

DRAFT

Still subject to public consultation
via Your Say

WITH OUR PEOPLE

A multi-agency approach to
suicide prevention

2025-2029



Content warning

The following document contains information and quotes which relate to mental health, suicide related distress and suicide. Talking and reading about suicide can raise lots of different feelings, all unique to individuals. If you are affected by the content help is available.

Crisis Support Services

Mental Health Triage

13 14 65
24/7 assistance in a mental health emergency.

Lifeline

13 11 14
24/7 phone crisis response and online crisis support chat available each evening
lifeline.org.au

Beyond Blue

1300 224 636
24/7 telephone, online and email counselling.
beyondblue.org.au

Domestic Violence Crisis Line

Support for women and their children who are experiencing domestic or family violence
1800 800 098

Additional Support Services

Employee Assistance Program (EAP)

Access to counselling with contracted mental health providers for ESS staff, volunteers and household family members
Program available through internal agency portals or Employee Assistance Officers (MFS) or Mental Health and Wellbeing Team (SAFECOM).

Black Dog Institute - National Emergency Worker Support Service

Providing free, confidential mental health based support for emergency services workers and volunteers, active and retired, aged 18+
blackdoginstitute.org.au

Military and Emergency Services Health Australia

08 7002 0880
Provides programs and one to one support services for current or former military and emergency services personnel.
mesha.org.au

Regional Access

1300 032 186
24/7 telephone and online counselling for people 15 years and older living or working in regional South Australia.
saregionalaccess.org.au

Grieflink

Online information for people who are dealing with the grief caused by the death of someone close to them, and for those who are supporting them.
grieflink.org.au

StandBy - Support After Suicide

1300 727 247
24/7 support for anyone bereaved or impacted by suicide.
standbysupport.com.au

Suicide Call Back Service

1300 659 467
National 24/7 professional telephone and online counselling for anyone affected by suicide.
suicidecallbackservice.org.au

Road Trauma Support Team

0400 705 066
Providing free counselling and support for people who have been affected by road trauma, whether directly or indirectly.
roadtraumasupportsa.com.au

Lived Experience Telephone Support Service

1800 013 755
Non crisis support for mental health conditions between 5pm–11:30pm 365 days a year.
letss.org.au

MensLine Australia

1300 78 99 78
24/7 advice, therapy and support for men with family and relationship concerns.
mensline.org.au

1800RESPECT

1800 737 732
A national domestic, family and sexual violence service providing counselling, information and support. Text or Chat online.
1800respect.org.au

Thirrili National Indigenous Postvention Service

1800 805 801
24/7 telephone support.
thirrili.com.au/nips

13YARN

13 92 76
24/7 service where you can talk to an Aboriginal or Torres Strait Islander Crisis Supporter.

QLife

1800 184 527
Online chat or phone counselling for lesbian, gay, bisexual, transgender and intersex people, 3pm–midnight, 7 days a week.
qlife.org.au

Open Arms

1800 011 046
24/7 phone and online counselling for veterans and their families.
openarms.gov.au

National Relay Service

1800 555 660
Help for people with hearing or speech difficulties, or call the National Relay Service Helpdesk on
relayservice.gov.au

Kids' Helpline

1800 55 1800
24/7 phone and online counselling for youth (5–25 years).
kidshelpline.com.au

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Acknowledgement of Country

We acknowledge the Traditional Owners of the land on which our Emergency Services operate, recognising their continuing connection to land, water and community. We pay respects to Elders, past, present and emerging. We commit to listening, learning and collaborating with Aboriginal and Torres Strait Islander Peoples. The Emergency Services Sector acknowledges the continuing strength and resilience shown by Aboriginal and Torres Strait Islander Peoples and recognises the impact colonisation has on suicide and suicide related distress. Prior to colonisation Aboriginal and Torres Strait Islander peoples lived with low rates of suicide.



Emergency Services Artwork developed for the emergency services by Ngarrindjeri Artist Jordan Lovegrove from Ochre Dawn.

2. Lived Experience

“I got involved in the [With Our People] committee as I have had a close family member suicide and we didn’t see it coming, there were no signs that alerted us that there was anything wrong and he didn’t reach out for help... My hope is that people will feel that they can reach out for help if they need it without any hesitation, whether this is for guidance and referral to a practitioner or just have someone listen to them on the phone if they want to remain anonymous” - SAFECOM employee & committee member with lived experience.

Those with lived experience of suicide contribute to enhancing community understanding of the impacts of suicide. They advocate strongly and are essential to planning, design and delivery of prevention strategies. Sharing lived experience can reduce stigma and improve understanding.

Lived experience can be explained as; those people who have lived or living experience of suicide, those who have experienced thoughts of suicide, survived a suicide attempt, or cared for someone through a suicidal crisis, been bereaved or have lost a loved one who has died by suicide.

3. Use of supportive and inclusive language

This document has been developed in line with the National Communications Charter. The National Communication Charter is an evidence-informed resource to guide how mental health services, government, business, and community talk about mental health and suicide. The use of language around mental ill-health is complex, and language used can contribute to ongoing stigma and further isolate members of our communities. Using safe communication assists in increasing assistance seeking and reducing the stigma around mental health ill-health.

“Language [in the plan] is important and needs to be “right.” Language influences how we think and feel about something – consciously or subconsciously.” - CFS volunteer & committee member.

4. Dedication of the plan

Every life lost to suicide has a profound impact, and the ripple effect is often long-lasting and far reaching. With Our People is dedicated to those who have died by suicide, bereaved by suicide, or have, or continue to, experience suicide related distress.

It would not have been possible without those who provided their time, passion, and expertise to inform and enhance the plan. We extend our deepest appreciation to those with lived experience involved in the plan's development.

The name 'With Our People' was chosen by the suicide prevention committee to reflect the Emergency Services Sector's (ESS) commitment to walking with and alongside our people. Regardless of role, title, region, or associated agency, it highlights the collective effort required to prevent suicide and alleviate suicide-related distress.

Only when working together, and With Our People, will we achieve greater outcomes.



5. Foreword

Behind every suicide, there is a human and their unique story. A story that has ended early and a community which has been impacted. Too many lives are lost, believing their only option is to no longer live.

We know that suicide can affect anyone, regardless of their personal characteristics, their background, or opportunities and therefore, suicide prevention is everyone's business. There is no 'one size fits all' as suicide and suicide related distress is complex and different for individuals. This means suicide can appear unpredictable and challenging to understand.

We do know that working across state government agencies, with suicide prevention experts, peak organisations, and those with lived experience of suicide, and related distress, will achieve better outcomes.

We understand that for every person who dies by suicide, there are (on average) 135 people who will be directly affected, and many more indirectly. In addition, research indicates that being exposed to suicide can increase risk of suicidal behaviour and attempts. We consider the impact this has on our staff, volunteers, and families, as well as those we may respond to through our daily work operations, or in our personal lives.

With Our People is the first suicide prevention plan developed for the ESS and sets a high standard for suicide prevention in our agencies. The committee overseeing the development of With Our People (see section 9), allowed collective expertise, commitment, and a consensus on the highest priorities to be included in the plan.

Together we will work to reduce rates of suicide and suicide related distress within our community.



6. Commitment statement from Chief Executive and Chief Officers

In 2023, 230 South Australian's died by suicide. Each life lost to suicide is a tragedy with far-reaching effects, impacting families, friends, carers, colleagues, and the wider community. The ESS are committed to working alongside volunteers, staff, and their families to better identify, respond, and assist in reducing suicide and to support those experiencing suicidal related distress. The daily operations of the Emergency Services Sector contribute to South Australia's community safety through our collective response to emergency events and incidents of all sizes and scales. Our personnel are regularly the first on scene to help those who are injured, distressed in danger, or sadly have passed. We are committed to supporting our staff and volunteers to ensure they have the support they need to continue to serve our community. We recognise our emergency services personnel have known risk factors which can increase thoughts of suicide, and it is for this reason the Suicide Prevention Plan will address and implement strategies around these priority areas.

With Our People focuses on equipping staff, volunteers, and their families with the knowledge and resources to support individuals facing suicide-related distress. Successful promotion and implementation of this plan requires collective action, led by a designated Champion from each ESS agency. This approach ensures that all agencies recognize the plan's importance, actively engage in its actions and results, and contribute feedback for future improvements.

Understanding suicide is complex but often preventable, With Our People demonstrates its commitment to reducing these statistics. It is dedicated to those who have died by suicide, bereaved by suicide, or experienced suicide related distress. We acknowledge the challenging and painful journey that some have travelled and continue to travel.

We stand alongside our volunteers, staff, their families, and the South Australian community to reduce the number of lives lost to suicide through the development of meaningful, creative, and person-centred initiatives.

Julia Waddington-Powell
Chief Executive
SAFECOM

Jeff Swann
Chief Executive
South Australian Metropolitan Fire Service

Chris Beattie
Chief Officer
South Australian State Emergency Service

Brett Loughlin
Chief Officer
South Australian Country Fire Service

7. About the South Australian Emergency Services Sector.

The Emergency Services Sector includes four separate agencies; The South Australian Fire and Emergency Services Commission (SAFECOM), The South Australian Metropolitan Fire Service (MFS), The South Australian Country Fire Service (CFS) and The South Australian State Emergency Service (SES). SAFECOM provides corporate and operational support, ensuring frontline services can provide direct aid and protection to the South Australian Community.

As of July 2024, 15,000 volunteers span across CFS, SES and MFS and approximately 1,650 paid positions are held across the sector.

The CFS serves communities through dedicated volunteers delivering professional fire and rescue services to outer metropolitan, regional and rural South Australia. The CFS are an all-hazards agency responding to bushfire, building fire, road crash rescue and hazardous material spills.

SES have several legislative roles such as the Control Agency for floods, extreme weather, and structural collapse. The Volunteer Marine Rescue (VMR) is comprised of 6 independently incorporated Associations who in addition to marine Units of the SES, provide a 24-hour response to marine emergencies and assist police with water-borne search, rescue, and recovery operations.

The SES also being a Hazard Risk Reduction Leader for extreme weather. Operation functions include responding to floods and storms, assisting police, and the MFS and CFS with any emergency and prevention, preparedness, responses, and recovery operations, including rescues.

The MFS is responsible for protecting the community from the effects of fire, road crashes, chemical incidents and other emergencies. The MFS provides emergency response and recovery 24 hours a day, seven days a week. The MFS is a multi-hazard agency, well equipped to protect and serve the community in partnership with other emergency services. While fire and rescue are at the heart of MFS' mission, the MFS also respond to a broad range of emergencies and provide far reaching community services.

SAFECOM's Mental Health and Wellbeing Team and the Metropolitan Fire Service have dedicated Employee Support Officers. These programs assist to support staff, volunteers and family members through mental health and wellbeing initiatives, projects, and daily support.

With Our People is dedicated to enhancing and expanding current suicide prevention and wellbeing initiatives and ensuring each agency has an active role in embedding suicide prevention into their daily operations.

8. Background to the plan

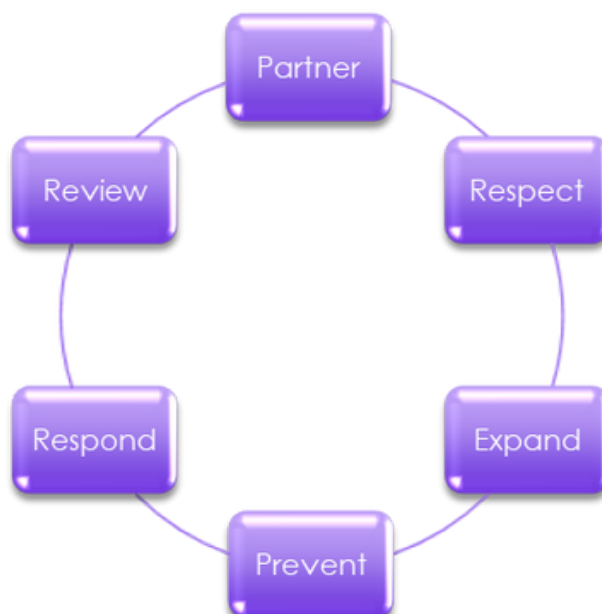
On the 9th of December 2021, a key milestone was achieved in South Australia, the passing of the first Suicide Prevention Act, 2021 in Australia.

On 9 December 2021, a key milestone was achieved in South Australia, the passing of the first Suicide Prevention Act, 2021 in Australia. This legislation ensured a sustainable, statewide focus on reducing suicide, guided by best practice prevention strategies, education, training, and the identification of priority populations at risk of suicide.

Under the Act, a State Suicide Prevention Plan 2023-2026 was developed setting out across- government policies and priorities for suicide prevention. The Suicide Prevention Act 2021 outlined certain State authorities to develop a suicide prevention plan, SAFECOM being one of 10 prescribed agencies.

With Our People covers the following agencies: SAFECOM, MFS, CFS, SES (including, VMR), and SAFECOM. The plan encompassing both paid staff, volunteers, their families, and the wider South Australian community.

The State's plan outlines the pathway for With Our People and highlights five key priority areas for suicide prevention, developed from input by the South Australian community, individuals with lived experience, current research, evidence, data, and best practices in suicide prevention.



8. Background to the plan (continued)

With Our People adheres to these key priority areas and further customises them to address the diverse and unique needs of the ESS staff and volunteers. An additional 'Expand' priority area has been included in response to needs identified through the internal consultation process. This 'Expand' priority area commits to ensuring the ESS provides a safe and inclusive community for staff, volunteers, and their families.

With Our People is to be reported on annually, providing updates to the Suicide Prevention Council, and the plan itself to be reviewed every four years.

Effective suicide prevention requires health intervention and support for individuals, however more importantly, efforts need to be shared across sectors to respond to broader contributing factors. A whole of government approach must support linkages across portfolios to enhance collective actions. It is for this reason, this plan has worked extensively with the following state authorities to share lessons, insights, and feedback.

- South Australian Police (SAPOL)
- Department of Education
- Department of Human Services
- Department of Child Protection
- Department of Correctional Services
- Attorney General's Department
- Department of Primary Industries and Regions
- Department for Health and Wellbeing
- Department for Infrastructure and Transport

The ESS are committed to working in partnership with these authorities on an ongoing basis to ensure collective action in suicide prevention is achieved.

Vision



With Our People's vision is to break down the barriers surrounding mental health and suicide by providing education, training and skill development.

We strive to create an inclusive, culturally safe and supportive environment for everyone in our agencies.

Goals



The goals of the State's plan and With Our People are:

1. To reduce suicide related distress and death by suicide in South Australia.
2. To reduce distress that may contribute to suicide.
3. To improve community understanding and responsiveness to prevent suicide.

10. Consultation processes



The State Suicide Prevention Plan (2023-2026)

More than 3,200 South Australians provided their insights into what is critical to consider when it comes to suicide prevention. Personal stories of lived experience and ideas were embedded into the South Australian Suicide Prevention Plan (2023-2026). The State's plan has provided a platform for our plan where aligned efforts will be achieved, and priorities for ESS have been identified for the sector as it relates to reducing the risk of suicide in our community.



Lived Experience

With Our People identifies the significant contributions those with lived experience bring to suicide prevention. Extensive inclusion of lived experience was a key component of With Our People's development.



Internal Committee

With Our People suicide prevention committee ensured all ESS agencies were given the opportunity to participate in the planning phase through an expression of interest process. It was crucial to listen to diverse experiences and perspectives. The committee formed had representation, including individuals with lived experience, office-based staff, operational volunteers, geographical diversity, and a range of ages. Concurrent internal and external consultations were conducted with key priority groups, subject matter experts and facilitation of agency focus groups. Staff and volunteers were also provided opportunity for feedback on the plan prior to it being launched on the Your Say website. Public consultation opportunities were provided through YourSay in late 2024.

"I really enjoyed seeing that regardless of background, understanding, experience or role, everyone involved had one thing in common: a care for others and a deep desire to help make the sector a safer and more supported place to be." - CFS, Wellbeing Officer & committee member.

“My hope is to help people feel as though it is OK to talk about suicide - there is no stigma.” - SAFECOM employee & committee member.

Despite a greater understanding of mental health concerns and suicide prevention, the stigma around suicide continues. This stigma significantly impacts people's willingness to seek help, adding an extra layer of suffering for those already struggling. It can lead to increased feelings of shame, isolation and rejection. Stigma consists of beliefs, attitudes and stereotypes which marginalise individuals, often rooted in misconceptions and misinformation about suicide.

Public stigma – is when the public have a negative view or attitude about other people, often labels and judgements are applied. Public stigma might label those who have attempted suicide as “attention seekers” or someone who has ended their own life, as “selfish” or who “took the easy way out.”

Self-stigma is when people have unhelpful attitudes or beliefs about themselves or their own situation. Often those experiencing suicidal distress internalise their feelings because of concerns how peers and society might view them, or their own stigmatising dialog.

Self stigma can sound like; “I should just be able to snap out of this,” or downplaying their experiences saying, “it isn't that serious; I don't need help,” or “there are others who need help more than me.”

With Our People courageously starts challenging stigma by;

- Awareness raising and wider education about suicide
- Promoting safe and open conversations, at all levels of the agencies
- Understanding the power of language and its influence
- Providing numerous pathways to support.



12. What is Suicide Prevention?

Suicide Prevention involves taking action to build wellbeing, to reinforce protective factors which keep people safe and engaged in their communities. It appropriately addresses distress to foster a society where individuals are supported in times of crisis. Strategies need to be relevant to specific settings and those who are vulnerable, those that may be at imminent risk and those affected by suicide attempts or deaths need to be included in developing strategies which will work.

The World Health Organization (WHO) emphasises the importance of a multisectoral approach, encouraging governments to implement effective, evidence-based interventions. These interventions include restricting access to means of suicide, fostering socio-emotional life skills, early identification, management, and follow-up of people at risk of suicide.

Suicide prevention requires collaboration across various sectors, levels of society and government, recognising that every life is valuable, and every suicide is preventable.

“My hope for the plan is a better understanding, there should be no stigma in relation to our mental health. If, for example someone gets cancer and sees an Oncologist on an ongoing basis or has a heart attack and sees a Cardiologist, then that is seen as a normal treatment and people make allowances for them by supporting them with less physical roles. However, if someone has a mental health issue and sees a psychologist or Psychiatrist they are ‘nut jobs’, ‘weak’, weird and should just ‘suck it up’.

This has been embedded in the Australian culture for years, as I saw first-hand being the son of a World War 2 veteran. There was little or no support for these veterans and subsequently their families were told to just suck it up.

It is now up to us and future generations to force the change.” - CFS volunteer & committee member.

13. What does suicide prevention look like?

“ I hope that the result of this plan sees a change in the way everybody views Mental Health. It can no longer be swept under the carpet or ignored. Leaders need to acknowledge the reality of the things seen and experienced on the job will often have an impact on the mental health of its people ” – SES volunteer & committee member.

Suicide prevention is a critical and complex issue that involves a multifaceted approach, including awareness, education, and intervention strategies.

Steps can be taken to create supportive environments that promote mental wellbeing, offering training for people to recognise warning signs, and providing access to mental health resources and supports. Training should be relevant and tailored to the needs of the participants and ensure it is inclusive and safe.

Strengthening community and individual resilience, improving economic supports, and establishing crisis intervention services are also vital components, however collaboration with healthcare providers, community leaders, and policymakers will need to be sought to ensure these strategies can be achieved.

It is essential to foster a culture that encourages open dialogue about mental health and to implement policies that facilitate early identification of at-risk individuals. This can be achieved through education, awareness and effective postvention support and guidelines. Lived experience and peer work can help break down stigma and commitment from leadership - beyond the creation of a plan can help facilitate open conversations.

For successful implementation, organisations should adopt a comprehensive plan that integrates evidence-based practices and continuous evaluation to adapt and improve suicide prevention measures. Suicide prevention is not linear and not static. It needs to evolve, be reviewed and updated in line with current standards.



'Hughie'

A working dog in training, visiting staff and volunteers to support their wellbeing.

Relationship to Prevent/Mitigate, Prepare, Respond and Recover (PPRR) model

Suicide prevention and postvention involve multiple levels of intervention and response, akin to the Prevent/Mitigate, Prepare, Respond, and Recover (PPRR) framework which is familiar to ESS agencies. The framework is commonly used in emergency management. This model offers a conceptual framework for understanding how agencies prepare for, respond to, and recover from emergencies, detailing the requirements at each phase.

The PPRR model closely aligns with the With Our People plan. Although suicide and related distress are not always linear, there are opportunities to provide tailored responses at each stage of the PPRR model, similar to emergency management. Within the With Our People plan, there are opportunities to integrate suicide prevention into existing initiatives, programs, and responses of ESS agencies, such as bushfire prevention initiatives, disaster recovery efforts, and the Road Awareness Program (RAP). Additionally, With Our Peoples' focus is primarily on the preparation and mitigation stage, enhancing skill development, education, awareness, and training in mental health and suicide awareness.

Transitioning into the response phase, we will offer more concrete tools and plans to assist individuals in accessing support, improving communication, and developing skills for operational staff to use when responding to a suicide, along with workplace toolkits in responding to someone who may be experiencing suicidal-related distress or suicide.

In the recovery phase, the plan will provide toolkits and support services to be activated if a postvention response is necessary.



Figure 9: A typical transition from preparation to response to recovery in an emergency event.

14. Risk and protective factors for suicide

Suicide is rarely caused by one event or situation. It is the interplay between many factors, vulnerabilities, triggers, and risk factors in a person's life. While we can never be sure who or why someone may consider taking their own life, there can be risk factors and warning signs which can help us to identify those who might need assistance.

Research shows a range of biological, psychological, and social factors which can increase the risk of suicide. Some examples include; experiencing mental health concerns, drug and alcohol problems, past suicide attempts, family violence, family history of suicide, loss of a close friend or family member, geographical location, being male (which statistically have higher of suicide rates than females).

Protective factors on the other hand can reduce the risk of suicide. Some key protective factors include; staying connected to community, having someone to share concerns with, good physical and mental health, personal resilience, knowing where to seek support.

With Our People ensures it responds to known risk factors, while also enhancing access to protective factors, such as training and support services.



Suicide related distress can be experienced by anyone within our society

Life challenges such as relationship stress, bullying, financial hardship, or mental health conditions can contribute to suicide related distress for some people. For other people, life stressors can compound with other challenges increasing suicide related distress.

A priority population group in suicide prevention is defined according to a shared characteristic such as gender, age, location etc. Priority populations can be disproportionately affected due to greater rates of isolation, exclusion, discrimination, or stigma related to help seeking behaviour.

Another key consideration is intersectionality within these priority groups and the impact this can have on mental health and suicide related distress. Intersectionality recognises that disadvantage or discrimination do not exist independently but can intersect and overlap - magnifying the severity and impacts and thus, raising additional barriers to support.

With Our People ensures a focus on priority groups within the plan, to improve responses, provide tailored and culturally appropriate pathways to support.

The following pages highlight the various priority population groups in suicide prevention and the presence of intersectionality across groups. These are key action areas for With Our People's plan.

Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander People are twice as likely to die by suicide as Non-Indigenous Australians. Young Aboriginal people aged 0-24 and 25-44 suicide rates were more than three times that of non-Indigenous Australians.

Factors such as intergenerational trauma, discrimination, racism, loss of cultural practices and connections can increase risk of suicide within this population group. Commonly, there is a lack of culturally appropriate supports which consider the elements of social and emotional wellbeing which can differ to non-indigenous Australians understanding of mental health concerns. Therefore, a lack of appropriate services can pose barriers to supports.

Some Aboriginal and Torres Strait Islander people prefer the term social and emotional wellbeing as a more holistic way to view health. Social and Emotional Wellbeing (SEWB) is the foundation for good physical and mental wellbeing. It is a holistic concept which takes a collective perspective of self as intrinsically linked with family, community, and wider kinship networks, highlighting the importance of connection to land, culture, spirituality, and ancestry to ensure overall wellbeing. It is important to consider the differences in cultures to ensure culturally appropriate responses are developed.



SEWB Diagram adapted from Gee et al., (2014)

A specific focus of the State Suicide Prevention Plan (2023-2026) is suicide prevention within Aboriginal communities.

With Our People goes one step further by ensuring we demonstrate an ongoing commitment to working alongside Aboriginal and Torres Strait Islander people, starting with learning, curiosity, and compassion to foster deeper understanding. Without these basic elements in place, meeting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people will not be successful.

As such, actions in With Our People plan enhance cultural awareness, actively involve and respect Aboriginal and Torres Strait Islander people's voices in organisational practices and provide access to culturally appropriate supports.

"The plan is of the utmost of importance to support vulnerable individuals within the APY. The plan has to be assured of Cultural needs for community engagement." CFS APY lands member & member of Aboriginal community.

First Responders in Emergency Services

First responders, who due to their occupations, have much greater exposure to suicide than the rest of the population. Often, they are first on scene, or in support of other emergency services when responding to a suicide. The emotional effects of the suicide are then increased when supporting family members, friends of people who have been bereaved by the suicide they are responding to.

The second element to consider is often there are times that those in emergency services may be called to respond to a suicide of someone who may be known to them (due to rural, or close communities), or as a member of the agency in which they work or volunteer.

As well as having greater exposure, first responders have high rates of suicide. This can be explained due to their higher levels of work-related psychological distress and elevated levels of Post Traumatic Stress Disorder (PTSD) along with other factors such as vicarious trauma (exposure to traumatic incidents when cumulatively witnessing disturbing material or work-related exposure) and compassion fatigue.

The impact of suicide on emergency services personnel's mental wellbeing continues to be an emerging area of research and understanding, however exposure to suicide appears to be related to suicide risk within first responder populations.

With Our People identifies and acknowledges the unique nature of emergency services personnel as well as exposure to suicide, therefore it is a key focus area within the plan's actions.



“My advice to those becoming depressed or suicidal is that you will get better, it might not be tomorrow, it might not be next week, but you will get better. Get the help you need and don't feel bad about yourself for seeing a doctor, a psychologist or psychiatrist.

Tell people that you are struggling and are at the end of your tether. Do it. You might not believe that there is light at the end of the tunnel, but there is. You just need the right help or medication. Have a conversation with someone, find someone you trust and can confide in, and be open and honest, don't be ashamed.”

MFS Firefighter with lived experience

Men

Men are disproportionately represented in data relating to suicide. 75% of people who die by suicide identify as male. Men can experience a range of life stressors including relationship breakdown, unemployment and injury. At these times, uses of alcohol and other drugs can increase as a means to cope with challenging situations. In addition, men may not seek help through formal support services as often there may be stigma attached to help seeking.

“I have had a firefighter wanting to catch up with me and hear my story. We met at a café, and he started to tear up. At the end of our catch up he told me I’d persuaded him to go and get (psychological) help. He said, “I am actually really struggling, I’m starting to lose it. Because of my conversation with him, he has started to go and get help.” – Male MFS Firefighter lived experience of suicide.



LGBTIQA+ Communities

Almost half of people who identify as being in the LGBTIQA+ community have had thoughts about suicide (43.9%), compared to heterosexual people (15.4%). People within these communities often report feeling judged, discriminated against, stigmatised and isolated from the broader society. These experiences have profound impacts on people within the LGBTIQA+ communities. Often there is a lack of appropriate services, or they are unable to access support services due to fear of being misidentified or misunderstood. Actions in With Our People have been identified to promote understanding and inclusivity within our agencies.



“I am excited to see a starting point for improving inclusivity and diversity within the emergency services sector. It might be a long journey to where we’d like it to be, but we have to start somewhere.”
CFS member and member of the LGBTIQA+ community.

People aged between 15-24

“Mental health matters and yet often it's not spoken about enough for first responders, the reality is that no-one likes the bad things they see in this field. As a young person I feel as though I will live with what I have seen for the rest of my life, the good, the bad and the ugly. By supporting our first responders we help to build a resilient and compassionate community within the emergency services sector, a sector where everyone can grow and teach, a sector where skills are passed down for generations. I believe this plan will allow this to happen.”

SES volunteer & Committee member.

Suicide is the leading cause of death for people aged 15-24 years old. Suicide attempts are also high within this population group. Developmental years can be particularly challenging and young people have fewer learnt coping skills when experiencing distress.

Some factors which may increase the risk of suicide for young people include; experiencing mental health concerns, being male, living in rural and remote areas, pressures around social, environmental, and economic changes, exposure to suicide attempts, trauma and identity issues and discrimination with being part of the LGBTIQA+ community.

Often young people face barriers to support due to embarrassment, uncertainty, concerns about breaking trust of a friend or feeling like the situation might get worse if they tell an adult. Early intervention and access to support can assist young people, including building resilience earlier can assist when facing adversities later in life.

With Our People recognizes that the ESS includes personnel in these age groups who are members, cadets, or family members of the ESS. The initiatives outlined in the plan highlight the significance of promoting youth mental health awareness, as well as providing training and support for leaders, young individuals, and their families.

Regional, Remote and Rural Communities

The suicide rate in regional, rural, and remote communities in Australia is 40% higher than those living within major cities. Within rural and remote populations, data demonstrates that men and young people are at increased risk of suicide. Within those population groups, Aboriginal and Torres Strait Islander people and those who work on the land in farming related occupations are overrepresented within suicide statistics. Factors which may increase suicide risk include limited access to support options, stigma related to accessing support for mental health concerns, concerns of confidentiality, increased access to means (firearms, chemicals), increased distress and financial pressures due to natural disasters, climate change and other events. In addition, discrimination for other priority groups is not uncommon (LGBTIQA+ communities, CALD communities etc.).

Living regionally or remotely also has many advantages such as higher levels of life satisfaction (compared to those in urban areas), interconnectedness with community members is also higher, along with community participation, volunteering, and community support. It is therefore important to consider the impact of grief and loss and the close connections between community members.

With Our People aims to ensure suicide prevention strategies in these locations are unique to the area and provide different approaches to those strategies in metropolitan areas. Therefore, the plans and programs need to adopt an approach which is flexible, accessible, and inclusive of the unique needs of regional and remote populations.



“I got involved in the With Our People committee to support the team establishing the plan, and represent Region 6 CFS volunteers, staff and wider community.” - CFS Member, Committee member.

16. With Our People Identified Actions

The plan's priority areas have been developed through South Australian community input and feedback, wisdom from those with lived experience, knowledge from subject matter experts in suicide prevention and mental health practice, current research and evidence-based practice. With Our People's priority areas are in alignment with the State's plan (for more information refer to section 8).

The following summarises the proposed actions for With Our People. A more detailed version is under development and will be available after further consultation.

Partner: Enable multisectoral and whole-of-community approaches to suicide prevention

Appointing a 'With Our People' Champion to embed the plan into the agencies.
Develop protocols for ESS personnel responding to suicides.
Provide timely, professional support through SPAM and MFS when responding to suicide or suicide-related distress.
Create a workplace toolkit for managing suicides or attempts within our agencies.
Promote and participate in key research opportunities for first responders.
Work with local health networks and agencies to strengthen support services across South Australia.

Respect: Promote social and emotional wellbeing and prevent and respond to suicide risk for South Australian Aboriginal and Torres Strait Islander peoples.

Increasing cultural awareness training for staff and volunteers.
Enhance Elder involvement at local key events statewide.
Boost representation at local Aboriginal and Torres Strait Islander events.
Provide external Aboriginal specific support services.
Co-design and collaborate on projects with Aboriginal and Torres Strait Islander peoples.
Integration of plans (Reconciliation Action Plan and With Our People)

Expand: Ensuring safe and inclusive communities.

Participate in LGBTQIA+ events
Provide training and offer tailored support services
Implement cadet programs with mental health training and develop resources for children of first responder's children
Celebrate cultural days and ensure access to culturally diverse support services
Provide accessible mental health services for those living with a disability

Prevent: Create compassionate, safe and resilient communities.

Highlighting key mental health dates
Commitment to safe and inclusive language for mental health
Expand leadership skills in supporting staff wellbeing within our agencies
Chief Executives and Chief Officers commitment to personnel wellbeing

Respond: Meeting the needs of people and communities when, and in the ways, they are needed.

Access to mental health and wellbeing training for staff and volunteers
Expanding mental health and initiatives and ensure support to access is clear and available to all
Providing training and strategies for operational staff to adopt during traumatic events, or when responding to the suicide death of a member of the public
Support for employees and volunteers post suicide, or attempted suicide
Equip frontline personnel with mental health support service information to be provided to members of the public

Review: Monitor and evaluate suicide prevention strategies and support evidence informed practice.

Regular review and reporting on of plan's progress
Development of robust data systems for emerging community of concern, providing faster access to support for staff and volunteers
Monitoring events and incidents for ongoing support and follow up
Implement feedback and evaluation systems to improve mental health programs and initiatives

17. Relationship to other policies, strategies and frameworks

With Our People compliments existing policies, procedures, strategies and frameworks held in ESS. With Our People further extends these efforts to ensure staff, volunteers, families of members and the South Australian community who have contact with the emergency services are involved and benefit from suicide prevention measures.

- With Our People aligns to the SAFECOM Mental Health and Wellbeing Strategy (2024-2027) and holds an important place in the strategy in developing mental health literacy, reducing stigma, providing training and education within suicide prevention.
- With Our People 'Extend' priority area is complimentary to the current ESS Diversity and Inclusion Action Plan 2021-2024 and provides an additional lens to suicide prevention within priority cohorts.
- With Our People provides clear actions in relation to increasing curiosity, learning understanding and co-design with Aboriginal and Torres Strait Islander People within our agency, in the hopes to reduce levels of suicide and suicide related distress. The integration of plans (With Our People and the South Australian Emergency Services Sector Reconciliation Action Plans) allow a cohesive approach to diversity, inclusion and suicide prevention.

18. Implementation, monitoring and reporting

Reducing suicides and suicide-related distress within the ESS necessitates the systematic adoption of the With Our People plan, and its associated actions. Initiatives within the plan will be adopted among ESS agencies through existing structures and the creation of new ones. Some of these implementation opportunities include;

- Appoint With Our People plan Champions: This ensures all agencies recognise the plan's importance, actively engage in its actions and results, and contribute feedback for future improvements.
- Integrate into existing plans, policies, and procedures: Promote the plan at various opportunities across the agencies.
- Embed actions from With Our People into departmental plans (e.g., RAP, Mental Health and Wellbeing Strategy): This ensures ESS remains accountable for their progress and plans remain aligned.
- Report to the SAFECOM Board annually: Ensure all agencies are aware of the progress towards the plan's actions and maintain ongoing oversight.
- Annual reporting to the Suicide Prevention Council: Provide updates on the overall progress of the plan.
- Embedded consultation and feedback opportunities: between the agencies and the plan champions will serve as a crucial link to identifying gaps, areas of improvement and successes within the plan.

19. Glossary and Definitions

Term/Abbreviation	Brief Description
SAFECOM	South Australian Fire and Emergency Commission
CFS	South Australian Country Fire Service
SES	South Australian State Emergency Service
MFS	South Australian Metropolitan Fire Service
VMR	Volunteer Marine Rescue
Emergency Services Sector (ESS)	Encompasses the following agencies: SAFECOM, CFS, SES, MFS.
LGBTIQA+	An abbreviation for lesbian, gay, bisexual, transgender, queer, intersex, asexual and other. The + represents other sexual identities, gender, and orientations
Suicide related distress	Suicide related distress refers to a person experiencing thoughts of ending their own life. These can be varying from a pre-occupation with wanting to die, to fleeting thoughts. Not all suicidal thoughts will lead to suicide attempts, however these should always be taken seriously.
Stigma	A set of beliefs, attitudes and stereotypes which can marginalise, isolate and discriminate people
Lived Experience	A collective term for those people who have lived or living experience of suicide, those who have experienced thoughts of suicide, survived a suicide attempt, or cared for someone through a suicidal crisis, been bereaved or have lost a loved one who has died by suicide
Priority Groups/Priority Populations	Groups of people who are identified with having higher rates of suicide and require more focused support to reduce risk.
Postvention	An organised immediate short-long term response in the aftermath of a suicide to assist healing and mitigate the exposure to suicide

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