



# Evidence Brief

## Enabler 1: Governance and collaboration across governments and portfolios

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### Definition and scope of this enabler

This enabler is focused on actions and mechanisms that will facilitate a sustainable 'whole-of-government' approach to suicide prevention, where whole of government is defined as all levels of government and all portfolios working together on integrated policies and programs to prevent suicide and self-harm (1).

### What are the key issues?

There is growing support nationally and internationally for a whole-of-government approach to suicide prevention (2). While suicide prevention has traditionally been described through a biomedical or mental health lens, increasing research evidence supports a broader approach that prioritises collaboration between multiple portfolios and sectors (3). This includes recognition of the ways in which social determinants of wellbeing (4) and a range of socio-demographic risk factors influence suicide and self-harm. A broader approach to suicide prevention is required, with coordination, funding and action occurring beyond the health portfolio.

There are varied descriptions of what whole-of-government means in suicide prevention. To date, international strategies have been light in describing the leadership, accountability and cross-portfolio mechanisms to achieve whole-of-government collaboration (5), with suicide prevention strategies predominantly signed off and resourced through Health Ministers (6). To enable a whole-of-government approach in Australia, consideration must be given to the structures and mechanisms required to make it work effectively across the federated model of government, enabling and empowering all portfolio areas to work together on a broader, more effective response (7, 8).

### What is currently happening (in Australia)?

There are different approaches to governance and whole-of-government collaboration on suicide prevention at the national, state, territory and regional level. The current approach to suicide prevention planning, policy and governance follows a similar approach to other social policy areas (e.g., family and domestic violence) where the Commonwealth and other jurisdictions have a joint national commitment, plan or agreement but separate strategies and governance structures to progress action within and across portfolios. While there is reasonable consistency in the type of actions and interventions prioritised in each jurisdiction, this siloed approach to planning, governance and funding does contribute to duplication and gaps in the service system. A different approach is taken to Australia's

National Agreement on Closing the Gap, which includes a more formalised whole-of-government approach and consistent planning and reporting mechanisms. Elements that may be considered in suicide prevention are summarised below.

## **Suicide prevention**

### *National and Commonwealth*

The Final Advice of the National Suicide Prevention Advisor (2020)(7) recommended that all governments work together to deliver a whole-of-government approach – at the national (cross-jurisdictional), jurisdictional (cross-portfolio) and regional levels (Recommendation 1). The National Mental Health and Suicide Prevention Plan (2021) (9) provided an initial response to the recommendations, with the National Agreement (2022) (10) including a commitment to “facilitate a whole-of-system approach...”. To date, however, there is no alignment in strategic planning processes across jurisdictions nor alignment of suicide prevention planning and funding across Commonwealth departments.

At the Commonwealth level, suicide prevention planning and funding is primarily delivered through the Department of Health, including 40 national programs under the National Suicide Prevention Leadership and Support program. Other Commonwealth portfolios have developed suicide prevention plans (e.g., Department of Veteran’s Affairs) and fund suicide prevention initiatives (e.g. National Indigenous Australians Agency), but there is no current mechanism for priority setting, strategic planning and funding across portfolios.

### *States and Territories*

All States and Territories have a suicide prevention strategy or framework, with differing Ministerial responsibilities (11.) While there is a high level of consistency in prioritised actions across these guiding documents, the governance arrangements for suicide prevention vary. There is, however, a shift towards whole-of-government arrangements in many jurisdictions. For example:

- Victoria has established a Suicide Prevention and Response Office, with a range of advisory and governance structures to enable the planning and delivery of a whole-of-government suicide prevention plan, including actions within and outside of health;
- The South Australian Government passed a Suicide Prevention Act in 2021. The Act legislates a Suicide Prevention Council, key interventions to be funded (and a percentage required for evaluation) and requires state authorities to have a suicide prevention action plan which sets out how they will prevent suicide among their workforce and those they support;
- Tasmania has one state suicide prevention strategy, which the Tasmanian Government and Primary Health Tasmania jointly deliver. New governance arrangements include suicide prevention as a Premier’s Priority and establishing a Premier’s Mental Health and Suicide Prevention Advisory Council and a series of cross-agency working groups;
- Queensland has established whole-of-government and cross-sectoral governance mechanisms to deliver on their suicide prevention plan, with leadership through the Queensland Mental Health Commission and allocation of priority actions to a range of government agencies.

### *Regional authorities and local governments*

There are currently multiple mechanisms for the planning and delivery of suicide prevention action at the regional and local levels. Primary Health Networks are the mechanism through which regional planning and commissioning of Commonwealth-funded suicide prevention services occur, with around two-thirds of Primary Health Networks having also participated in Suicide Prevention Trials (12, 13). There are, however, other place-based or community-led initiatives supported through State and Territory governments (e.g., Tasmania), local governments (e.g. South Australia) and the not-for-profit sector (e.g. Lifespan trials). The involvement of local governments in suicide prevention varies across Australia, with no current mechanism through the National Suicide Prevention Agreement for consistent involvement of local government.

## **Closing the Gap**

### *A partnership approach*

Australia's National Agreement on Closing the Gap (14) includes partnerships across the Commonwealth Government, the Coalition of Aboriginal and Torres Strait Islander peak organisations, State and Territory governments and the Australian Local Government Association (ALGA). This approach has facilitated shared accountability and jointly developed an agreed framework and targets. The inclusion of the Coalition of Peaks also helps capture the aspirations and priorities of Aboriginal and Torres Strait Islander individuals and communities in designing policies and programs that impact them. The approach is authorised at the First Minister level (Prime Minister, First Ministers, ALGA President). The significance of this new partnership is reflected in the establishment of the Joint Council on Closing the Gap, which was the first time a COAG Ministerial Council included non-government representatives.

There is an opportunity in suicide prevention to model this approach with consideration given to the development of one national cross-portfolio agreement that includes local government and considers the inclusion of community representation in the governance arrangements, for example, a lived experience of suicide peak or similar.

### *Implementation of the Agreement*

The National Agreement on Closing the Gap provides a baseline of activity for collaborative and cohesive national action on the Priority Reforms, with additional actions at the jurisdictional and local levels. There is a joint approach to whole-of-government implementation plans, reporting and accountability. Each plan reflects elements of the overarching agreement with yearly reporting against the plans. The State and Territory plans also include details on how they will work with local government. As governments work in this new way, there is also increasing involvement and support for local communities to set their priorities and tailor services to their unique contexts.

Suicide prevention governance in Australia would be enhanced by a cohesive national plan that flows through to jurisdictional and local implementation plans. It would also be enhanced by joint reporting on priority actions at the same time each year for transparency and accountability.

## *Policy and place-based partnerships*

Priority Reform One (formal partnerships and shared decision-making) outlines two forms of partnerships: (1) policy partnerships, created for the purpose of working on discrete policy areas; and (2) place-based partnerships in specific regions between government and Aboriginal and Torres Strait Islander representatives, and others by agreement, from those specific areas.

Suicide prevention governance would be strengthened through identifying up to five priority policy areas for collective action (initially) and enhanced whole-of-government arrangements that enable place-based approaches between governments, community-controlled and community-based organisations.

## What are the critical gaps (in Australia)?

Australia has seen significant funding and activity in suicide prevention across all jurisdictions, but there is an ongoing lack of clarity about key national priorities, the types of suicide prevention activities that are best delivered or coordinated by the various tiers of government and how they are funded and evaluated. This results in duplication in some areas and gaps in others and can create barriers to collaboration. The National Agreement on Mental Health and Suicide Prevention (2022) (10) does not include all levels of government and does not yet include the cross-portfolio actions required and how these will be delivered, funded and reported against.

Strengthened arrangement to facilitate cross-portfolio action within and between jurisdictions is required. This includes recognising that effective action to reduce suicide and self-harm cannot be achieved without understanding how policies can increase or decrease people's risk of suicide (5). The precedent for this is the Health in All Policies (15) that could be adopted to facilitate suicide and self-harm prevention in all policies approach, led by first ministers with a cross-sectoral remit.

There are currently multiple mechanisms for the planning and delivery of suicide prevention action at the regional and local levels, contributing to inconsistent approaches. Some degree of coordination between jurisdictions or levels of government and other stakeholders is required to manage regional approaches effectively, including enhanced cross-portfolio coordination and support for community-based priority setting and decision-making (16).

## Where should efforts be focussed (in Australia)?

To deliver a whole-of-government approach in Australia, there is a need to embed governance structures and accountability measures that will facilitate:

- All levels of government working together to set priorities, define roles and responsibilities, allocate funding and report on agreed outcomes (vertical integration);
- All portfolios within and between jurisdictions working to deliver suicide prevention action, including mechanisms for policy-level partnerships and a 'suicide prevention in all policies approach' (horizontal integration);
- Improved 'whole of system' approaches that draw together government agencies with services, communities and individuals at multiple levels, including the regional or local level.

## ENABLER 1 ACTIONS

### Action 1

#### **Elevate suicide prevention to a national priority with the necessary authority and accountability measures**

There is a genuine commitment and goodwill to shift from a health-led to a whole-of-government approach to suicide prevention in Australia, but sustainable structural change is required to enable this approach.

- 1) Implement new national whole-of-government enabling structures to ensure there is First Minister responsibility for suicide prevention through National Cabinet (as with the National Agreement on Closing the Gap). New structures should include:
  - Aligned leadership and accountability arrangements within each state and territory government to ensure joint action across portfolios;
  - A defined role for local government, through the Australian Local Government Association;
  - A partnership arrangement with a national suicide prevention agency or peak (e.g., a lived experience of suicide peak).
- 2) Resource the NSPO to provide policy advice and monitor and report on investment and progress to hold governments accountable.

#### Evidence for the action

There is very limited research focusing on the mechanisms to enable whole-of-government approaches in suicide prevention. International reviews of effective suicide prevention practices have found limited to no evidence related to the enabling actions governments can take and have tended to focus solely on population-level and individual-level interventions (17). While a number of countries have introduced suicide prevention legislation (18), it is unclear from the available research whether legislative approaches on their own have directly contributed to reductions in suicide rates or whether the individual interventions funded concurrently contributed to reductions (e.g., Korea, Japan). In Australia's federated system of government, it is unclear whether a Commonwealth Suicide Prevention Act could deliver the cross-portfolio and cross-jurisdictional approach required in suicide prevention. However, evidence suggests that more sustainable approaches through legislation, structural changes in government, and KPIs for senior officials are likely to be more effective.

Evaluations of international approaches have revealed some insights for consideration:

- Suicide prevention becomes a higher priority for government agencies if it is included as one of the performance indicators for senior officials;
- Changes to policy and legislation (e.g., gun control, alcohol policies) have been associated with reductions in suicide rates;
- Dedicated funding (and funding for evaluation) can enable coordinated action, with centralised funding pools an enabler for cross-portfolio action in some countries.

**Expert consultations** identified a need for much greater coordination and integration of suicide prevention efforts across levels of government and relevant portfolios. **Experts** also generally concurred that shared state/territory and commonwealth leadership is required to

oversee cross-portfolio and across levels of government to ensure effective implementation, coordination, and monitoring of suicide prevention initiatives.

## Things we can build upon

A number of states and territories have shifted to stronger whole-of-government arrangements for suicide prevention which provides an opportunity for further reform and alignment of these structures. This includes consideration for a national suicide prevention act or alternate arrangements under a national agreement to require other portfolios to plan, fund and report on suicide prevention actions. Surveys of the sector and community by Suicide Prevention Australia have also revealed strong support for a whole-of-government approach to suicide prevention.

The Australian Agreement on Closing the Gap provides a strengthened partnership approach that can be considered for application in suicide prevention, which does not require legislative changes. It provides an existing model that state and territory governments are familiar with. The features of the Closing the Gap Agreement that can be considered in suicide prevention include:

- The development of one cohesive national cross-portfolio suicide prevention strategy and an agreement with aligned implementation plans across each jurisdiction;
- Inclusion of local government in the agreement, with clear relationships between jurisdictions and local governments;
- Governance structure that incorporates community and lived experience representation;
- Joint reporting on priority actions across all jurisdictions at the same time each year for transparency and accountability;
- Mechanisms that enable place-based approaches between governments, community-controlled and community-based organisations.

## Action 2

### **Develop and implement aligned suicide prevention plans, governance structures and reporting frameworks.**

All jurisdictions in Australia have a separate suicide prevention strategy or framework, with variable ways of planning, delivering, and reporting on suicide prevention action. A joined-up approach with clear roles and responsibilities between the different levels of government, consistent strategic priorities and structures and enhanced monitoring and reporting is needed. Improved coordination could be achieved through all jurisdictions working towards the following actions within the next three years:

- 1) Develop one National strategy with aligned suicide prevention plans for each jurisdiction. This will enable a clear and consistent approach to suicide prevention across all levels of government that still allows for state, territory and local flexibility to address identified priorities.
- 2) Implement aligned governance structures that consider the creation of an 'office' or dedicated whole-of-government leadership team responsible for suicide prevention in each jurisdiction and whole-of-government committees to drive actions – e.g., Inter-departmental committees or working groups.
- 3) Develop a joint approach across jurisdictions to reporting on shared suicide prevention priorities and outcomes through to First Ministers and the community.

- 4) Ensure integration of other key enablers into the jurisdictions governance systems, including:
  - a. Using data and evidence to inform priorities and funding decisions;
  - b. Lived experience leadership to support decision-making and monitoring of suicide prevention action;
  - c. Involvement of community-based suicide prevention organisations in government priority-setting and decision-making;
  - d. Building the capability of government agencies and other sectors to apply suicide prevention knowledge in their policies and practices.

## Evidence for the action

To manage the complexities and multi-agency approach required for suicide prevention, the WHO has recommended that shared goals and objectives be defined, that clear roles, responsibilities and decision-making mechanisms outlined and shared funding opportunities implemented to minimise inefficiencies. When looking at broader evidence for effective intersectoral and multisectoral approaches to health policy, reviews have revealed that political leadership, a shared vision or common goal, allocated funding, and access to education and data were key enablers.(19)

Other countries have used models for supporting cross-portfolio and cross-sector approaches. For example:

- The UK has produced a cross-government suicide prevention work plan which commits each government portfolio to taking action on suicide and outlines deliverables and timeframes for monitoring progress against commitments (20). This approach could be considered within the Australian approach;
- New Zealand has used a collective impact approach to suicide prevention that includes a cross-sector suicide prevention framework, developed from a qualitative study of cross-sectoral suicide prevention in a post disaster context (21). This study found that cross-sectoral suicide prevention enhanced the wellbeing of participants, hastened learning, supported innovation and raised awareness across sectors. Enablers of the approach included: effective communication, creating cross-sectoral action plans, the ability of committees to support the wellbeing of managers, ensuring First Nations partnership and participation and processes to support the inclusion of people with lived experience.

In **expert consultations** it was generally agreed or strongly agreed that improved mechanisms for coordination of suicide prevention action were needed where clear priorities are set by the commonwealth, state and territory governments at the national level, with these priorities informing state and territory plans, along with aligned reporting and aligned measurement of outcomes. **Experts** also generally agreed or strongly agreed that a range of community organisations must be represented in initiatives aimed at strengthening collaboration across levels of government and across portfolios.

There was some variability among **expert** views related to the use of data and evidence in decision-making, with experts generally agreeing or strongly agreeing that relevant and timely data is required to support data-driven decision-making but were more varied in their responses about whether funding decisions should be data-driven with evidence-based

activities favoured. Experts also raised some concerns about population groups for whom quality data and research-based evidence were still lacking.

## Things we can build upon

While there are differences across jurisdictions, there are aligned areas of focus and either action or intent to build in cross-portfolio arrangements. A number of state plans (e.g., Queensland) already allocate responsibility for the delivery of suicide prevention beyond the health portfolio, and the Tasmanian strategy provides an example of a joint approach between the state government and the Primary Health Network that may be applied more broadly.

Closing the Gap provides a model that governments are familiar with that may be used as a template for a cohesive approach to planning and reporting on agreed priorities. This model also requires this planning to be done in partnership with all levels of government and a peak body representing the community-controlled sector, which would support calls for the involvement of the suicide prevention community in government planning and decision-making.

There is significant activity occurring in Australia to improve data and evidence, including through state-based initiatives and the National Suicide and Self-harm Monitoring System. This provides an opportunity for enhanced real-time data and improved whole-of-government data to assist with priority setting and monitoring of suicide prevention actions.

## Action 3

### **Implement a 'suicide prevention in all policies approach' across all levels of government.**

There is an opportunity to build in mechanisms that require a systematic review of new policies for risk of distress, self-harm and suicide and mechanisms to mitigate any risks. There is also an opportunity to review policies that may enhance known protective factors. This should be considered at all levels of government (Commonwealth, states and territories and local governments), with options to require this across all portfolios or initially for portfolios that have the greatest impact on the economic and social determinants of suicide and self-harm. While there are different models for delivering this approach, including the following specific actions are recommended:

- 1) First Ministers to identify national policy priorities in suicide prevention, with priorities to be actioned across jurisdictions through detailed implementation plans and regular reporting.
- 2) Strengthen and use mechanisms within government processes to ensure suicide prevention considerations are embedded into all relevant policy consideration (e.g., assessments within Cabinet processes or similar).
- 3) Legislation, as part of a jurisdictional Suicide Prevention Act, would strengthen accountability and could be used to outline the mechanisms to achieve this approach within each jurisdiction.
- 4) Invest in building capability across levels of government and across portfolios to understand and apply suicide prevention considerations in the planning, development, and review of policies – delivered through education, support, and

decision tools. This is likely to be led by the NSPO and/or similar jurisdictional bodies.

## Evidence for the action

While there is limited robust evidence from the suicide prevention literature about the specific mechanisms that enable suicide prevention in all policies approach, there is emerging evidence from national and international practice and broader public health approaches, including the Health in All Policies approach (1). Evidence suggests the approach is most effective when it goes beyond one-time or one-issue collaborations and where there are sustainable mechanisms, structures and supports to implement it (22). A Health in All Policies Approach relies on appropriate resources and organisational capacity to sustain efforts, with consideration of a dedicated leadership team within jurisdictions to act as an 'engine' for moving forward and supporting partnerships to enable the work to occur.

## Things we can build upon

There are opportunities to build upon the current whole-of-government arrangements within states and territories. This includes cross-agency leadership Advisory Councils or Taskforces implemented in some states (e.g., New South Wales, Tasmania) and the legislative arrangements implemented in South Australia through the Suicide Prevention Act. South Australia also has arrangements for implementing a Health in All Policies approach that provides further options for consideration.

Learning from the Closing the Gap Agreement, and in particular the policy partnership arrangements, there is an opportunity to use a system that jurisdictions are familiar with to prioritise initial policy areas for a collective approach. This could also be enhanced through mechanisms that a wellbeing lens and wellbeing budget provides to identify priority policy areas that contribute to wellbeing and suicide prevention.

## Action 4

### **Strengthen regional arrangements for planning and delivering suicide prevention action.**

Strengthened regional arrangements for suicide prevention planning, commissioning and delivery of suicide prevention is required to better enable a consistent, coordinated and resourced whole of system and whole of community approach at the local level. Many of the elements for effective and responsive regional suicide prevention exist within Australia's government structures. However, they are not operating within an agreed arrangement on roles and responsibilities, nor are they forming the necessary linkages across agencies and services at the local level. Changes should consider one or more of the following options:

- 1) Review and strengthen regional planning and commissioning of suicide prevention services to enable more agile local responses with flexible funding pools available.
- 2) Use bilateral agreements to detail how regional planning and commissioning of suicide prevention services will deliver on national suicide prevention priorities, with clearly defined roles and responsibilities for local government.

- 3) Fund regional suicide prevention coordinators at a senior level to coordinate and connect suicide prevention action across Commonwealth, state and local government agencies in partnership with local community networks.
- 4) Provide regular and reliable localised data and evidence to regional coordinators and agencies to inform the delivery and evaluation of local responses.

## Evidence for the action

There have been evaluations conducted on regional 'whole of system' approaches in Australia and internationally with variable outcomes. Challenges identified within current models in Australia include:

- That regional or local planners, coordinators and networks do not have the authority to require government cooperation at the regional or local level;
- A lack of an overarching strategy that could have been addressed with enhanced cross-government coordination (13);
- Knowledge exchange, consistent outcomes monitoring, and accountability are key enablers for multi-component models linked to cross-government coordination.

## Things we can build upon

Current regional models, including the National Suicide Prevention Trial, provide some evidence for local planning and coordination of suicide prevention at the regional level. However, further work is needed to identify a preferred way of planning and commissioning services and involving community in leading on suicide prevention solutions. Place-based partnerships that are planned and delivered under the National Agreement on Closing the Gap may provide an alternate model for consideration – with community-led approaches preferred. The multi-layered structures for economic development, such as those for the tourism industry, may also provide additional models to consider.

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