



**Blueprint objective** **1. A nationally unified and regionally controlled health system that puts patients at the centre**

**Case example** **A place-based approach to suicide prevention in Victoria**

**What is the community need or problem being addressed?** Suicide is the leading cause of death for people aged 15-44, with around 600 people dying by suicide in Victoria each year. It is estimated that for every death by suicide, as many as 30 attempt to end their own lives.<sup>1</sup>

**What is the approach being implemented?** The Victorian Government and the six Victorian Primary Health Networks (PHNs) are working together to trial a place-based approach to suicide prevention in 12 locations across the state.

A place-based approach acknowledges that there are many different causes and factors related to suicide, many of which may be specific to a geographical area. Place-based approaches bring together the public, health care providers, emergency services, businesses, governments and others, to find local solutions that work in their shared community.

The place-based suicide prevention trials seek to have a positive impact on rates of suicide and attempts, individual and community resilience and well-being, and broader system improvements. Collective efforts in support of a place-based approach to suicide prevention are guided by a common agenda, operating model, communications, evaluation and relevant frameworks.

**What have been the key enablers to the success of this approach?**

- Locally-tailored approaches (for example local data, priority setting and resourcing), coordination of messaging and resources, robust leadership and partnership arrangements which galvanise stakeholders and active communities around this shared issue of concern.
- Planning and development of agreed governance arrangements between key partners, the use of a theory informed approach, the benefits of targeted funds pooling, the focus on intended outcomes at early stages and responding to implementation insights.
- People with lived experience are engaged in both program model design and ongoing delivery through peak body representation in statewide structures, and through involvement on local governance arrangements established.





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**What have been some of the challenges to the success of this approach?** Each community is different and as such partner insight into key issues, expectations of outcome, and capacity to participate can vary. Partners need to be able to work cohesively to design the solutions needed to meet their shared priority of reducing suicide in their community, and may need support in order to do so. Access to high quality and timely qualitative and quantitative data are foundational to shared understanding of local and statewide issues.

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**What is needed to scale-up the successes?** Matching specialist partner expertise with localised approaches can facilitate scaled adoption of the place based approach.

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**More information** Victorian PHN Alliance website (including contact details for representatives across the six PHNs):

<https://vtphna.org.au/place-based-suicide-prevention/>

Victorian Department of Health and Human Services: Email - [suicide.prevention@dhhs.vic.gov.au](mailto:suicide.prevention@dhhs.vic.gov.au)

Victoria's Place-Based Suicide Prevention Trials – YouTube overview

<https://www.youtube.com/watch?v=J9E8sWo-krk>

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**References** <sup>1</sup> Lifeline, 2018, Statistics on suicide in Australia, available at <https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia>, accessed 10 May 2018.

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