

Prevention First (Adapted):

A Framework for
Suicide Prevention





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Prevention First

(Adapted): A Framework

for Suicide Prevention

Suicide is a public health issue that requires coordinated and combined efforts from all levels of government, health care systems, frontline health and community workers, workplaces, schools and other educational settings, community groups, and the media, as well as individuals, families and communities.

For the most part, preventative approaches to suicide adopt a framework originally developed by Mrazek and Haggerty to describe mental health interventions,¹ and were later applied to suicide prevention.² This is reflected in the *Living Is For Everyone (LIFE) Framework* that has underpinned suicide prevention activities in Australia since 2007.³ The LIFE Framework advocates for a multi-level, cross-sector approach to preventing suicide among the Australian community and adopts a range of interventions including universal interventions (for whole populations), selective interventions (for those who may be at greater risk) and indicated interventions (for those displaying suicidal behaviour).

Prevention First: A Framework for Suicide Prevention has been adapted from *Prevention First: A Prevention and Promotion Framework for Mental Health* developed by **Everymind**.⁴ The *Prevention First Framework*, and this adaptation for suicide prevention, was developed to encourage strategic and coordinated prevention action across the full-spectrum of activity required.

The adapted Framework on the following page includes:

- A focus on the preventative activity (inner oval), which involves preventing the onset of suicidal behaviour (primary prevention), intervening early and effectively to reduce suicidal behaviour (secondary prevention and early intervention), lowering the impact of suicide (postvention) and promoting wellbeing;
- The broad population groups to be targeted in suicide prevention interventions (outer oval);
- A focus on the promotion of wellbeing as both a population level and individual level intervention.

A focus on a broad spectrum of interventions allows for activities to be targeted at populations and individuals. It can help people conceptualise different stages in the development of suicidal thoughts and behaviour: from someone with no difficulties, to non-specific problems or signs, to a person exhibiting suicidal behaviour, to the impact of suicidal behaviour on others.

Figure 1. *Prevention First Framework*
 (adapted for suicide prevention), Everymind (2015).

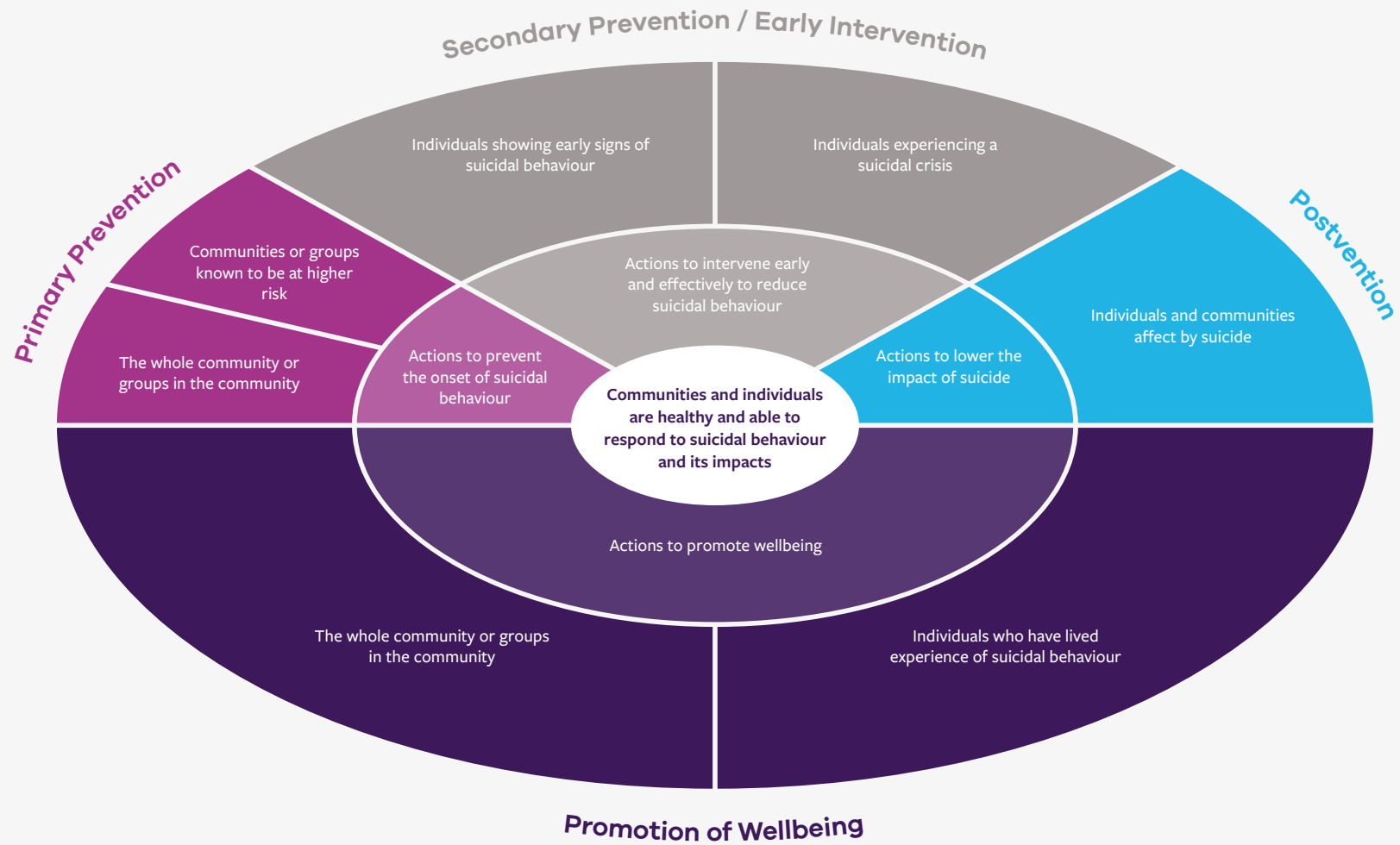


Table 1: Explaining the Concepts

Focus	Domain	Target Groups	Definition	Examples
Actions to prevent onset of suicidal behaviour	Primary Prevention	Whole community or groups in the community	Interventions focus on reducing risk factors and enhancing protective factors in whole communities regardless of their level of risk. This also includes strategies to address specific social determinants and engaging communities in suicide prevention action (<i>universal intervention</i>).	Reducing access to means; Altering media coverage of suicide; Providing community education about suicide prevention; Creating stronger families; Addressing community connectedness and the social determinants of health and wellbeing.
		Groups or individuals with higher risk	Interventions focusing on reducing risk factors and enhancing protective factors to prevent the onset of suicidal behaviour in groups known to be at increased risk (<i>selective intervention</i>).	Programs that empower, support and build skills in groups at higher risk of suicide. These may include: people who have attempted suicide, in detention, recently discharged from hospital, living with chronic pain, recently unemployed or experiencing a life crisis.
Actions to intervene early and effectively to reduce suicide	Secondary Prevention and Early Intervention	Individuals showing early signs of suicidal behaviour	Early identification of individuals showing signs of suicidal behaviour and clear pathways to appropriate services and other support (<i>indicated intervention; detection</i>).	Gatekeeper training to assist people to detect the early signs of suicidal behaviour (including GPs, schools, workplaces and community services); Building pathways for self-help; Referral pathways between community organisations, primary care and specialist services.
		Individuals experiencing a suicidal crisis	Evidence-based treatments and interventions to lower the severity and duration of a suicidal crisis and/or attempt (<i>accessing support; treatment</i>).	Providing integrated professional care; Workforce development for frontline health, mental health and emergency services staff; E-therapies; Effective community follow-up after a suicide attempt.
Actions to lower the impact of suicide	Postvention	Individuals and communities affected by suicide	Interventions focused on supporting individuals, families and communities affected by a suicide death.	Practical and psychological support for people bereaved by suicide; Effective communication about suicide to reduce risk to others affected by or exposed to the death.
Actions to promote wellbeing	Promotion of Wellbeing	Individuals with lived experience of suicide or suicidal behaviour	Interventions to enhance social, emotional and spiritual wellbeing and quality of life for people affected by suicide. Initiatives can occur within services or in the community (<i>ongoing care and support</i>).	Psychoeducation and support programs for families and friends of those who have attempted suicide; Self-help, skills building and peer support for those with lived experience of suicidal behaviour.
		Whole community or groups in the community	Interventions to enhance social, emotional and spiritual wellbeing and quality of life. Initiatives can occur with the whole population, or selected groups, and can occur in any setting (including schools, workplaces, the home etc.).	Ensuring safe communities, social inclusion, access to housing, transport, education and other essential services; Evidence-based strategies to build resilience in early childhood, schools, workplaces etc.

References

1. Mrazek PJ, Haggerty RJ (1994). Reducing the risk of mental disorders: Frontiers for preventive intervention research. National Academy Press for the Institute of Medicine: Washington DC
2. Bertolote, J.M., (2004). Suicide prevention: at what level does it work? *World Psychiatry*, 3(3): 147–151.
3. Commonwealth Department of Health and Ageing (2007). Living Is For Everyone (LIFE) Framework. Canberra. www.lifeinmindaustralia.com.au/about-us/the-life-framework
4. **Everymind** (2015). *Prevention First: A Prevention and Promotion Framework for Mental Health*, p.20. Newcastle, Australia.



For more information relating to the
Prevention First Framework visit:

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