

What does good suicide aftercare look like?

Beyond Blue has identified the key features of what good aftercare looks like. We hope this will help inform the Commonwealth's design (with states and territories, the sector and people with lived experience) of:

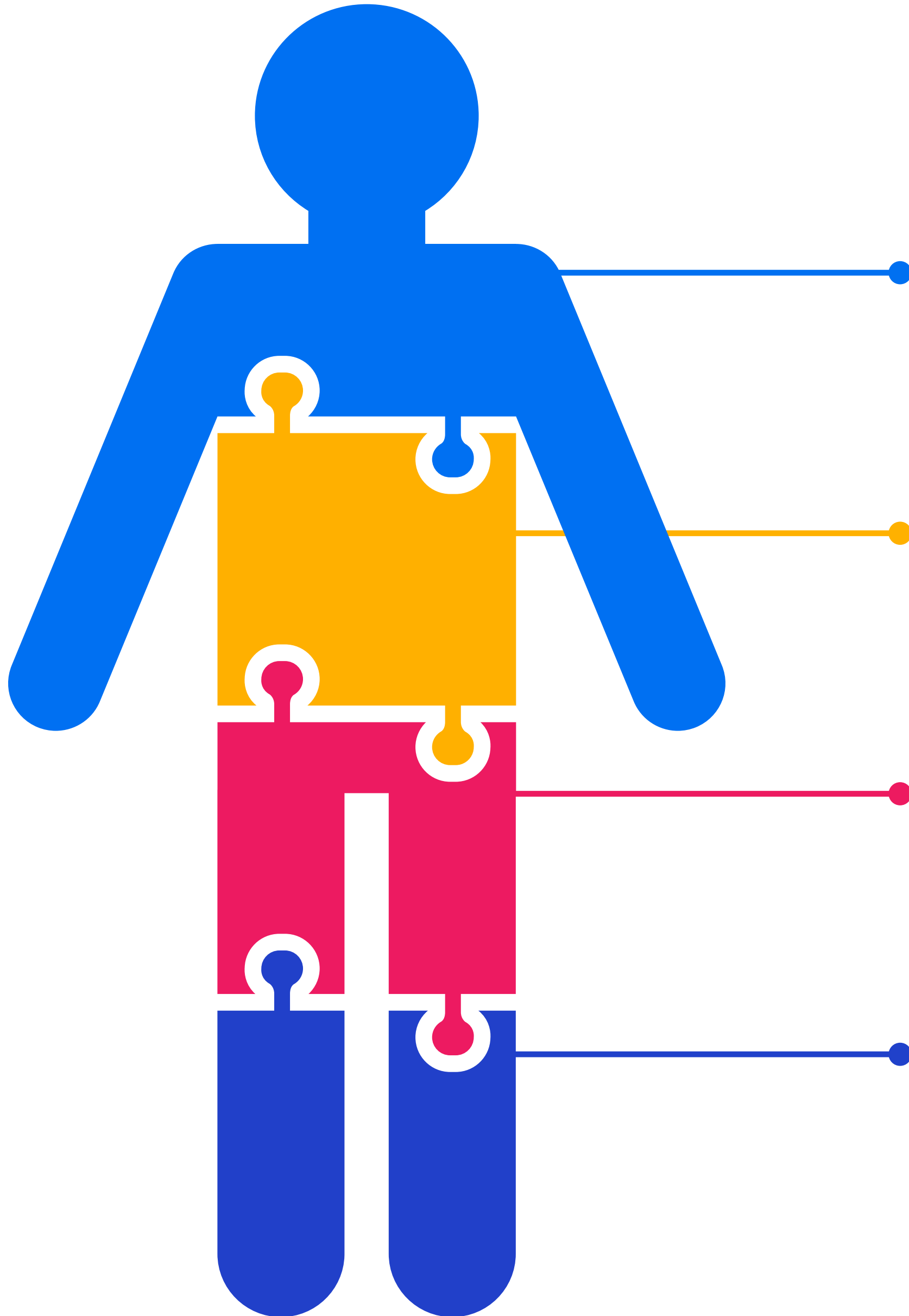
- A service model
- Implementation and evaluation plan for universal aftercare
- Negotiation of multilateral/bilateral agreements for co-funding.

We have identified four design principles that in our view must inform the development, implementation and measurement of universal aftercare in Australia.

These design principles will help to ensure that everyone who experiences suicidal crisis has access to care that is compassionate, effective and tailored to their needs.

This advice is based on the evidence and real-world experience of the trial and subsequent expansion of The Way Back Support Service (The Way Back) and several independent evaluations, including the findings from the interim evaluation of the national roll-out of The Way Back, conducted by the Nous Group.

These principles are not exhaustive and will evolve as evidence emerges from the final evaluation of The Way Back national roll out, additional research, service delivery and the experiences of people who are supported by aftercare.



Design principles of good aftercare

1

Good aftercare is **assertive, person-centered and trauma informed**. Aftercare should be designed by the person, for the person, and help build their capacity to manage their distress, and increase social connectedness.

2

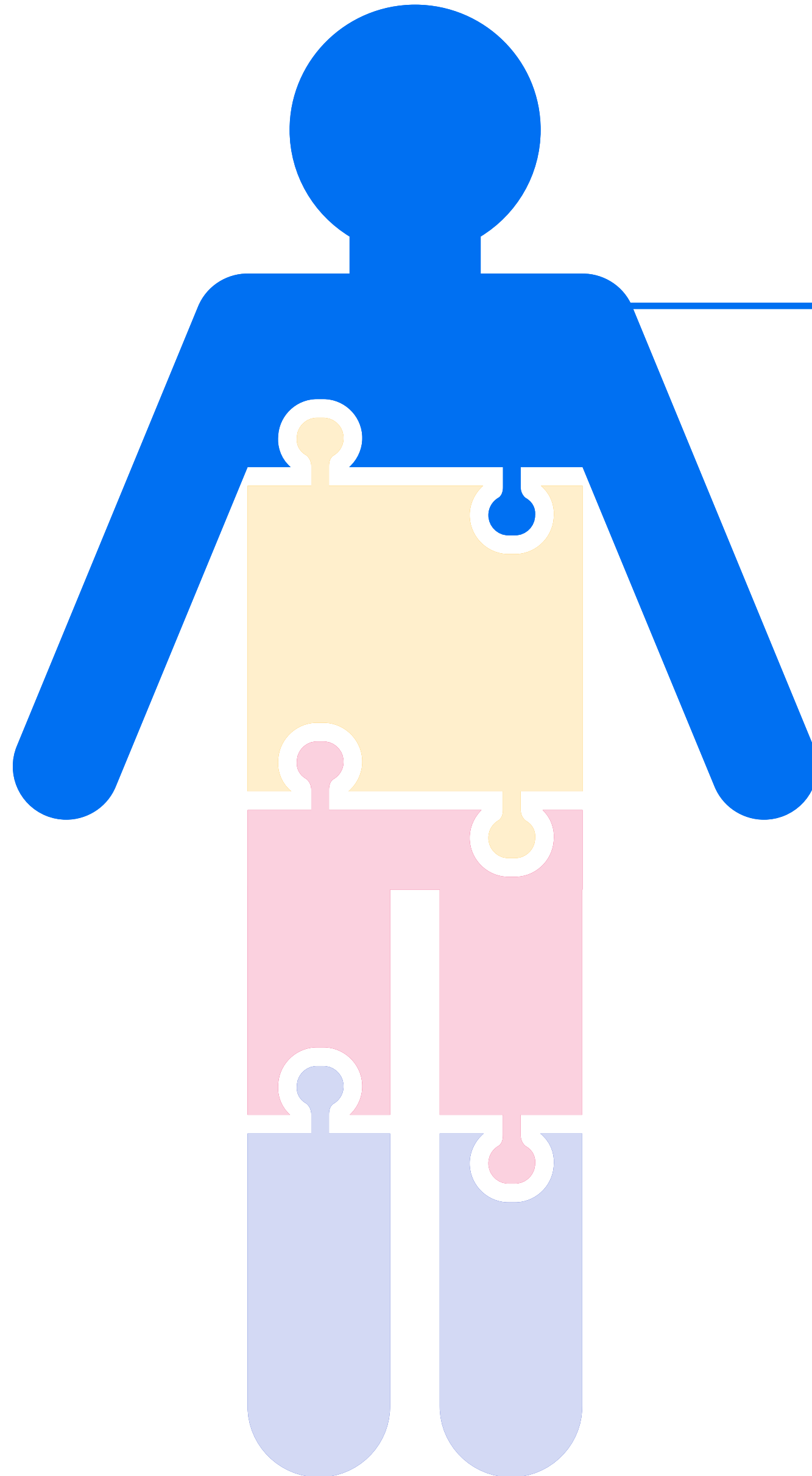
Good aftercare is **integrated** into the health care and broader community service system to support continuity of care for the person experiencing suicidality, and their families/carers.

3

Good aftercare is **adaptive** to local circumstances and is **culturally safe**.

4

Good aftercare must be **evidence-informed** and foster learning.



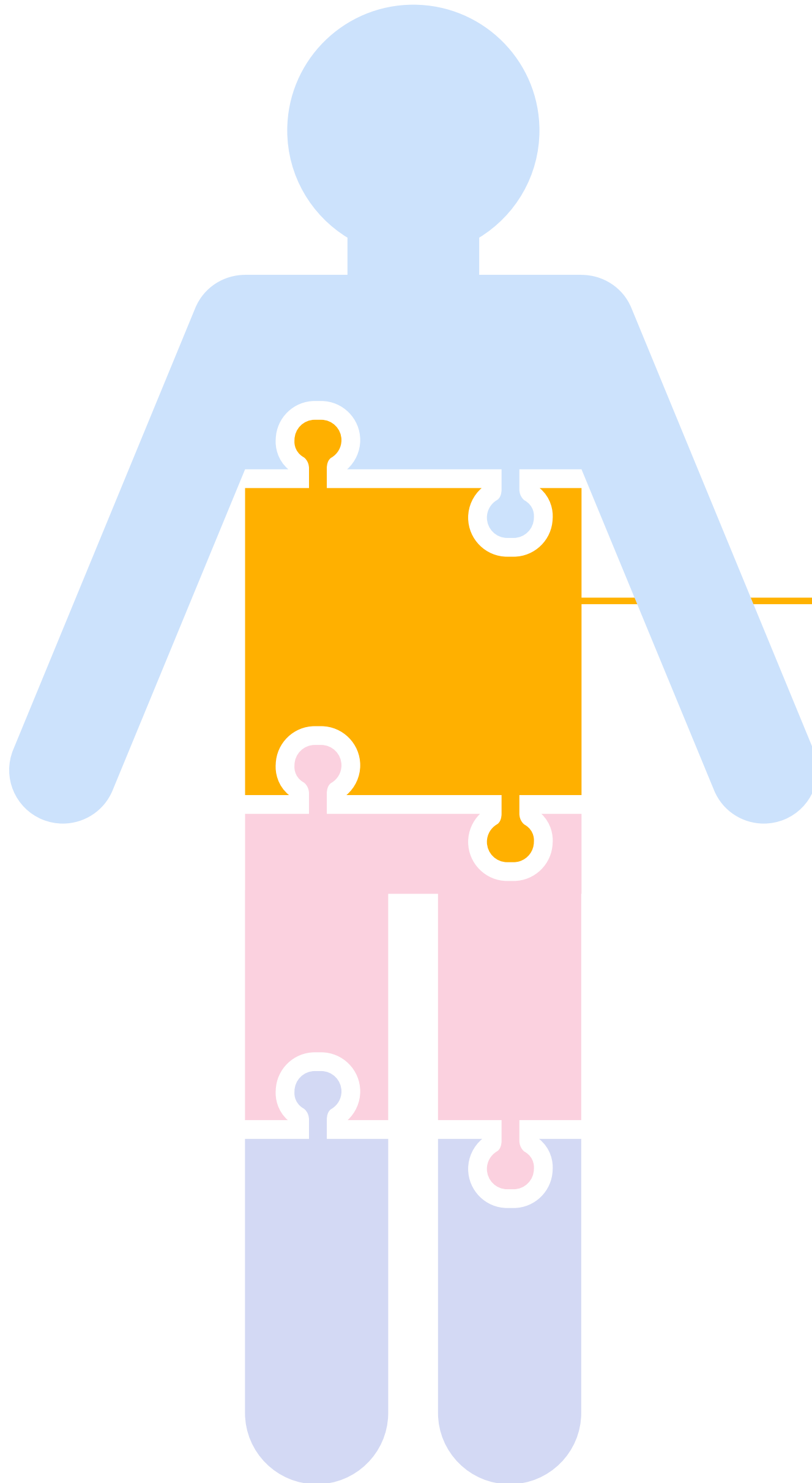
Design principles of good aftercare

1

Good aftercare is assertive, person-centered and trauma informed. Aftercare should be designed by the person, for the person, and help build their capacity to manage their distress, and increase social connectedness.

What does it involve?

- Immediate and assertive follow-up by the support coordinator after the person is discharged from hospital or other health setting, within 24 hours, seven days/week.
- A personalised, accessible and shareable safety plan is developed.
- A trusting, one-to-one relationship between the person and their support coordinator, with the support coordinator encouraging and motivating the person to adhere to a treatment plan, their safety plan and social/community supports. Feeling 'seen and heard' and being empowered to identify strengths, are important for recovery.
- Ongoing collaborative risk management and safety planning with the support coordinator.
- Provision of problem-solving/solution-focused counseling with links to practical supports and services to address issues in a person's life, such as housing, finances, relationships – so that the circumstances that contribute to the suicide attempt are addressed.
- Trauma-informed care, to bring a holistic approach to the person's recovery that recognises the impact of trauma (such as the experience of suicidal behaviour) on their emotional, psychological and social wellbeing, and help them rebuild a sense of control and empowerment.
- Focuses on an increase in social connectedness and links to supportive networks (families, friends, peers, carers).



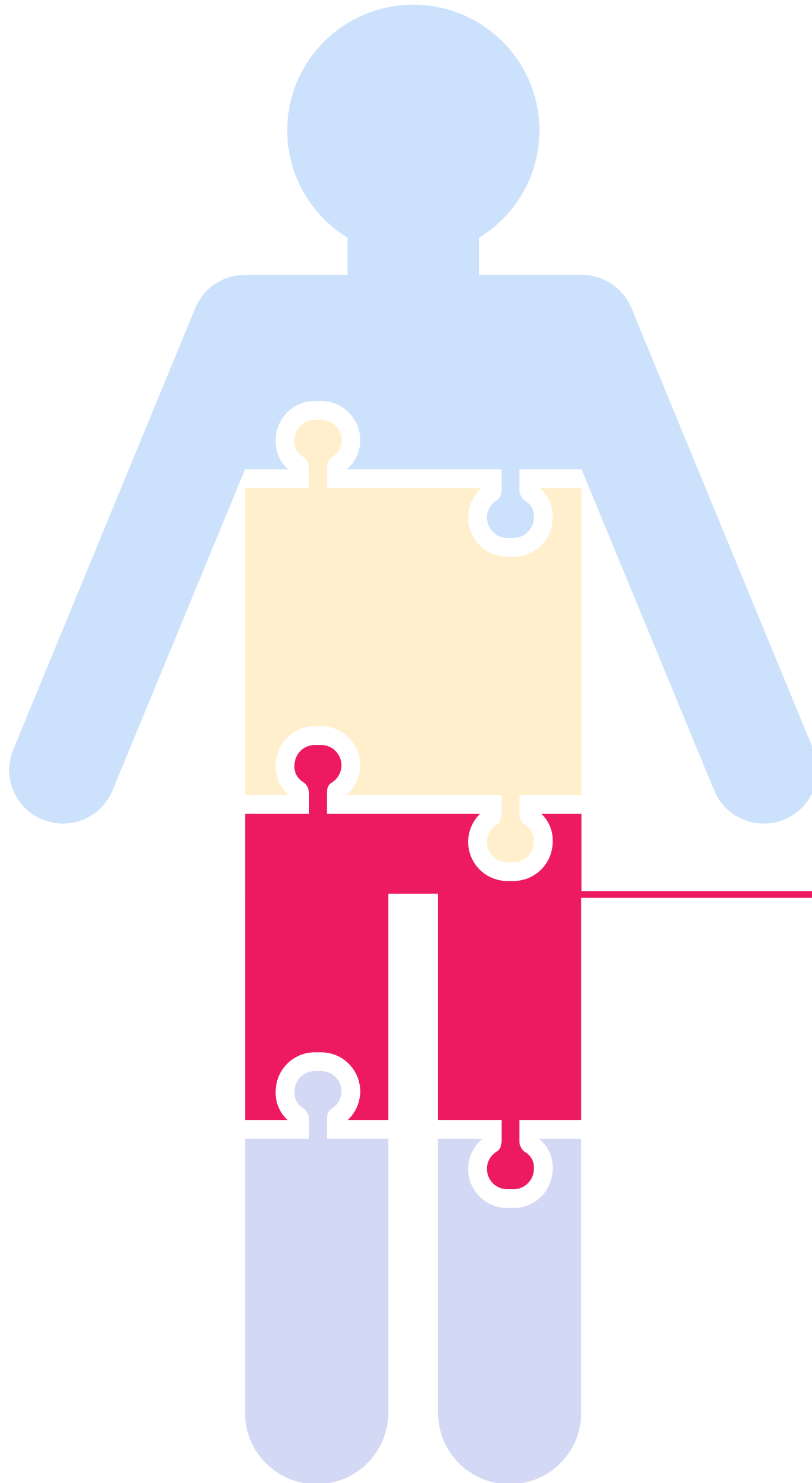
Design principles of good aftercare

2

Good aftercare is **integrated** into the health care and broader community service systems. This enables continuity of multidisciplinary care for the person experiencing suicidal thoughts, their family/support network and escalation pathways.

What does it involve?

- Multiple referral pathways that integrate with existing services and systems, such as hospitals, community mental health, housing and financial support.
- A trained suicide prevention workforce that can deliver best practice aftercare.
- Building and supporting the lived experience workforce.
- Clear governance, funding and data collection arrangements between commissioning organisations, service providers and funding bodies.



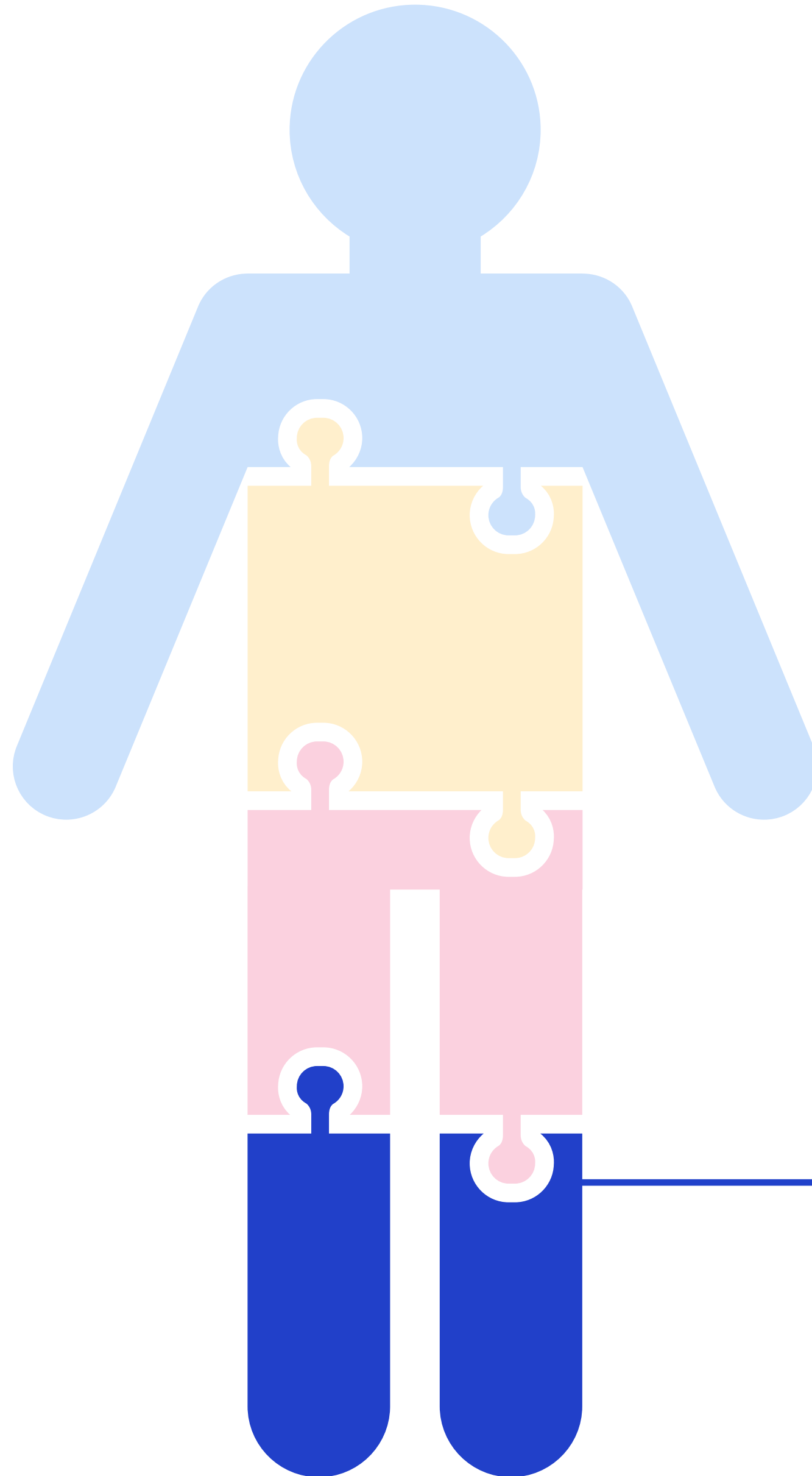
Design principles of good aftercare

3

Good aftercare is **adaptive** to local circumstances and is **culturally safe**.

What does it involve?

- Flexibility to adapt the service offering to meet local circumstances and match community need, within the scope of model specifications.
- Culturally safe services specifically for Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse ('CALD') communities.
- Competent and non-discriminatory care for LGBTIQ+ people.



Design principles of good aftercare

4

Good aftercare must be **based on evidence and able to routinely measure outcomes and foster learning.**

What does it involve?

- Quality data systems that are built into service design and implementation and facilitate service monitoring. Using existing and integrated data systems enables continual development, adaptive management and quality improvement of the service model and monitoring of client outcomes.
- The use of clinically validated outcome measures that track a person's psychological distress, suicidality, social connections and wellbeing throughout their time in the service, as well as afterwards with routine follow-up.
- Robust, independent and transparent evaluation activity.
- Knowledge translation that shares learnings with the sector and transforms findings into practice.
- A supportive continuous learning culture for staff.