

Many recommendations were proposed throughout the conference. These have been collated and synthesized to provide an overall direction for the Mental Health Council of Tasmania to advocate for at various levels.

It has been said that mental health is everyone's business. With this in mind, preventing suicide is also the responsibility of everyone. While it will be necessary to engage with government, it is also important to look at what individual services and communities can be achieving.

Five main areas have been derived for the recommendations. These include government, services, community, research and media. These will be discussed in turn.

## **Government**

Government has an important role to play in the prevention of suicide. Indeed the most resounding recommendation that was made during the conference was the requirement for a whole of government approach. Recommendations received to be directed to government include:

- A whole of government response is required to address the issue of suicide.
- The Tasmanian social inclusion strategy needs to address disconnection of different cultures within our communities. Converting empty schools into cultural centres that are appropriately funded is one option recommended to address this.
- Governments need to recognise the value of, and fund appropriately, arts in health projects.
- Improved processes for funding planning services.
- Investigating networks at a regional level to look at gaps, where it needs to be the responsibility of state and federal governments to avoid duplication of services through "fragmentation of funding."
- Funding terms should be extended and have provision/flexibility to support smaller communities, including for example GLBTI training.
- Obligation for workplaces to be responsible to government through legislation such as OH&S for mental health and wellbeing policies

## **Services**

Those providing services should consider how they are providing their services, and whether there are ways that they could improve their practice. Recommendations received throughout the conference that services could investigate include:

- The implementation of SANE Bereavement Guidelines (to inform practice) by all mental health sector service delivery organisations.
- Interventions being implemented should be individually tailored to the specific community.
- Suicide prevention training should be aimed at those who have the greatest access to potentially at risk individuals - i.e. Targeted suicide prevention training for corporals within the ADF.
- Working with individuals who may be at risk of suicide should include families. For example, the ADF should include families in their suicide prevention training.

- The coordination of all service providers regionally, including service providers coming together regularly.
- Service delivery planning/provision should be evidence based.
- The Peer Support Program to be implemented in all Tasmanian (and Australian) schools.
- Increased recognition of management plans at the local and regional level.

### **Community**

The community can advocate for, and bring about change. Recommendations received that the community can advocate for include:

- Dedicated cultural centres to provide education support to young people.
- Make healthier communities.
- Roll out of RAW program to other rural areas including the West Coast.
- More people should complete ASIST training to alleviate suicidality.
- Bereavement services expanded within the community.

### **Research**

Research into suicide prevention should be ongoing, and several gaps appeared during the conference that should be addressed. Recommendations for research included:

- Future research should have a greater emphasis on social integration.
- Future research should have more emphasis on early intervention and prevention.
- Strengthen research to establish evidence base for effectiveness of arts in health programs.
- More research into suicide and suicide attempts regarding vehicle accidents.
- Reduce 'medicalisation' of suicide.
- Increase mental health literacy of researchers.
- Improve data collection processes around suicide and suicide attempts.

### **Media**

The media is a critical stakeholder in the promotion of positive mental health messages, including those addressing suicide. Recommendations received included:

- Campaign at a national level.
- State level suicide prevention strategy to include media strategy.
- Media reporting of diagnoses and misinformation unhelpful such that there is a need to provide media with good evidence and facts; provide alternative stories using media criteria; challenge media to be competitive with good practice, good stories.
- MHCT to develop media policy that has the capacity to be responsive and proactive
- Media committee established to work on media responses with ability to take action against negative comments (i.e. boycotting).