New suicide prevention trial sites in rural Australia

The National Rural Health Alliance today welcomed the Australian Government’s announcement of four new suicide prevention trial sites in rural and remote Australia.

Alliance CEO, David Butt, said, “This focus on rural and remote Australia, where we know that suicide rates can be much higher than in the city, gives the opportunity for local communities to work together on developing local solutions which work in preventing suicides and suicide attempts.

“We know that the rate of mental illness in rural and remote Australia is nearly identical to that in major cities, but the impact is much worse in country areas. The rate of suicide in remote and very remote Australia is almost double the rate in major cities.

“In rural and remote communities mental health services are often limited with far poorer access to specialised services.

“The impact of suicide or attempted suicide is far reaching, particularly in small close-knit communities where, for every member of the community, it can be a personal loss.

“The Alliance supports the establishment of trial sites at a local level where communities can work together to develop models which respond to local circumstances – and those circumstances can vary greatly between communities.

In 2016, the Government committed $192 million to strengthen mental health care and suicide prevention. The announcement of these four trial sites builds on the eight existing trial sites, some of which are in rural areas and others based in the city.

The new sites will be located in Darwin, Central Queensland, Western New South Wales and Mid-West Western Australia.

The National Rural Health Alliance is pleased that the funding for these trial sites will be administered by local Primary Health Networks.

“PHNs are best placed to manage these trials given their local knowledge and relationships with local communities. It will be vital that all suicide prevention activities are informed by the needs of communities – there is no one-size fits all approach.
“We would encourage PHNs to use these additional resources as leverage to be leaders and catalysts in developing local responses. That means engaging health and community service providers – public, private and not-for-profit. It also means engaging the broader community – organisations and individuals from local government, education, employment, social services, employers, clubs and community groups.

“In particular it means engaging and co-designing models that work with people with lived experience, their families and other support people.

“That way we can ensure that these additional suicide prevention trial sites are a step towards ensuring better support for people at risk of suicide.”

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