# Considerations when establishing a place-based suicide prevention project model

The Queensland Mental Health Commission and Western Queensland PHN partnered to deliver the Maranoa Place-based Suicide Prevention Project trial. The trial aimed to reduce suicide and its impacts on the Maranoa region through a partnership approach between key service provider and community stakeholders. Although it was impacted by unanticipated challenges such as the COVID-19 pandemic and recruitment of staff, an evaluation of the trial identified key considerations and success factors when establishing place-based suicide prevention models in regional and rural Queensland communities.

#### **Project planning and groundwork**

- Be based on identified community needs
- · Adequately resourced with a view to sustainability
- Provides clarity around the project aims and objectives, tailored to project staff and stakeholder audiences
- Ensures project supports are put in place
- Identifies anticipated challenges
- Provides project risk management and mitigation strategies
- Includes project knowledge transfer (to ensure outcomes and learnings are documented for future project planning)

### Project staffing

- The project team comprises staff with appropriate skills and knowledge (including lived experience) to engage and motivate stakeholders and lead and coordinate deliverables
- Position/s are recruited to using strategies that are informed by an understanding of specific recruitment challenges
- Staff are well supported to stay in their roles

### Service provider engagement

- Provides clarity around project aims and objectives through information tailored to individual services and their service scope
- Seeks service provider buy-in and participation
- Includes direct project involvement of service provider leaders and decision-makers (e.g. representation in steering group/s, etc.)
- Ensures service provider pathway and linkage sustainability beyond the project

### **Events, activities, initiatives**

- Are based on clear rationale around meeting the broader project aims and objectives
- Are stakeholder driven
- Are informed by "what works" literature
- Are individually reviewed and evaluated for success and what could be improved
- Identify level of project involvement (as driven, funded, supported by the project)

### **Project outcomes**

- Increased community understanding of wellbeing and resilience as protective factors against suicide
- Community capacity to recognise and respond to suicide risk is improved, particularly for vulnerable groups
- There is community awareness and understanding of suicide prevention frameworks and strategies
- Coordinated and defined pathways to care and support are in place for individuals at high risk of suicide, and impacted by suicide
- There is reduced suicide risk, and a reduced number of suicide attempts and deaths by suicide in the community
- Project sustainability strategies are developed and in place to ensure the ongoing impacts of the project



## Monitoring and evaluation

- Provides program support that enables early identification of emerging project challenges (and identifies ways to address)
- Captures the individual activity and initiative successes and challenges along the way (to inform ongoing project planning)
- Captures the project learnings to inform broader future project planning (and contribute to "what works" literature)

### **Community engagement**

- Is delivered in an appropriate way for the community, and meets community needs
- Involves people with lived experience
- Provides clarity around project aims and objectives through information tailored to the community
- Actively seeks community buy-in and involvement (including opportunities for project decision-making such as representation on steering group/s, etc.)
- Ensures community sustainability beyond project



Queensland Mental Health Commission

