander suicide prevention activity for at risk individuals, including Aftercare services. Success factors included:

- Access to counsellors / mental health support
- 24/7 availability
- Awareness of critical risk periods and responsiveness at those times
- Crisis response teams after a suicide to support family and friends
- Continuing care / assertive outreach after a suicide attempt
- Clear referral pathways
- Time protocols – contact with the client to be made within 24 hours and first clinical session within 48-72 hours.
- High quality and culturally appropriate treatments

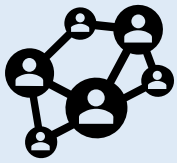
- Mandatory cultural safety training requirements

4. Developing an Aftercare service model

Steps for planning an Aftercare service:

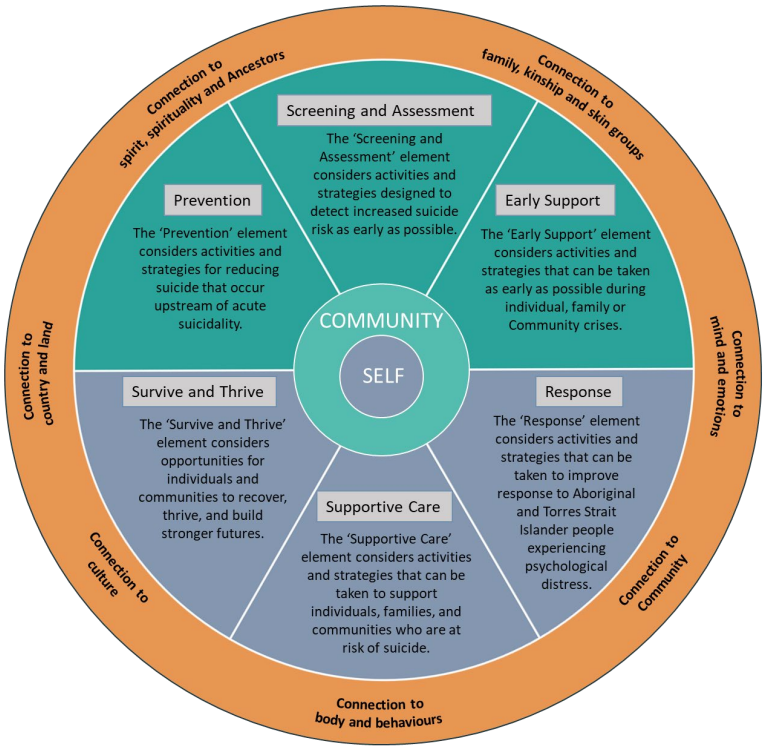
Understand the local situation 	What care is your ACCHO currently providing to people after a suicide crisis?
	What Aftercare and other mental health services and programs are available to your Community from your or other organisations? What local and regional services might your Aftercare service refer and work with (e.g. alcohol and other drug (AoD) services, local hospitals and mental health teams)?
	What information do you have on local suicide events including demographics of those affected, methods used, common triggers and risks? Information may come from ACCHO medical records, ACCHO staff, Community leaders and respected family members, local emergency service crew and local hospitals.
Build a team and ensure appropriate clinical and cultural governance 	Consider who the core team, and associated staff for this service might be, including clear understanding of roles and responsibilities. An Aftercare team should be multidisciplinary and include: - Aftercare workers – Aboriginal and Torres Strait Islander Health Workers and Practitioners or other staff with qualifications and/or relevant experience in mental health (e.g. Certificate III or IV in mental health) - Line or program manager – a mental health professional/qualified clinician including a registered nurse or GP or Senior Aboriginal Health Worker (where they are supported by a GP) to provide oversight and support for Aftercare workers - A supporting team that includes, for example, GPs, SEWB workers, psychologists, alcohol and other drug workers and others (where possible) - Where possible, seek to include team members with training or experience in working with children. If this is not available, consider

	arrangements for support to be provided remotely by individuals from those with expertise in working with children in crisis. - Establishing clear clinical governance and reporting lines is essential so that all Aftercare workers know who can provide additional support and when to escalate concerns. This is essential for staff and client safety and staff wellbeing. - Establishing cultural governance is also essential to ensure the aftercare service is culturally appropriate for clients and to provide cultural support for staff.
Co-design the Aftercare service with Community 	Involving Elders, Community leaders and other appropriate local stakeholders in the co-design of the Aftercare service will ensure it is locally and culturally responsive and achieves Community engagement. People with lived experience of suicide can provide important insights into how an Aftercare service should operate. Consultation will also be needed with ACCHO staff, including clinical, non-clinical and cultural staff. Local cultural governance of the program may involve Elders and other Community members.
Embed strategies to support staff wellbeing 	Supporting staff wellbeing is essential to maintain an effective and sustainable Aftercare service. This includes: - Ensuring Aftercare staff are suitably qualified and with appropriate experience. - Supporting staff to undertake Aboriginal and Torres Strait Islander Mental Health First Aid Training (ATSIMHFAT) and other appropriate training - Supporting staff to participate in clinical and cultural supervision - Managers checking in regularly with Aftercare workers - Ensuring clear roles and responsibilities, reporting lines and escalation processes - Ensuring staff have adequate time for documentation, reporting and administration duties - Supporting staff to access counselling and take time for their own wellbeing - Promoting self-care

Build and strengthen local partnerships and referral pathways 	Partnerships are essential to ensure integrated care for clients, ensure referrals to your Aftercare service and to build the cultural safety of mainstream of services. This includes services such as: traditional healers, other ACCOs, acute care services including emergency departments and inpatient and outpatient services (including paediatric services), primary care services, Alcohol and Other Drug Services, regional suicide prevention and mental health coordinators and others. Non-health stakeholders may also be important including: police, schools, youth workers, Community leaders and respected family members. These stakeholders may especially benefit from gatekeeper training and ATSIMHFAT training.
Raise awareness of the program 	Building awareness of the program among key stakeholders and the Community through locally appropriate means will ensure people know how to access support and care.
Plan to monitor and reflect 	Taking a continuous quality improvement approach to your Aftercare service will ensure it continues to evolve to better meet Community need and support staff wellbeing. This may include regular reflection time with key staff on what is and isn't working well, regular reviews of Aftercare client uptake, engagement, referrals and outcomes, and creating opportunities for client, carer and Community feedback.

5. Model of care for ACCHO Aftercare services

NACCHO has developed the following model of care to visually display how an ACCHO Aftercare service provides holistic, multidisciplinary and culturally safe and responsive care to Aboriginal and Torres Strait Islander people following a suicidal crisis. This model draws on the Social and Emotional Wellbeing Model from an Aboriginal and Torres Strait Islander perspective developed by Gee, Dudgeon, Schultz, Hart and Kelly,[5] as well as elements of the NACCHO Core Services and Outcomes Framework [6]



The following section outlines some of the activities that your ACCHO may implement as part of an Aftercare service and groups these activities based on the 'connection to' aspects surrounding the model. Not all activities listed here may be relevant or feasible for your ACCHO and there will be others not identified here that are important for your service.

a. Identification of clients

Developing and maintaining partnerships and clear referral pathways is essential for ensuring people are referred in a timely and appropriate manner to Aftercare services. Many services will welcome such a program, and these partnerships will strengthen their ability to support Aboriginal and Torres Strait Islander people. In addition to ACCHOs, Emergency Departments (EDs) are often where suicide attempts are first identified by a health service, and EDs are therefore an important touchpoint for aftercare services.[7] Also consider settings that may identify children at risk of suicide, including EDs, paediatric services and schools.

Activities to consider include:

Internal ACCHO referrals	Raise awareness within the ACCHO of the Aftercare service and strengthen internal referral processes with alcohol and other drug services, SEWB workers, GPs and others.
Community referrals	Raise awareness of the Aftercare service within the Community. Establish a mode by which Community members or families can refer. This may be a direct referral or via a pathways such as a GP assessment.
Strengthen collaborative relationships with local emergency departments, including paediatric emergency departments	Work with local ED's to support culturally safe discharge and referral for Aboriginal or Torres Strait Islander persons who have had a suicide attempt or are in a suicidal crisis. This may include specific discharge guidelines or checklists, and policies regarding clear referrals for ACCHO Aftercare services.
	Consider developing a resource pack for clients and carers to be provided at the time of discharge from ED. This can include contact details for the local ACCHO Aftercare service, crisis lines, crisis teams after hours, emergency services, allied health, peer support services, support groups, carer support groups.
	Support EDs to appropriately care for Aboriginal and Torres Strait Islander people presenting following a suicide attempt or with a suicidal crisis. Cultural safety training and education about the Aftercare service can reduce stigma, improve care and referrals. Providing links to resources such as the Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts or information on cultural safety training

	opportunities can help to improve the emergency care that Aboriginal and Torres Strait Islander people receive.
Strengthen relationships with other community services including GPs and alcohol and other drug services	Raising awareness among local services of your Aftercare service may support integration and referral for clients. These services are also likely to benefit from training on cultural safety, ATSIMHFAT and stigma and discrimination. Establishing partnerships and ensuring services are aware of such training opportunities can help to improve the care that your clients receive. Working with local primary care services to develop clear referral pathways to ensure all clients benefit from a referral to the Aftercare service where appropriate.
Strengthen collaborative relationships with local mental health inpatient units, psychiatrists, community mental health services, crisis teams and local hospital consultation liaison psychiatry teams (if available)	Support mainstream mental health services to care for Aboriginal and Torres Strait Islander people through: - Raising awareness about the Aftercare program to support effective care and appropriate referrals. - Partner with local mental health services to support Aboriginal and Torres Strait Islander clients. This can include a relationship where referrals to the Aftercare service are made early and Aftercare staff are able to build rapport and support clients while in hospital or under the care of a mainstream mental health service. - Developing a culturally safe resource pack that can be provided to clients and carers. This can include contact details for the local ACCHO Aftercare service, as well as, crisis lines, crisis teams after hours, emergency services, allied health, peer support services, support groups, and carer support groups.
Strengthen collaborative relationships with local hospital paediatric inpatient and outpatient departments and local paediatricians.	Support mainstream paediatric services to care for Aboriginal and Torres Strait Islander children through: - Raising awareness about the aftercare program to support effective care and appropriate referrals for children at risk - Partnering with these services to support improved care and a clear referral pathway for Aboriginal and Torres Strait Islander children and families. This can include a relationship where referrals to the Aftercare service are made early and Aftercare

	staff are able to build rapport and support children and families while in hospital. - Provide information about training opportunities (e.g. cultural safety, ATSIMHFAT, stigma and discrimination) to help improve the care your clients receive.
Strengthen collaborative relationships with key community (non-health) stakeholders, including: schools, Police force, support services, families, carers and Community members	- Raise awareness among key community stakeholder groups of the Aftercare service. - Work with key community stakeholder groups to implement clear referral pathways. - Provide information about training opportunities (e.g. cultural safety, ATSIMHFAT, stigma and discrimination) to help improve the care your clients receive.
Establish and or strengthen collaborative relationships with Justice Health, where appropriate	Release from prison is a time of risk and people are often released with no discharge summary, no medication supply and no follow up. Where possible, improved partnerships and integration between justice health and the ACCHO sector, can lead to improved health care and health outcomes. Referrals to ACCHOs on release may also assist with supporting individuals that may have limited support or poor access to services. This may be done in conjunction with the regional or jurisdictional coordinator in some areas.

b. Assertive case support

Rapid assessment and follow-up after a presentation of psychological distress is critical.[8] While higher-risk patients are likely to be admitted for further care, many patients are discharged into the community without adequate community-based support – which is an important gap that ACCHO Aftercare services can fill.[9] In addition, for clients who are admitted to hospital, ACCHO Aftercare services can step in immediately after discharge, or even commence support and care prior to discharge.

Providing assertive case support is central to Aftercare.

Components of an assertive case support

Rapid follow up	Rapid follow up after a suicide attempt or episode of suicidal ideation. This should be face-to-face.
Assigning an Aftercare/ case support worker	Assigning a primary contact person for each client is essential. Where possible this should be an Aboriginal or Torres Strait Islander person, of the same gender and sexual orientation as the client. This may be able to occur prior to the first contact with the client.
Ongoing risk assessment and safety planning (see appendix 2 for a template)	Ongoing risk assessment and strengths-based safety planning throughout the period of Aftercare is essential. Safety planning should be done with the client and includes discussing how they will stay safe, who their support people are, their individual triggers and protective factors.
Reduce access to means	Reducing access to means for self-harm and suicide is an essential component of Aftercare[10] and may require the involvement of family and other supports. This may include limited supply of medication, or Webster Packs to enable monitoring of medication or storage of household medication in a locked box, identification and removal or safe storage of firearms, poisons, or sharp objects.
Regular and proactive follow up	While clients should be encouraged to contact the service when needed, proactive and regular follow up by the Aftercare worker is essential. The frequency of contact can be informed by the individual client's need and preference and other supports, but in the first instance daily or second daily may be appropriate. Face-to-face contact is always preferred and may occur in various settings.
Develop a care plan (see Appendix 1 for a template that can be adapted for your service)	Care plans should be comprehensive (see below sections) and holistic in nature, and respond to the client's mental, physical, social, emotional, and cultural needs. They should be developed with the client and their key support people and a copy provided to the client and their family. Roles, responsibilities, and timeframes should be clearly stated. Care plans should include: - Schedule of appointments and contact details of health providers / services involved

	- Arrangements to overcome barriers to accessing services, attending appointments - Activities to address social issues, such as financial, housing, relationship breakdowns, family and domestic violence - Activities to promote social inclusion and engage with the clients support network and Community - Activities to build life skills and resilience - Activities to support cultural health - Relapse prevention strategies – e.g. AoD treatment, medication, appointments, support network - Specific safety plan for times of crisis - Procedure if client has trouble with medications or attending aftercare appointments - Clear instructions for any medications that are required - Actions to be undertaken by family and Community supports - Support to be provided to family, carers and other Community supports
Psychoeducation	Ongoing psychoeducation to strengthen the clients understanding of their mental health conditions, early warning signs of deterioration and increased risk, impact of substance use and other destabilising factors, as well as supports and protective factors.
Support the client to attend appointments and make referrals	Navigating the health and social systems can be complex. Supporting clients with contacting services (e.g. peer support services) and attending appointments with your client can assist. This could also include key support people for the client or the aftercare worker attending appointments with the client.
Reduce risk of client disengaging in service	If a client is at risk of disengaging from the aftercare service, engage carers and the support network. A plan should be developed with the support of management and the clinical team and/or supervisor regarding the action to be taken in case the client refuses to engage with the service.
Escalation of care	A clear process should be developed by senior management and clinical staff for when and how care should be escalated should there be concerns for distressed staff or clients.

Community Treatment Orders (CTOs)	Some clients may be on a CTO managed by the local Community Mental Health service. Care coordinators can liaise with the local Community Mental Health service to strengthen the care that is given and also, where feasible and with client consent, attend appointments with the client to provide support and assist the client to understand their treatment. A CTO is a legal order which authorises compulsory care for a person living in the community. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. It is implemented by a mental health facility that has developed an appropriate treatment plan for the individual person.
Children	Where the client is a child, a parent or guardian should be included in assessment, monitoring progress, decision making and supporting the child. Parents may require support to do this

c. Supporting mental health – Connection to mind and emotions

Activities to support mental health are an important component of a holistic Aftercare service. Activities may include:

Activities to support mental health needs

Regular contact and building a therapeutic relationship between the client and Aftercare worker	Regular contact and developing a therapeutic relationship with the client is important to help the client feel comfortable and able to discuss their needs and their mental and emotional health. An Aftercare worker is in a unique position to support a client given their ability to provide more frequent care than other healthcare providers.
Risk assessment and safety planning (Appendix 2 contains a safety plan template)	Ongoing risk assessment is important to determine the type and level of care a client requires. Safety planning involves discussing with the client and deciding on steps to take to keep the client safe should they feel acutely distressed. Safety planning also includes awareness of critical risk periods and putting in place strategies for

	increased support at those times from health services and/or the client's support network. Discuss with the client about making sure their family and other key supports are aware of the safety plan so they are able to provide support in times of crisis. In the case of children, parents and school should be aware of the safety plan to enable them to provide appropriate support and know what actions to take in a crisis.
24/7 mental health emergency contact details & access to crisis counselling	Locally run 24/7 services are important to support clients during a crisis if available. A clear support plan in the event of an after-hours crisis is important and may include mainstream local mainstream Acute Care/Crisis services. Phone support lines such as 13 YARN and Lifeline are also important. 13 YARN is a 24/7 Aboriginal and Torres Strait Islander crisis support line run by Aboriginal and Torres Strait Islander people. The Mental Health Line 1800 011 511 is a 24/7 service which is staffed by mental health professionals and offers professional help and advice and referral to local mental health services.
Supporting social and emotional wellbeing	Supporting social and emotional wellbeing is a key part of supporting mental health.
Medication	A GP and/or psychiatrist should be involved to consider, with the client, whether medications are a useful part of care. Medications that may be used include antidepressants (for mood), anxiolytics (for anxiety) and in some cases antipsychotics (if a psychotic disorder is present and in some other situations). It is important to assist the client to talk openly with their doctor about how the medications are working and side effects they experience and to ensure their doctor clearly explains their medications and what they are for.
Psychotherapy	Psychotherapy, or talk therapy, is an important way to help people understand their feelings and thoughts and find useful ways to help with feelings and thoughts. This might include cognitive behavioural therapy, grief and trauma counselling or other types of counselling.

	A GP can do a mental health assessment and where appropriate create a mental health treatment plan which can contribute towards the cost of psychology (or other) services.

d. Supporting physical health – Connection to body and behaviours

Activities to support physical health and the social and economic environment are an important component of a holistic Aftercare service. Interpersonal conflict and stress related to disadvantage are common triggers for suicidal crises for Aboriginal and Torres Strait Islander people.[11,12,13] Multi-agency partnerships have been effective. Sectors such as non-government agencies, consumer and community groups, housing, family and community services, police and justice, universities, and health, have all collaborated with community-controlled organisations on sustainable 'whole-person' approaches to Aftercare and suicide prevention.[14]

Activities to support physical health needs

Alcohol and other drugs (AoD)	Many clients in aftercare services will also have alcohol and other drug issues that are important to address to support their recovery and future wellbeing. Referral and close relationships with AoD services are essential.
Chronic disease	Ensuring the patient's general physical wellbeing, including preventive care, medication management etc. is part of a holistic Aftercare service. Referral to the ACCHO GP for a 715 Health Assessment may be appropriate.
Encouraging healthy behaviours	Minimising alcohol use, good sleep habits, healthy eating and exercise are all helpful in improving wellbeing.
Housing, food security, financial, employment and legal	Where possible, addressing stressors for clients can be critical to reducing psychological distress. This may include supporting clients with referrals and appointments and/or leveraging existing relationships with other agencies to create solutions.
Interpersonal conflict and abuse	Counselling and regular support regarding interpersonal conflict and abuse, as well as supporting clients with emergency accommodation when needed, are important aspects of care.

e. Supporting cultural needs – Connection to Culture, Country, Spirituality

Social and emotional wellbeing is a multidimensional concept than encompasses connection to land, Country and language as well as family and Community. ACCHO's are in unique positions to provide holistic Aftercare services that support cultural wellbeing.

Activities to support cultural wellbeing

Traditional healing	Where available, traditional healing is likely to be an integral component of care for some clients.
Cultural healing, connection to Country, healing on Country programs	Activities aimed at building connection with Community and Culture and strengthening a client's cultural and spiritual wellbeing could be important parts of your Aftercare service.
Linkages with Elders and Community leaders	Knowledge keepers and Community leaders are often 'natural helpers' when it comes to social and emotional wellbeing and may play a formal or informal role in recovery and Aftercare services.
Language, storytelling, dance and song programs	ACCHO, land councils and other Community organisations may run language, storytelling, dance and song and other programs to support cultural wellbeing.

f. Supporting Social Needs – Connection to Family, Kinship and Community

The client's support network are crucial stakeholders in the client's recovery and wellbeing and in many cases will be a vital part of the care team for an individual. Activities to involve the client's network or reduce social isolation may include:

Activities to involve support people such as carers, family members, kin, or Elders

SEWB support	Supporting client SEWB is critical to healing and recovery.
Peer support groups, Mens groups, Womens groups, childrens & youth groups, Mums & bubs groups	Linking clients to peer support and group sessions can build social inclusion and support networks, support sharing of strategies, and provide reassurance and comfort.
Social activities	Linking clients in with social activities of interest is important to reduce social isolation and enhance social connectedness

Identify support people	Identify the support people that the client wishes and consents to be involved in their care. Social network mapping tools (see resources) can assist. Support people will be able to provide support and are well placed to recognise early warning signs of deterioration in mental health or changes in risk.
Engage support people	Engage support people so they feel strong in their ability to help the client and can seek help on behalf of the client if needed and can act as a point of contact for support people to ask questions and raise concerns. Consider the use of social support network mapping to identify the positive social supports that can help to keep a person strong, or people within the family or Community who are also at risk & in need of support. Colombia University as developed this online tool to assist with social support network mapping.
Safety plan & emergency contacts	Ensure support people understand and have a copy of the safety plan and 24/7 emergency contacts to assist them to help the client when feeling suicidal.

g. Supporting the client's network – Connection to Family, Kinship and Community

People in the client's network are also at risk of suicide as they may have experienced recent trauma through the client's suicide attempt or triggering of intergenerational trauma, may have their own mental health issues or be experiencing similar stressors and grief, and may experience burnout from the responsibility of caring. Where possible, the wellbeing of the client's network should be considered and responded to, and this may include:

Activities to support the client's network such as carers, family members, kin, or Elders

Aftercare staff to have regular contact with support people	Provide support to carers, encourage self-care and addressing their own health care needs to enable them to continue to provide support to the client. Mode of support should be guided by what the family would feel would be most helpful.

Emergency contacts	Ensure that support people have contact details for the care coordinator and 24/7 mental health emergency & crisis counselling to enable them to assist the client if in crisis or mental health deteriorating.
Psychoeducation	To improve health literacy, reduce stigma, strengthen their ability to support the client
Carer support services	Link support people in with carer support services and carer support groups. This may include linking parents of young Aftercare clients in with specific parent support groups or appropriate parent training or parenting groups.
Support children	Link families in with people or services to support children of parents in the Aftercare service. This may include other family or Community members that the family may want to involve, Elders, appropriately trained or experienced health professionals such as psychologists or services such as COPMI (Children of Parents with a Mental Illness).
Support social connectedness	Link support people with other community groups to support their social connectedness.
Resource pack	Consider developing a resource pack for carers. This can include contact details for the case manager, crisis lines, crisis teams after hours, emergency services, support groups including carer support groups, local ACCHO aftercare service.

6. Planning a response to the suicide death of a client – Considerations for your service

a. Purpose

This purpose of this section is to assist your service to plan a response in the case of a suicide death of an Aftercare client.

b. Providing support after the suicide death of an aftercare client

A suicide death is traumatic and affects the whole Community. There may be considerable flow-on impacts, with significant and prolonged grief, as well as increased risk of mental illness, substance use, physical illness and suicidal behaviour.[15]

There may be a considerable impact on your staff, some of whom may have a professional and/or personal relationship with the client and their family. Some staff may experience significant distress, some may enter a suicidal crisis themselves, develop a mental health or substance use problem, or experience an exacerbation or triggering of pre-existing grief, trauma, mental illness or substance use.

Support for Aftercare workers following the death of a client is critical. Due to the nature of their work, they are at particular risk, with potential feelings that they are responsible for failing to prevent the death, failing the individual or failing in their job. They may also be in a position where they may have witnessed the suicide, were first on the scene, or have had blame attributed to them by others.

Considering the potential impact of a suicide death and appropriate responses means services are better placed to provide timely, coordinated and appropriate support to those affected. This support can range from informal opportunities to debrief, time off work for Sorry Business and to support healing, practical assistance with childcare, accessing food or basic needs, dealing with police, the coroner's court or funeral arrangements, or more structured supports such as counselling or linking in with local supports or services. Services exist to provide support to individuals, families and Communities following a suicide death (Table 2). There are some further resources in the Resource section.

c. Planning

Planning in advance is important to enable a timely, effective and coordinated response. Planning can help ensure that your service has established clear pathways of support and links to appropriate health professionals, services and resources to assist those involved in the response at the time it is needed and can reduce confusion and guesswork under the pressure of the crisis. If your service has experience supporting the Community following a suicide death in the past, this can also inform the planning process.

Consider creating a team to develop the plan and lead the response. This team should include clinical, cultural and community expertise. It is important be aware that involvement in such a team may be triggering for some individuals. Participation should be optional, reviewed after an incident, and support provided to members. Every situation is unique, so the team should meet regularly during the response to ensure it is appropriate and to alter or revise the plan as needed. It is also important to acknowledge that bereaved individuals will have a diverse range of needs and that their needs may change over time. Consider if an Employee Assistance Program may be beneficial and what other SEWB supports your staff may need.

Consider workplace training for any interested staff in your service to improve mental health literacy and to enable them to identify and respond to a person in a suicidal crisis or whose mental health is at risk in the workplace or the Community. Table 3 contains details of some available training courses.

d. Considerations for your response

Immediate response – Considerations
• Assess the immediate risk and safety for the bereaved family, staff and other affected individuals. Ensure individuals are not left alone if not safe to do so. If a person is at imminent risk of suicide, arrange for an immediate mental health assessment or call 000. Ensure the family and other affected individuals are aware of afterhours support. Table 1 contains details of services which provide 24/7 phone support for anyone bereaved or impacted by suicide. Table 2 contains details of afterhours crisis support lines. • Notify senior management and Police of the death if this has not already occurred. Police will notify the coroner. Explain the process to the family and provide support. Table 4 contains state-based information and support packs which include an explanation of the coronial process. • A Medical Certificate of Cause of Death form will need to be completed by a doctor or Verification of Death form completed by a qualified health professional.

- Supporting the family: This may include notifying the family of the death. Consider the immediate needs of the family: Nominate a support person to provide personal and practical support. Identify those in their social network that may be able to provide additional support. The family may need assistance contacting and liaising with emergency services or the coroner.
- Supporting staff: Consider the immediate needs of staff: Identify Aftercare staff who have been working with the client and other staff connected to the client. Inform the necessary staff, provide an opportunity to debrief, and ensure staff are aware of afterhours support (Tables 1 & 2). Review and make arrangements for work commitments if needed. Understand and support Sorry Business. Prepare what information can and will be provided to other staff. Check on the wellbeing of staff not directly affected.
- Identify and check in with other vulnerable individuals connected with the deceased or the family.
- Document the death and the actions of the suicide response team.

Short-term response 1-2 weeks

- Identify individuals that may require ongoing support. The same individual from the suicide response team should continue to provide this support.
- Continue daily wellbeing check-ins for the family, aftercare worker and other affected individuals.
- Family: Consider what practical supports are required (e.g. assistance with funeral arrangements, accessing Centrelink or other services, caring for children, or accessing food & basic essentials). Understand and support Sorry Business. Consider how the ACCHO can support the needs of the client's social network such as spending time on Country, time with family or connecting with traditional healers. Consider if a suicide bereavement service is appropriate (Table 2).
- Staff: Provide ongoing support to affected staff members. Discuss return to work capacity of any affected staff members.
- Suicide response team: Should continue to debrief and support each other. Assess response being provided and any changes that may be required.
- Help to manage any media contact. Ensure you have discussed with the family their preferences regarding this and be aware of guidelines around communicating about a suicide death.

Medium Term response 2 weeks – 6 months

- Continue availability of support for affected families and individuals with regular wellbeing check-ins. Emphasise the importance of self-care and requesting support. Refer for cultural, medical or psychological support as needed. Health professionals should preferably have experience in suicide bereavement. Explore whether a suicide bereavement service is appropriate (Table 2).
- Explore additional supports that are needed by affected families and individuals. Provide information on available support – social, emotional, psychological and practical supports.
- Consider developing a healing plan with affected individuals. This may include lived experience groups, Cultural activities or spending time on Country.
- Continue to regularly check in with Aftercare and other affected staff for wellbeing. Observe for signs that they may be struggling. Discuss any concerns with them and their supervisor and arrange for support as needed.

Longer Term Response > 6 months

- Continue to regularly check in and support the wellbeing of those identified as requiring ongoing support. Explore any additional supports that are needed.

- Ensure bereaved individuals are aware that support is ongoing.
- Be aware that birthdays and anniversary dates may be times of increased risk and when additional support is needed. Ensure bereaved individuals are aware of 24/7 emergency contacts.
- Review organisational practices and critical incident processes.

e. Service review of the suicide death

An important part of the response to a critical incident is a service review or a "look back" review of the incident. This process is part of clinical risk management and is a required component of RACGP accreditation, criterion QI3.1 which requires that services monitor, identify, respond to, and report adverse events in clinical care. [16] This is a systematic process which enables a service to take any necessary actions to reduce the risk of future incidents. A service review takes a system-based approach to improve the quality of the health service with the aim of preventing a similar incident occurring again, rather than apportioning blame to any individual. Table 5 contains some resources to support your service in developing a critical incident review process.

Three questions are explored as part of this process:[17]

1. What happened?
2. Why did it happen?
3. What action can we take to prevent it happening again?

Conducting such a review typically includes the following steps (adapted from NSW Health Serious Adverse Event Review toolkits [17, 18]):

1. Step 1 - Gather a multidisciplinary review team – the team is usually 3-5 members. Ideally teams will include people that do not have a personal relationship with the client or been directly involved in their care.
2. Step 2 – What happened?
    - Develop a shared understanding of the incident by constructing a chronological flow chart or timeline of the events that led to the incident.
    - Identify the information that needs to be gathered.
    - Gather the information. This can include reviewing medical records, interviewing carers, families, and interviewing staff.
    - Interviews - Interviews should be conducted as soon as is appropriate, to get the most accurate information. Two team members should attend the interviews, this enables one person to facilitate the discussion and the other person to record the conversation (with permission). Interviews should be conducted in an empathic manner and with reflective listening practices to summarise what has been recounted. For family and carer interviews, also begin with an expression of apology and acknowledge their distress. Always start establishing rapport, explaining the review process and purpose of the interview. Begin with open-ended questions to elicit a factual account, followed by prompting questions and then specific clarifying questions. Ask what the interviewees believe the contributing factors were, and if they have any suggestions about how to prevent a similar incident in the future. Complete the interview by thanking the person, explaining how the information will be used and advising that there may be a follow up interview needed. Explain how and when feedback will be provided and check on wellbeing of the person and offer support if needed.
3. Step 4 – Why did it happen?

- Identify factors that caused or contributed to the incident using a detailed flow diagram or a cause-and-effect diagram.
- Write up factors linking them to outcomes
- Identify any practices, processes or systems that could be reviewed.
- Summarise the findings.

4. Step 5 – What action can we take to prevent it happening again?
    - Recommend actions aimed at preventing or mitigating the factors that caused or contributed to the incident.
    - Develop an action plan: The plan should be specific with quantifiable outcomes, define an outcome measure for each recommendation and include a specific timeframe.
    - Produce a recommendations report.
    - Implement the action plan.
5. Sharing the findings
    - Discuss the findings with senior management and make a plan to share the findings with family, involved staff and other key stakeholders.
    - The Australian Open Disclosure Framework provides a framework to communicate and share findings with a bereaved family.

7. Appendix 1: Initial assessment and care plan template

This is an example of an initial assessment and initial care plan which may be adapted for your service.

<table>
<tr><td>AFTERCARE – INITIAL ASSESSMENT</td><td>NAME
DOB
GENDER
ADDRESS

PHONE NUMBER</td></tr>
<tr><td colspan="2">REFERRAL DETAILS – referral date, source, reason for referral</td></tr>
<tr><td colspan="2">ATTITUDE TO INVOLVEMENT IN AFTERCARE PROGRAM</td></tr>
<tr><td>COMMUNITY / TOWN OF ORIGIN</td><td>CULTURAL IDENTITY</td></tr>
<tr><td>LANGUAGES SPOKEN

Communication issues eg sensory impairment
Interpreter required?</td><td>FAMILY & KINSHIP Skin / clan</td></tr>
<tr><td colspan="2">LIVING SITUATION Home & Environment</td></tr>
<tr><td colspan="2">IMPORTANT RELATIONSHIPS</td></tr>
<tr><td colspan="2">FAMILY HISTORY Cultural adoption, stolen generation, family dynamics</td></tr>
<tr><td colspan="2">SORRY BUSINESS Significant grief and loss, past and present</td></tr>
</table>

CULTURAL FACTORS Men's / Women's business

Is a Traditional Healer involved or requested?

SPIRITUAL BELIEFS
Client:

Family:

CULTURAL STRENGTHS What makes you strong – Culture, Country, mind, body & spirit Client: Family:	**OTHER PROTECTIVE FACTORS**

SUPPORT NETWORK Family, Friends, Elders, Community Members

EMPLOYMENT / STUDY Current and past employment and study. Attendance, difficulties, bullying.

ACTIVITIES Hobbies, social and cultural activities

CURRENT MENTAL HEALTH Diagnoses, mental health struggles

WARNING SIGNS & TRIGGERS

CURRENT STRESSORS

PHYSICAL HEALTH ISSUES
DRUG AND ALCOHOL HISTORY Current and past drug & alcohol use, current and past treatments
LEGAL ISSUES Past/current/pending court cases, past conditions, Guardianship, probation
CARE TEAM GP, Specialists, Mental Health Team, SEWB worker, Therapist, drug and alcohol team
KEY SUPPORTS Trusted people to include eg family member or close friend
CURRENT TREATMENTS Medication, talking therapy, self-care, exercise, groups, activities
OTHER RELEVANT INFORMATION
CLIENT PRIORITIES FOR HEALING

RECOMMENDATIONS / PLAN FOR HEALING

IMMEDIATE:

THIS WEEK:

THIS MONTH:

LONGER TERM:

8. Appendix 2: Safety plan overview and template

Overview

The goal of safety planning is to reduce the imminent risk of suicidal behaviour by pre-planning a list of coping strategies and supports to be used when suicidal thoughts occur. During a crisis, a safety plan can help someone feel more in control at a time when everything feels out of control or distract themselves from suicidal thoughts until the crisis has passed. It can also help their family, friends and carers know what to do to support them.

- Make a safety plan when your client is calm, feeling strong and thinking clearly so it is ready if your client starts to feel overwhelmed and suicidal.
- Encourage your client to share their safety plan with important people in their lives.
- Ask your client to make a commitment to follow this plan when the need arises.

Description of safety plan components

<table>
<tr><td>Safety plan</td><td>Date:</td></tr>
<tr><td>1 Warning signs
Warning signs are changes in thoughts, mood or behaviour that happen when someone is heading into a crisis. Helping clients to be aware of their warning signs can help them to act early before they progress into a crisis, reducing the risk of suicide.

The safety plan should be used when your client starts to notice some of these warning signs.

You might ask:
• What are some of the changes in thoughts, feelings or behaviours that you notice leading up to a crisis?
• What situations or triggers sometimes lead to a crisis?</td><td><u>Examples</u>
Feeling hopeless, helpless or like you’re bad or no good
Unable to sleep
Withdrawing from other people
Unable to do your normal activities
Fighting more with friends or family
Feeling alone or like you don’t belong
Having suicidal thoughts or more suicidal thoughts than usual
Changes in mood such as sadness, anxiety or irritability
Behaviours like drinking more alcohol or using more drugs
When people put you down
When you’re reminded of past abuse or trauma</td></tr>
<tr><td>2 Create a safe space
Plan some steps to make the environment safe.
This can include removing access to things that can be used to end a life or being aware of an avoiding stressful or upsetting situations.

You might ask:
• Are there any specific situations or people that you find stressful, triggering or that worsen your suicidal thoughts?
• What items are you likely to use in a suicide attempt?
• How can we develop a plan to limit your access to these items and avoid these situations?</td><td><u>Examples</u>
Get someone responsible to look after any items you might use to harm yourself.
Asking someone else to manage your medication.
Remove yourself from a room or place that you don’t feel safe.
Ask someone to help you stay safe.</td></tr>
</table>

3 Reasons to live When you are feeling suicidal it's easy to get caught up in the pain you are feeling and forget things in life that bring you joy and meaning. Everyone has reasons to live, no matter how small they seem. Thinking about these things can help you manage until the feelings pass. Your list of reasons to live can help to focus your attention until the suicidal feelings pass. You might ask: • What is the best thing about living? • What is the most important thing in your life? • What things in your future do you look forward to?	<u>Examples</u> Family and kinship Seeing kids grow up Pets Caring for Country Spiritual beliefs
4 Things that keep me strong Suicidal thoughts can make it hard to focus on anything else. Activities that are soothing and comforting, or distract from suicidal thoughts can help to keep your client safe. These are internal coping strategies and are a first line response to improve your clients ability and self-confidence in managing warning signs or suicidal thoughts. You might ask: • What can you do on your own if you have suicidal thoughts in the future, to avoid acting on those thoughts? • What can you do to help take your mind off your problems even for a short amount of time? • What things can you do that make you feel strong?	<u>Examples</u> Talk to family and kin Walk on Country Cultural activities Activities that make you feel strong Listen to music Watch TV Have a shower Relaxation or breathing exercises
5 Stay connected If your client is unable to reduce their distress or suicidal ideation using internal coping strategies the spending time with other people can help them stay safe. These socialisation strategies are about spending time in a social setting rather than talking about their thoughts and feelings. Remind your client to avoid social environments where alcohol or other drugs might be around You might ask: • Who helps you feel good and strong when you spend time with them? • What places make you feel safe and strong? • Remember to avoid places where grog or drugs are around as they can make you feel worse.	<u>Examples</u> Spend time with a friend or family member Watch TV with a friend or family member Get outside and on Country
6. Who can I yarn to? If a person is still in crisis after working though their internal coping and socialisation strategies, the next step	1. Name & number 2. Name & number 3. Name & number

involves talking to a trusted person and sharing that they are having suicidal thoughts and need help in coping with a crisis. You could ask: • What friends, family members, Elders or other people in your Community can you yarn with to support you and help you feel strong if you are having suicidal thoughts?	
7. What services can help? The final step involves listing professional support services to contact when needed. Make sure after-hours services are also included. Always include - In an emergency, call 000 You could ask: • Which services could you turn to for support to keep you safe if you are feeling suicidal? • Who could you call if its after-hours.	Emergency services 000 <u>Examples</u> Local ACCHO / SEWB team Cultural Healers 13 YARN 13 92 76 (24/7) Lifeline 13 11 14 (24/7) Suicide Call Back Service 1300 65 94 67 (24/7) Kids Helpline 1800 55 1800 (24/7) Health service

Safety plan template

My safety plan	Date
A safety plan is a bit like a mental health first aid kit, with different things that can help you through dark times and keep yourself safe when you feel suicidal. It can help you feel stronger when everything feels too hard and out of control.	
1 Warning signs What are the warning signs that tell you are becoming suicidal or struggling to cope. These are changes in your thoughts, mood or behaviour that happen when you are heading into a crisis. Knowing your warning signs means you can get help early before you start to feel suicidal. Use your plan if you or someone else notices some of these warning signs.	
2 Create a safe space Plan some steps to make your space safe like: • Removing any items or objects you might use to harm yourself or • Avoiding situations that you find stressful or upsetting.	
3 Reasons to live When you are feeling suicidal it's easy to get caught up in the pain you are feeling and forget things in life that bring you joy and meaning. Everyone has reasons to live, no matter how small they seem. Thinking about these things can help you manage until the feelings pass. Write down your reasons to live. Thinking about these can help to keep you safe until the suicidal feelings pass.	
4 Things that keep me strong Suicidal thoughts can make it hard to focus on anything else. Activities that comfort or strengthen you, or distract you from suicidal thoughts can help to keep you safe and stop the suicidal thoughts from getting worse. These activities improve your ability to cope with your warning signs or suicidal thoughts	
5 Stay connected If distracting yourself hasn't worked, then spending time with people and places can help you feel stronger. Write down what people or places can help you feel strong Remember to avoid places where grog or drugs are around as they can make you feel worse.	
6 Who can I yarn to?	

Yarning with Elders, clinic staff and other people you trust and letting them know what you are struggling means they can help you to feel stronger and stay safe. Write down the names and numbers of people you can yarn to when you feel suicidal. Let them know that you trust them to yarn when times are hard so they know they can help you be safe and strong.	
7 What services can help? There are many people and services that can help. If you have worked through the steps on your safety plan and everything still feels too hard it's time to call in someone else to help. Write down the supports or services that you can contact. Include your Aftercare worker here. Make sure you also write down who you can call afterhours too. In an emergency, always call 000	

9. Resources

- The Centre of Best Practice in Aboriginal & Torres Strait Islander Suicide Prevention Manual of Resources for Aboriginal & Torres Strait Islander Suicide Prevention
- CARPA clinical guidelines for Suicide Risk and Mental Health Emergency
- RACGP NACCHO National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people including psychological distress screening and monitoring tools and tips for talking about suicide
- St John's Ambulance Clinical Practice Guidelines (see 'Suicidal Patient')
- Social Support Network Map (Columbia University)
- Finding our way back: Beyond Blue resource for Aboriginal and Torres Strait Islander peoples after a suicide attempt
- Aboriginal Health & Medical Research Council of NSW Self-care toolkit
- Australian Institute for Suicide Research and Prevention & Postvention Australia (2017) Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide.
- Conversations Matter – Yarning after a suicide
- Mindframe - Communicating about a suicide
- Leckning, B., Ringbauer, A., Robinson, G., Carey, T. A., Hirvonen, T., Armstrong, G. (2019) Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts. Menzies School of Health Research: Darwin. Guidelines for best practice psychosocial assessment of Aboriginal and To

Table 1 - Services providing support to those affected by suicide
StandBy Suicide Bereavement Response Service (various states) 1300 727 247 This is a national support line which provides 24/7 phone and face to face support for anyone bereaved or impacted by suicide, including families, friends, witnesses, first responders, individuals, schools, workplaces and community groups. Support is continued for 2 years and includes individualised and coordinated support, resources (including connections to local services and groups) https://standbysupport.com.au
Thirrili Indigenous Suicide Postvention Service The Thirrili Indigenous Suicide Postvention Service supports individuals, families, and Communities affected by suicide or other significant trauma. It works with local Elders, Community and Aboriginal and/or Torres Strait Islander organisations to ensure a Community response is put in place to support the local community and services to support bereaved families and community members. The service can provide advice to Elders and Community leaders on how to respond, or travel to the Community if invited to do so. Thirrili can provide practical social support and link people with local social, health and community services, and advocate for families to access support services. The Thirrili after suicide support line (1800 805 801) is a 24/7 service. The phone line is answered by an Aboriginal or Torres Strait Islander Advocate.

https://thirrili.com.au/postvention-support/postvention-services

Table 2 - After hours crisis support
Emergency Services 000
13 YARN (13 92 76) 24/7 Aboriginal and Torres Strait Islander Crisis Support Confidential one-on-one telephone yarning support with a trained Lifeline Aboriginal or Torres Strait Islander crisis supporter. https://www.13yarn.org.au/
Lifeline 13 11 14 24/7 telephone crisis support. https://www.lifeline.org.au/
StandBy Suicide Bereavement Response Service (various states) 1300 727 247 This is a national support line which provides 24/7 phone and face to face support for anyone bereaved or impacted by suicide, including families, friends, witnesses, first responders, individuals, schools, workplaces and community groups. Support is continued for 2 years and includes individualised and coordinated support, resources (including connections to local services and groups) https://standbysupport.com.au

Table 3 - Available mental health training for staff
Aboriginal and Torres Strait Islander Mental Health First Aid Training Training in how to recognise adults who are in a mental health crisis, developing a mental health problem or experiencing worsening of an existing mental health problem until the crisis resolves or the person receives professional help. https://mhfa.com.au/courses/public/types/aboriginal
Suicide Story (NT) Suicide Story is a suicide prevention and capacity building program that uses cultural practices to guide participants through the process of understanding suicide and reducing stigma so that participants can identify and respond to signs of suicide risk within their Communities. Program workshops are delivered by local Aboriginal facilitators trained in the Suicide Story content and both-ways learning. Suicide Story was developed by the Mental Health Association of Central Australia in partnership with local Aboriginal people in the Northern Territory. It is now managed by the Aboriginal Medical Services Alliance Northern Territory (AMSANT) in 2021. https://www.amsant.org.au/suicide-story/

Table 4 - State based Information & Support Packs for those bereaved by suicide
Commonwealth of Australia, Information & Support Pack: for those bereaved by suicide or other sudden death, Canberra, Commonwealth of Australia 2010. These state-based information and support packs contain useful information on understanding police and coronial involvement, practical matters, helping children and teenagers with grief, support

services, resources, grief, bereavement, emotions, things that can help and a section on grieving Aboriginal way.	
ACT	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-ACT.pdf
NSW	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-NSW.pdf
NT	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-NT.pdf
QLD	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-QLD.pdf
SA	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-SA.pdf
TAS	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-TAS.pdf
VIC	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-VIC.pdf
WA	https://postventionaustralia.org/wp-content/uploads/2018/05/Bereaved-by-Suicide-Other-Sudden-Death-WA.pdf

Table 5 - Resources to guide a process for a service review of a suicide death
Australian Commission on Safety and Quality in Health Care. Incident Management Guide. Sydney: ACSQHC; 2021. Incident Management Guide (safetyandquality.gov.au) Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework. ACSQHC, Sydney. https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-Open-Disclosure-Framework-Feb-2014.pdf Institute for Healthcare Improvement. QI Essentials Toolkit: Cause and Effect Diagram. QIToolkit_CauseandEffectDiagram.pdf (unc.edu) NSW Health. 2020. Serious Adverse Event Review: Systems analysis of clinical Incidents – London Protocol (2nd edition) toolkit. London Protocol Toolkit (nsw.gov.au) NSW Health. Serious Adverse Event Review: Root cause analysis toolkit. Root cause analysis toolkit (nsw.gov.au) National Patient Safety Foundation. 2015. RCA^2 Improving Root Cause Analyses and Actions to Prevent Harm. Boston: NPSF. RCA2: Improving Root Cause Analyses and Actions to Prevent Harm (ashp.org)

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18 NSW Health. 2020. Serious Adverse Event Review: Systems analysis of clinical Incidents – London Protocol (2nd edition) toolkit. London Protocol Toolkit (nsw.gov.au)