

Suicide Prevention Model

square – Suicide, QUestions, Answers and REsources – is a set of resources that is both a stand-alone educational resource and a support package for training and systems change in suicide risk assessment, intervention and follow up. It supports a suicide and self harm primary health care model.

The suicide prevention model promotes assessment and management of suicide risk and a pathway for referral through primary health care depending on the level of risk.

The model, tools and education package were developed with a broad range of services and consumers. Advisory and working groups included people from:

- Hospitals,
- Emergency services,
- Mental Health services,
- General Practice,
- DASSA,
- Culturally and linguistically diverse communities,
- Indigenous communities,
- Communities representing the elderly,
- Vietnam Veterans and
- Consumer and carer organisations.

To have the most impact, representatives from these organisations need to be actively involved in training. Clinicians, consumers and carers across the continuum need to access training to identify and respond to local issues and myths.

Collaborative Practice Model

Best response and support occurs locally with people having knowledge that enables them to recognise mental health problems and when and where to seek assistance.

A collaborative approach to suicide prevention is a vital component of **square**. This collaborative approach to suicide prevention will involve the services and support options available in the localities where clients access help. General practice and other primary health care and community-based services are at the forefront of suicide prevention in this model. It is crucial that referral pathways are in place and can be identified to ensure that groups at increased risk can readily access appropriate support, care and referral through these mainstream services. It is also very important that the services foster a culture that accepts and caters for the needs of high-risk groups.

The following steps have been taken to implement the model:

1. At a regional and local level, key stakeholders have met to discuss the model, the tools and possible implementation.
2. In each region, Divisions of General Practice are being funded to facilitate the implementation of the model and delivery of training as well as supporting relevant practitioners to take up the model.
3. Key stakeholders identify change champions and people from key agencies to attend training (including general practice and mental health services). The training is delivered locally by Relationships Australia (SA) with active input by local change champions.