

Accountability framework

**Victorian suicide
prevention and
response strategy
2024-2034**





To receive this document in another format, email the [Suicide Prevention and Response Office](mailto:suicide.prevention@health.vic.gov.au) <suicide.prevention@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

ISBN 978-1-76131-604-3 (pdf/online/MS word)

Available at [Suicide Prevention in Victoria](https://www.health.vic.gov.au/prevention-and-promotion/suicide-prevention-in-victoria) <<https://www.health.vic.gov.au/prevention-and-promotion/suicide-prevention-in-victoria>>

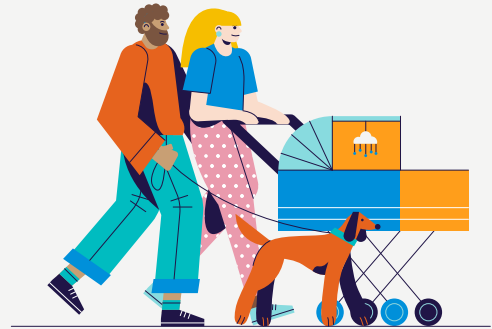
If you need help

No one needs to face their problems alone. If you or a person you support needs help, the following services are available:

- If you are in a situation that is harmful or life-threatening, contact emergency services immediately on Triple Zero (000).
- If you are not in immediate danger but you need help, call NURSE-ON-CALL on [1300 60 60 24](tel:1300606024).
- For crisis support, call Lifeline on [13 11 14](tel:131114) or visit the [Lifeline website](https://www.lifeline.org.au) <<https://www.lifeline.org.au>>.
- For support to address distress or thoughts of suicide, call SuicideLine Victoria on [1300 651 251](tel:1300651251) or visit the [SuicideLine website](https://www.suicideline.org.au) <<https://www.suicideline.org.au>>. The Suicide Call Back Service is also available on [1300 659 467](tel:1300659467).
- For mental health support, call Beyond Blue on [1300 224 636](tel:1300224636) or visit the [Beyond Blue website](https://beyondblue.org.au) <<https://beyondblue.org.au>>.
- For Aboriginal and Torres Strait Islander people who need support, call Yarning Safe N Strong on [1800 959 563](tel:1800959563) or visit the [Victorian Aboriginal Health Service website](https://www.vahs.org.au/yarning-safenstrong) <<https://www.vahs.org.au/yarning-safenstrong>>.
- For crisis helpline support for Aboriginal and Torres Strait Islander people, call 13YARN ([13 32 16](tel:133216)) or visit [13YARN's website](https://www.13yarn.org.au) <<https://www.13yarn.org.au>>.
- To speak to an Aboriginal and Torres Strait Islander suicide postvention advocate, call the Thirrili postvention support line on [1800 805 801](tel:1800805801) or visit [Thirrili's website](https://thirrili.com.au) <<https://thirrili.com.au>>.
- For children and young people who need support, call Kids Helpline on [1800 551 800](tel:1800551800) or visit the [Kids Helpline website](https://kidshelpline.com.au) <<https://kidshelpline.com.au>>. Young people can also call headspace on [1800 650 890](tel:1800650890) or visit the [headspace website](https://headspace.org.au/our-services/ehespace) <<https://headspace.org.au/our-services/ehespace>>.
- For LGBTIQ+ people who need support, call Rainbow Door on [1800 729 367](tel:1800729367), text them on [0480 017 246](tel:0480017246) or [email Rainbow Door](mailto:support@rainbowdoor.org.au) <support@rainbowdoor.org.au>.
- If you are looking for a mental health service, visit the [Better Health Channel website](https://betterhealth.vic.gov.au) <<https://betterhealth.vic.gov.au>> or contact your local GP to find out about your options.
- For small business owners who need support, call the Partners in Wellbeing Helpline on [1300 375 330](tel:1300375330), or visit the [Partners in Wellbeing website](https://www.partnersinwellbeing.org.au/small-business-support) <<https://www.partnersinwellbeing.org.au/small-business-support>> for live chat, enquiries and referrals.
- For people living or recovering from addiction, call the Self Help Addiction Resource Centre (SHARC) family drug and gambling helpline on [1300 660 068](tel:1300660068), visit [SHARC's website](https://sharc.org.au) <sharc.org.au> or contact DirectLine on [1800 888 236](tel:1800888236).
- For veterans and ex-service people who need support, call Open Arms on [1800 011 046](tel:1800011046) or visit the [Open Arms' website](https://www.openarms.gov.au/get-support/counselling) <<https://www.openarms.gov.au/get-support/counselling>>.

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Acknowledgement

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia's First Peoples and the Traditional Owners and custodians of the land and water on which we live and work. We recognise that Aboriginal and Torres Strait Islander people in Victoria practise their lore, customs and languages and that they nurture Country through their deep spiritual and cultural connections and practices to land and water. We acknowledge Victoria's Aboriginal communities and culture and pay respect to Elders past and present.

We recognise the invaluable and ongoing contribution of Aboriginal people and communities to Victorian life and how this continues to enrich our society. We acknowledge the contributions of generations of Aboriginal leaders who have devoted themselves to protecting the rights of their people and communities. We recognise that sovereignty was never ceded.

We acknowledge that Aboriginal self-determination is a human right, and we commit to working in partnership with Aboriginal communities to advance self-determination and self-determined responses to prevent and respond to suicide.

It must be acknowledged that colonisation and establishing the State of Victoria has had long-lasting, far-reaching and intergenerational consequences, including the dispossession of Aboriginal people of their Country. The reality of colonisation involved establishing Victoria with the specific intent of excluding Aboriginal people and their

lore, cultures, customs and traditions, including through horrific violence perpetuated at the individual, societal and systemic levels. We recognise that this history, and the systems it gave rise to, continue to harm Aboriginal people and communities today, including in contributing to trauma, distress and deaths by suicide.

We acknowledge that Victoria's Treaty process will provide a framework for transferring decision-making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal people living in Victoria.

The State of Victoria is committed to continued work with Traditional Owners and Aboriginal people living in Victoria as equal partners on this journey. It is important for government not to pre-empt what may be in a Treaty – instead, we must listen to the

aspirations and outcomes of the treaty-making process, and work together to deliver a Treaty that will benefit all Victorians.

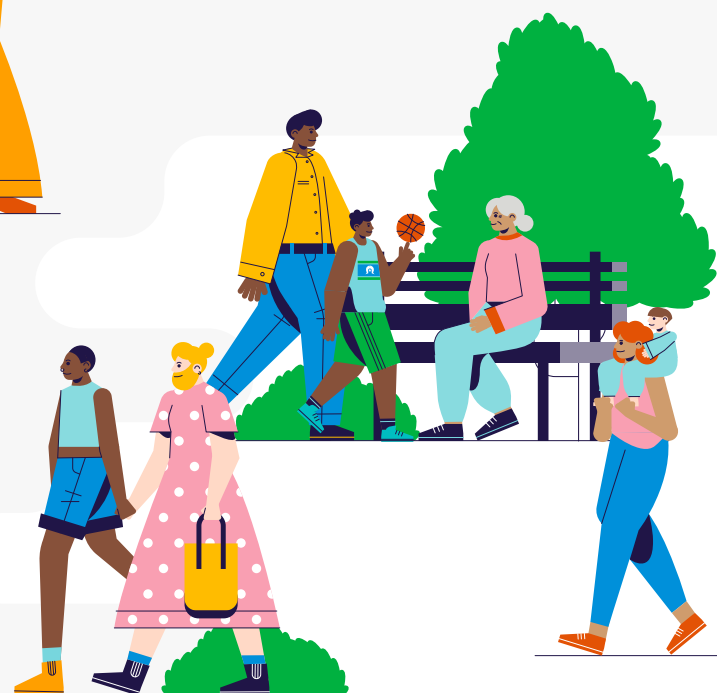
Despite the far-reaching and long-lasting impacts of colonisation on Aboriginal communities, Aboriginal people remain resilient. We acknowledge the strong connection of Aboriginal people and communities to Country, culture and community, and that this connection is central to positive mental health and wellbeing.

We are committed to working with Aboriginal communities to embed cultural responses and acknowledge Aboriginal ways of knowing, being and doing.

Recognition of lived and living experience



We acknowledge people with lived and living experience, including everyone who contributed to developing the *Victorian suicide prevention and response strategy 2024–2034* and its supporting documents. We deeply appreciate your knowledge and expertise and thank you for partnering with us to achieve system transformation.



Language statement

We recognise the diversity of Aboriginal and Torres Strait Islander people living throughout Victoria. While the terms 'Koorie' or 'Koori' are commonly used to describe Aboriginal people of southeast Australia, we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent or identity who are living in Victoria.

Unless otherwise specified, the words 'our' and 'we' used throughout this document refer to the Victorian Government.

Why we need an accountability framework



Overview

In its final report, the Royal Commission into Victoria’s Mental Health System recommended developing a new suicide prevention and response strategy accompanied by several documents (recommendation 26.2.b).¹ These documents included rolling implementation plan and an accountability framework that would assign actions to departments and agencies across government. The Victorian Government committed to implementing all Royal Commission recommendations.

The *Victorian suicide prevention and response strategy 2024–2034* was developed through broad community engagement. It aims to address the range of complex and interrelated factors that contribute to suicide and enhance those factors that protect against it. Our vision for ‘All Victorians working together to reduce suicide’ states simply the need for a different approach to preventing and responding to suicide – one that recognises that we all have a role to play in addressing this significant public health issue.

The accountability framework aims to support, monitor, promote and assess the progress of the strategy, demonstrating that the strategy has appropriate accountability mechanisms and that decisions are evidence-informed and made with integrity. In line with the *Mental health and wellbeing outcomes and performance framework*, the accountability framework contributes to a new culture of ‘shared responsibility

and accountability’. The goal of the accountability framework is to ensure the strategy is effective and that all partners are supported to achieve its objectives and deliver its outcomes.

The accountability framework continues the strategy’s whole-of-government and community-wide approach. It defines the roles and remit of government and its community partners, as well as the means to enable accountability across departments and agencies to deliver on the strategy. The framework also defines clear accountabilities (as well as the process for assigning accountability for initiatives within implementation plans), monitoring arrangements and review cycles.

The accountability framework aligns with, and reinforces, work already occurring across the Victorian Government. For example, monitoring and reporting activities under the framework align with *Pride in*

our future: Victoria’s LGBTIQ+ strategy 2022–32 and the *Mental health and wellbeing outcomes and performance framework*, which is our main mechanism for monitoring the impact of the mental health and wellbeing reform agenda on system outcomes and for holding the system to account for its performance.

This accountability framework does not operate in isolation. It should be read in conjunction with its supporting and enabling companion pieces – the *Victorian suicide prevention and response strategy 2024–2034*, the strategy’s implementation plans and the public reporting that will be developed as the strategy is implemented.

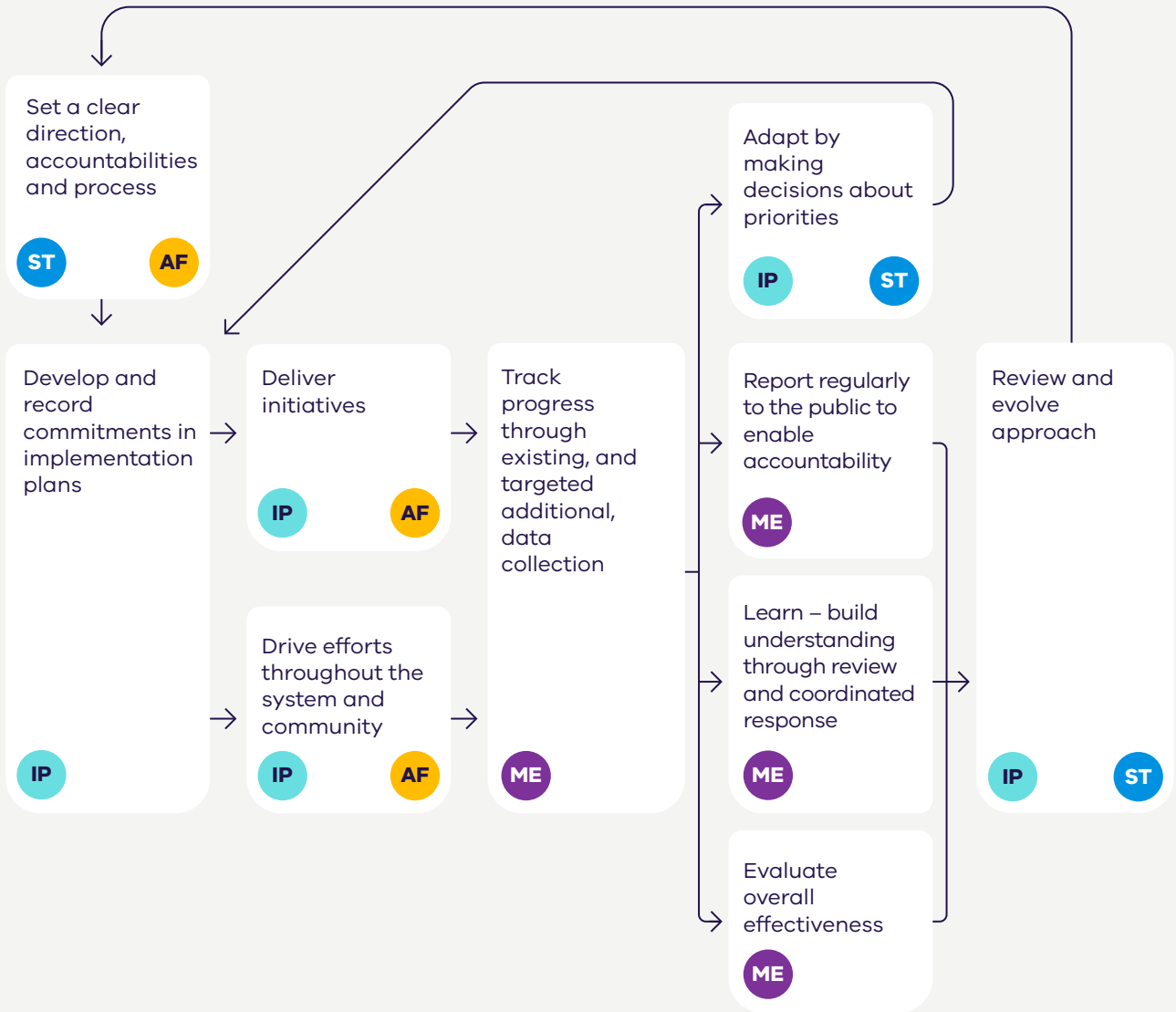
Together these documents communicate how we will prevent and respond to suicide in Victoria and how we are accountable for our actions and outcomes. Figure 1 shows how work will occur across the life of the strategy.

¹ Royal Commission into Victoria’s Mental Health System final report, vol 2, Table 17.4

Over the life of the strategy, the Victorian Government will act, monitor, review and learn



Figure 1: Work across the life of the strategy



ME RM Monitor and mitigate risks

AF Understand our roles

ST Strategy **AF** Accountability framework **IP** Implementation plans **RM** Risk management **ME** Monitoring and evaluation

Role of lived and living experience

While accountability is about what we are accountable for, it must also be about who we are accountable to. People with lived and living experience of suicide know and have shared the challenges and tragedy when systems fall short. These people include suicide attempt survivors; people living with suicidal thoughts and behaviours; families, carers and supporters of people living with suicidal ideation and suicidal distress; and people who have been bereaved by suicide.

We recognise the importance of delivering the strategy in a way that begins the long process of building trust from those with lived and living experience, who have too often been let down by the mental health and wellbeing and suicide prevention and response systems. Our commitment is to be accountable to those who are affected by suicide including:

- those we engaged with to develop the strategy
- those who have ongoing roles in consultation, oversight, governance and government structures
- the broader community.

Transparency, delivering on our promises and making meaningful change are essential to building trust. We recognise we are only at the beginning of that long journey.

The accountability framework builds on the co-design work of the strategy and continues our commitment to valuing and centring lived and living experience. We will embed lived and living experiences and expertise into systems, policies, programs, services, workforces and evidence and co-produce solutions together to help create a better tomorrow. We will engage meaningfully and collaboratively with our diverse communities and respond to the needs of individuals holistically. By continuously learning, listening and placing the individual, their community

and their supporters at the centre, and working with them (not *on* them), we can help ensure approaches are intersectional and past mistakes are not repeated.

We are committed to embedding lived and living experience perspectives and roles throughout this framework in the following ways:

- Lived and living experience representatives and the peer workforce have ongoing, defined roles and responsibilities in the system.
- Lived and living experience roles are embedded within the Victorian Government at different levels, including in leadership and decision-making functions.
- Lived and living experience representatives have a clear role in ongoing review and evaluation of the strategy and implementation planning cycles through the Suicide Prevention and Response Expert Advisory Committee.
- Public reporting enables the wider community of Victorians with lived and living

experience to understand progress and to hold the government and system to account.

As part of this commitment, we will support people with lived and living experience of suicide to provide their input sustainably and safely. We will ensure they are remunerated appropriately for their expertise. All activities outlined in the accountability framework will be accompanied by appropriate emotional, clinical, professional, financial and other supports to enable full participation.

The role of lived and living experience in the accountability framework will be reviewed regularly as further reforms build the Victorian Government's approach to embedding lived and living experience throughout its work and systems.



Aboriginal self-determination

Aboriginal self-determination is a human right, and Aboriginal people hold the knowledge and expertise about what is best for themselves, their families and their communities. Through this framework we reinforce our commitment to advancing self-determination and to supporting Aboriginal communities to self-determine approaches to prevent and respond to suicide.

How we developed the framework

The Suicide Prevention and Response Office developed the accountability framework in close collaboration with government, sector and community partners. Development included consultation with:

- colleagues from across the Mental Health and Wellbeing Division
- the Suicide Prevention and Response Victorian Secretaries' Board Subcommittee and the Suicide Prevention and Response Strategy Interdepartmental Committee, with representatives from the Department of Health, Department of Education, Department of Energy, Environment and Climate Action, Department of Families, Fairness and Housing, Department of Government Services, Department of Premier and Cabinet, Department of Jobs, Skills, Industry and Regions, Department of Justice and Community Safety, Department of Transport and Planning, Department of Treasury and Finance, Ambulance Victoria, Coroners Court of Victoria, Victoria Police and WorkSafe Victoria.
- the Suicide Prevention and Response Expert Advisory Committee, whose membership comprises sector and lived and living experience experts (including suicide attempt survivors; people living with suicidal thoughts and behaviours; families, carers and supporters of people living with suicidal ideation and suicidal distress; and people who have been bereaved by suicide).

We also used the findings and outcomes from the engagement process undertaken to develop the strategy.



Our roles, remits and accountabilities

The strategy takes a systems-based, community-wide and whole-of-government approach to suicide prevention and response.

This means that accountability for the strategy is owned by each of us and all of us simultaneously (Figure 2). This approach requires commitment and effort from all departments, agencies, funded services, communities and people with lived and living experience. Because the strategy will have a different impact for each person and role across government and the community, clear roles and accountabilities support us all to understand and deliver our work well.

This section builds on the roles described in the strategy and outlines:

- the role and remit of stakeholders across the community – the part everyone in the community and sector plays in delivering the strategy
- the accountabilities of government – how each entity is responsible for working together, in an integrated way, to deliver the objectives and outcomes of the strategy. As well as scoping, delivering, monitoring and evaluating relevant initiatives in the implementation plans.

Community-wide roles and remits

All Victorians have a role to play in delivering the strategy and reducing suicide and suicide-related stigma. Our roles in the community are shown in Table 1. Importantly, we all must undertake our roles in line with the strategy's principles, particularly in being place-based and community-focused, advancing Aboriginal self-determination and valuing lived and living experience.



Figure 2: Roles, remits and accountabilities for the strategy

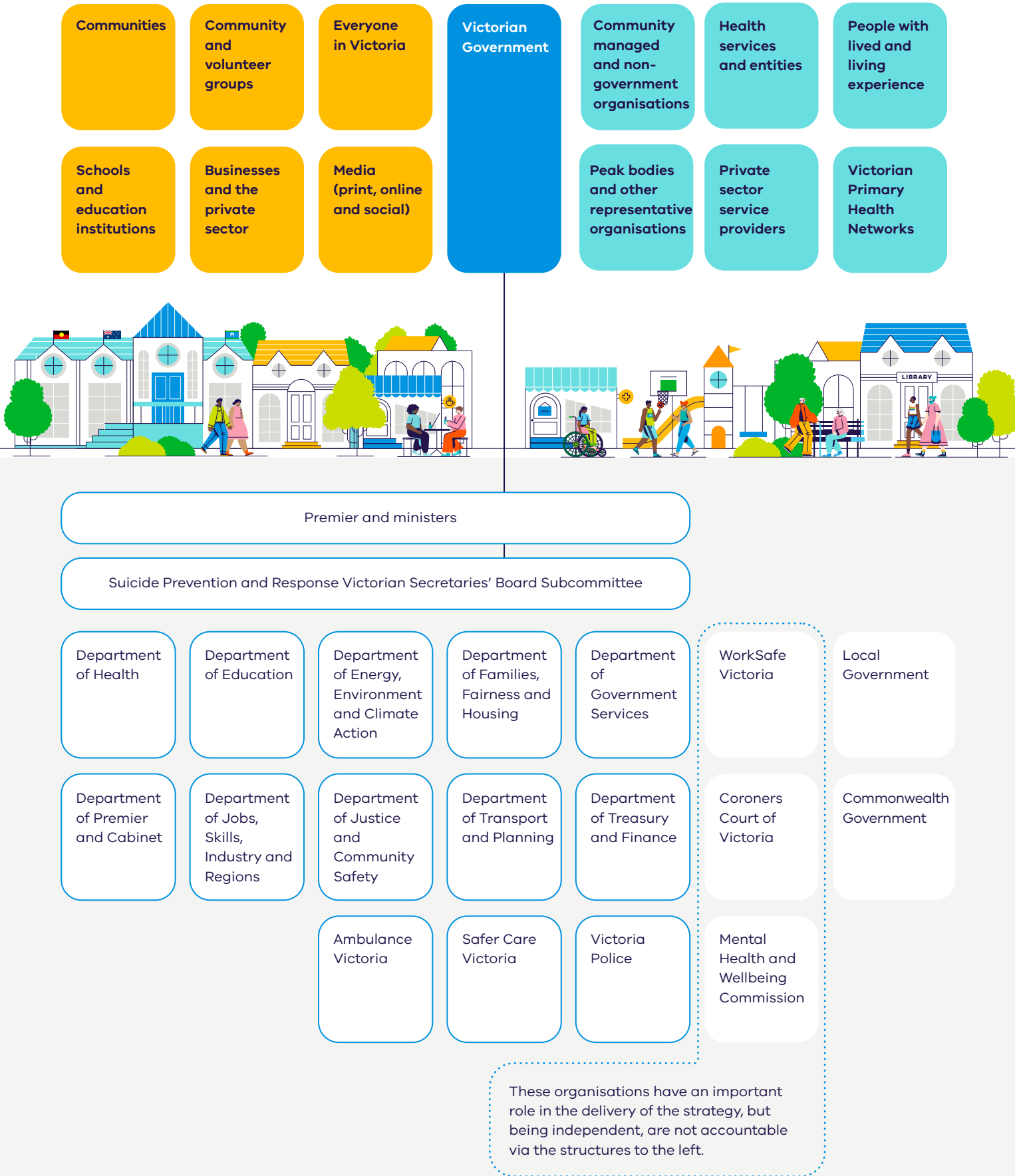


Table 1: Roles and remits across all stakeholders

Everyone in our community plays a role in ...

**Everyone in Victoria
(individuals, families
and friends)**

- Building safe, secure and compassionate relationships to strengthen protective factors.
- Recognising distress and responding with respect and empathy and, where appropriate, encouraging help-seeking.
- Reducing stigma associated with suicide through safe and open conversations.

Communities

- Being safe, inclusive and welcoming to all and supporting each other within and across the many communities and groups in Victoria.
- Reducing suicide-related stigma and promoting mental health and wellbeing through safe and open conversations and trusted relationships.

**Community and
volunteer groups**

- Contributing to suicide prevention efforts by building safe, inclusive and welcoming groups (such as sporting clubs, libraries and cultural and/or faith groups) that seek to reduce stigma, promote good mental health and wellbeing, create social connection and build protective factors.
- Recognising distress and responding with respect and empathy.
- Where appropriate, encouraging help-seeking and supporting access to care, support and treatment while respecting choice and agency.

**Schools and
education institutions**

- Ensuring all schools, education and training settings are psychologically safe and supporting education and training that promotes mental health and wellbeing and supports suicide prevention and response efforts.
- Recognising distress and responding with respect and empathy.
- Where appropriate, encouraging help-seeking and supporting access to care, support and treatment while respecting choice and agency.
- Where appropriate to schools' and education institutions' responsibilities, implementing prevention, early intervention and postvention responses.

**Businesses and
the private sector**

- Ensuring all businesses and workplaces are psychologically safe and promote good mental health and wellbeing.
- Recognising distress and responding with respect and empathy.
- Where appropriate, encouraging help-seeking and supporting access to care, support and treatment while respecting choice and agency.

**Media
(print, online and social)**

- Increasing access to positive messaging including stories of healing, recovery and of help-seeking behaviours.
- Promoting services and supports across the suicide prevention and response continuum.
- Ensuring all reporting on suicide, self-harm and bereavement by suicide is safe and in line with best practice guidelines.



Table 1: Roles and remits across all stakeholders (continued)

Our sector will ...

Community managed and non-government organisations and networks

- Provide culturally safe, human rights-driven, person-centred support, care and treatment for all people, which deliver on contracted outcomes, including those focused on suicide prevention and response.
- Collaborate with government and other stakeholders, including sharing data.
- Respond to distress compassionately and in keeping with the principles of trauma-informed care.
- Reduce suicide-related stigma and build protective factors, including addressing the social determinants of health (such as social, health and economic support programs) and increasing social connection.
- Ensure people with a lived and living experience of suicide are well represented in the workforce at all levels, including leadership roles.

Health services and entities

- Provide culturally safe, human rights-driven, person-centred support, care and treatment for all people.
- Deliver early intervention, crisis response and aftercare programs and services in hospital, virtual and community settings.
- Respond to distress compassionately and in keeping with the principles of trauma-informed care.
- Ensure the wellbeing of their workforce.
- Provide accessible and timely access to mental health and wellbeing services.
- Ensure people with a lived and living experience of suicide are well represented in the workforce at all levels, including leadership roles.

People with lived and living experience

- In whatever ways suit each person’s interests, willingness and ability, continue to share experience and expertise to shape suicide prevention and response efforts, including providing leadership, advocacy, education, advisory and peer work.

Peak bodies and other representative organisations

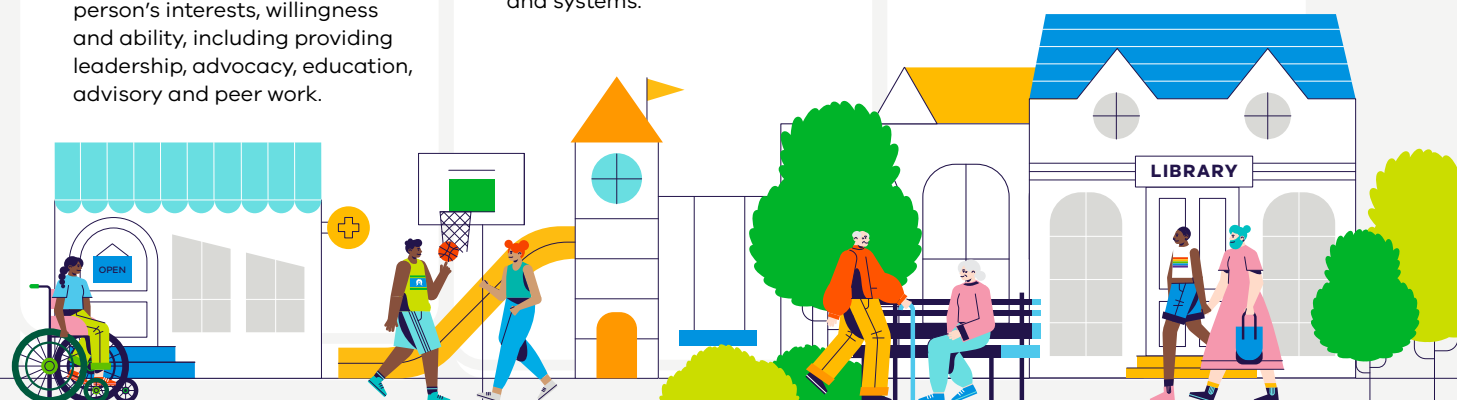
- Advocate and support strengthening suicide prevention and response efforts through engagement, collaboration and leadership across communities and systems.
- Support people with lived and living experiences to shape suicide prevention and response efforts in ways that suit each person’s interests, willingness and ability, including providing leadership, advocacy, education, advisory and peer work.

Private sector service providers

- Provide culturally safe, human rights-driven, person-centred support, care and treatment for all people.
- Respond to distress compassionately and in keeping with the principles of trauma-informed care.
- Provide accessible and timely access to mental health and wellbeing services.
- Collaborate with other services and systems.

Victorian Primary Health Networks

- Contribute to efforts across the suicide prevention and response continuum through delivering programs, services and approaches in partnership with the Victorian and Commonwealth Governments and local communities.
- Use their position as leaders in local communities and systems to reduce suicide-related stigma and drive whole-of-government and community-wide approaches to suicide prevention and response.
- Ensure people with a lived and living experience of suicide are well represented in the workforce at all levels, including leadership roles.



Whole-of-government accountabilities

This section of the framework outlines what each government entity is accountable for under the strategy. It first outlines accountability for the strategy, including our common and individual entity accountabilities. It then describes how accountability is assigned for each initiative. All accountabilities will be monitored and reported on, as outlined in the ‘Monitoring and reporting’ section.

Common accountability under the strategy

All government entities have a shared accountability – to contribute to a whole-of-government approach to suicide prevention and response.

This requires all of us to engage constructively in the strategy, implementation plans, accountability framework and strategy monitoring and evaluation and to consider our own responsibilities and influence in relation to suicide. We must work together in an integrated and collaborative way to deliver the strategy and achieve the best possible outcomes. The important characteristics of the common accountability are detailed in Box 1.

Victorian Government department and agency accountabilities

Accountability for specific objectives and priorities in the strategy come from the existing remits or initiatives of departments and agencies. These are outlined in Table 2.

Please note, Table 2 offers a snapshot of a point in time and is not intended to be an exhaustive list of the ways in which departmental and agency remits are connected to the strategy.



Box 1: Common accountability characteristics

- Strategic alignment – ensure all our work is aligned to the strategy’s vision and guided by the principles.
- Proactivity and commitment – contribute to and deliver objectives and initiatives, including leading work where agreed, and active participation in relevant governance and advisory structures.
- Collaborate and partner – support all strategy partners in their commitments, including through integrated responses, issue resolution, providing insight and advice, and linking related work.
- Data and information sharing – share data and information as agreed in our monitoring commitments, and proactively where we see value.
- Monitor, report and evaluate – contribute to strategy monitoring and reporting (including emerging or potential risks), evaluate initiatives under the strategy, wherever possible, and share the outcomes and insights of evaluation. Actively participate in broader evaluation and review activities.
- Continuous learning – engage in processes to support continuous learning and improvement, including reflective sessions and changes in ways of working.

Table 2: Department and agency accountabilities

Department/agency	Accountabilities
<p>Department of Health</p>	<ul style="list-style-type: none"> • As owner of the strategy, the Department of Health takes a leading role in accountability for the strategy. With support from all partners, this includes responsibility for: <ul style="list-style-type: none"> – planning, development and reporting for the strategy, implementation plans, accountability framework and monitoring and evaluation – revisions to the strategy and accompanying documents in response to emerging evidence, changes in policy, findings and recommendations made by the Yoorrook Justice Commission and Victoria’s Treaty negotiations – promoting the strategy across federal, state and local governments and communities, ensuring all partners understand roles and responsibilities – facilitating long-term and sustainable delivery of the strategy – using and presenting (in a timely and accessible way) available data, research and intelligence to maximise outcomes – working collaboratively with partners to maximise investments, policy decisions and outcomes and to resolve issues and mitigate risks – supporting relevant governance and advisory structures. • Embed the strategy and objectives in its work, including through implementing the <i>Mental Health and Wellbeing Act 2022</i>; <i>Diverse communities mental health and wellbeing framework and blueprint for action</i>; <i>Mental health workforce strategy and capability framework</i>; and <i>Wellbeing in Victoria: a strategy to promote good mental health</i>. • Lead objectives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including health, mental health, ageing and ambulance services.
<p>Department of Education</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through schools and key mental health reforms such as the Mental Health Practitioners initiative, Mental Health in Primary Schools, the Mental Health Fund and Menu and broader wellbeing supports for students and staff. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including early childhood and schools.
<p>Department of Energy, Environment and Climate Action</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including energy, environment, water, agriculture, forestry, resources, climate action and emergency management.

Department/agency	Accountabilities
<p>Department of Families, Fairness and Housing</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through <i>Building from strength: 10-year industry plan for family violence prevention and response</i>; <i>Family Safety Victoria strategic plan 2021–24</i>; <i>State disability plan 2022–26</i>; <i>Pride in our future: Victoria’s LGBTIQ+ strategy 2022–32</i>; <i>Korin Korin Balit-Djak</i>; <i>Strong carers, stronger children</i>; MARAM reforms; <i>Our promise, your future: Victoria’s youth strategy 2022–2027</i>; and <i>Victoria’s homelessness and rough sleeping action plan</i>. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including child protection, prevention of family violence, housing, disability, LGBTIQ+ equality, veterans, women and youth.
<p>Department of Government Services</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including digital government services and platforms, consumer affairs and local government.
<p>Department of Premier and Cabinet</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through implementing the Victorian Government <i>Self-determination reform framework</i>. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including multicultural affairs and Treaty and First Peoples.
<p>Department of Jobs, Skills, Industry and Regions</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including employment, industry, outdoor recreation, development, sport, tourism and events, trade and investment, training and skills.
<p>Department of Justice and Community Safety</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through implementing the <i>Correctional suicide prevention framework</i>; <i>Wirkara Kulpa</i>; and the <i>Youth justice strategic plan 2020–30</i>. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including justice, emergency management, casino gaming and liquor regulation, courts, police, racing and victims of crime.
<p>Department of Transport and Planning</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through implementing the <i>Transport personal safety strategy</i> and community campaigns. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including network safety.
<p>Department of Treasury and Finance</p>	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support.

Department/agency	Accountabilities
Ambulance Victoria	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through implementing the MARAM framework in work relating to Victorians impacted by family violence; working under Child Safety, Mental Status Assessment, Mental Health Conditions and Family Violence clinical practice guidelines; and supporting staff wellbeing through the <i>Mental health and wellbeing action plan 2022–25</i>, the Wellbeing and support services policy and related evidence-based initiatives to support the policy. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including ambulance services and capability, and response to people experiencing distress.
Safer Care Victoria	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its area of focus including helping health services to deliver better, safer healthcare.
Victoria Police	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including policing and capability, and response to people experiencing distress.
Coroners Court of Victoria	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through continuing to manage the Victorian Suicide Register and early identification of potential clusters through ongoing monitoring activity. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including deaths by suicide.
WorkSafe Victoria	<ul style="list-style-type: none"> • Embed the strategy and objectives in its own work, including through implementing its <i>Mental health strategy 2021–24</i> and the Occupational Health and Safety Amendment (Psychological Health) Regulations. • Lead objectives and initiatives it is accountable for (as outlined in implementation plans), drawing on partners for support. • Lead or support initiatives relating to its areas of focus including workplaces.
Mental Health and Wellbeing Commission	<ul style="list-style-type: none"> • Monitor the Victorian Government's progress in implementing the Royal Commission's recommendations. • Hold the Victorian Government to account for the performance, quality and safety of the mental health and wellbeing system as well as suicide prevention and response efforts.

Government-wide governance and advisory structures can also help elevate accountability for suicide prevention and response outcomes across government. Suicide prevention and response efforts in Victoria are supported by a range of whole-of-government governance and advisory mechanisms. These support and enable collaboration on implementation, monitoring, reporting and continuous learning.

Other government accountabilities

All levels of government play an important role in preventing and responding to suicide. We cannot take a whole-of-government approach to suicide prevention and response without the support of the Commonwealth Government and local governments across Victoria.

Table 3: Other government accountabilities

	Accountabilities
Commonwealth Government	<ul style="list-style-type: none"> • Develop and implement a national approach to suicide prevention and response through partnerships and policies. • Partner with the Victorian Government to ensure suicide prevention and response efforts are coordinated, collaborative and deliver maximum benefit from investment. • Invest in programs and services focused on suicide prevention and response, such as those delivered through Primary Health Networks and general practitioners.
Local governments	<ul style="list-style-type: none"> • Directly connect and provide services to communities to build protective factors, social connections and support suicide prevention and response efforts locally.

Accountability for initiatives

The strategy will be supported by a series of implementation plans. These plans outline specific initiatives that support the strategy’s objectives. They will draw on work already planned by other stakeholders (for example, a related reform), and on new initiatives to be delivered under the strategy. Each initiative will have an accountable stakeholder such as a department, agency or service provider. Accountabilities for initiatives will be decided when developing implementation plans.

Lead stakeholders are accountable for delivering the initiative. While leads will have full support and collaboration from other strategy partners, they will drive the initiative, report on progress and be responsible for its outcomes. Lead stakeholders are accountable for not only delivering the initiative but for ensuring it is guided by the strategy’s principles as well as scoped and designed to best align to the original intent and rationale for being included in the implementation plan. Lead stakeholders will be identified based on the origin of the initiative, the

primary responsibility holder of the in-scope activities (for example, reforms to an existing program run by a particular department) and the funding source. Where necessary, agreement may be sought via the Suicide Prevention and Response Victorian Secretaries’ Board Subcommittee.

Supporting stakeholders have defined roles or interests in an initiative. They will collaborate with and support the lead stakeholder to ensure successful, fit-for-purpose implementation and delivery. Supporting agencies will be identified primarily based on connections with existing activities.

Case study

Delivering the *Zero suicide framework*

The strategy includes *Priority area 3: Build and support a compassionate, trauma-informed workforce, strengthened by lived and living experience*, and within it the objective to *Support improved suicide prevention and response capability across clinical and non-clinical staff working in mental health and wellbeing services*. The Department of Health is accountable for these.

The Royal Commission highlighted in its recommendations that “There is scope to trial the implementation of the *Zero suicide framework* in more health services across Victoria. Rollout of the framework includes workforce training, which will complement the broader

suicide prevention and response workforce training recommended by the Commission. The Commission expects that health services will be supported to implement the *Zero suicide framework*, with support provided by the Mental Health Improvement Unit within Safer Care Victoria” (p.499, vol. 2).

To deliver this work, the first implementation plan includes the initiative *Support Victorian healthcare services to adopt the Zero suicide framework, beginning with Mental Health and Wellbeing Services*. Safer Care Victoria is partnering with healthcare services to drive and deliver this initiative.

The Department of Health remains accountable for delivering the overall objective across the strategy’s life and

will work closely with Safer Care Victoria to ensure the initiative remains true to the intention of the objective. The Department of Health will also act as a supporting stakeholder during delivery of the initiative due to its role as steward of the mental health and wellbeing system.

Safer Care Victoria have undertaken scoping and planning for the initiative with input from the Department of Health and have commenced implementation of the framework in partnership with several services. Throughout delivery, Safer Care Victoria will monitor and report in keeping with the processes under ‘Monitoring and reporting’. The accountabilities are summarised in Table 4.

Table 4: Example of accountabilities

Level	Description	Accountable department/ agency	Outlined in
Initiative	Support Victorian healthcare services to adopt the Zero suicide framework, beginning with Mental Health and Wellbeing Services	Safer Care Victoria, Department of Health in collaborative partnership with Victorian healthcare services	Implementation plan
Objective	Support improved suicide prevention and response capability across clinical and non-clinical staff working in mental health and wellbeing services	Department of Health	Strategy
Priority area	Build and support a compassionate, trauma-informed workforce, strengthened by lived and living experience	Department of Health	Strategy

Monitoring and reporting



Monitoring and reporting on progress keeps all stakeholders accountable and allows continuous learning. It supports transparency and sharing of information, which can build trust and strengthen engagement with people with lived and living experience, as well as groups disproportionately affected by suicide.

We will monitor and report on the delivery of initiatives, as well as the effectiveness and impact at key points and at the conclusion of the strategy. To minimise the burden placed on strategy partners, strategy monitoring and reporting activities will leverage and align with existing data gathering, monitoring and reporting activities (including evaluation activities and risk monitoring).

Monitoring and data gathering

Strategy partners will collect and provide data for their accountabilities to the Department of Health as owner of the strategy.

Data gathering and sharing will:

- be resourceful, leveraging existing reporting (for example, reuse reporting from delivery partners about their actions to deliver on the strategy's objectives, reporting from engagement with people with lived and living experience, families and carers and communities to assess implementation and effectiveness)
- be targeted, to gather useful information without creating undue burden
- be embedded in existing systems or data collection activities, ensuring data is gathered often and in useable formats

- be timely, to ensure data can be used to inform monitoring and reporting.

Overall monitoring of strategy implementation will include gathering data about short-, medium- and long-term outcomes using various indicators aligned to existing performance and outcome frameworks. To monitor accountability, strategy partners will need to provide data on inputs and outputs including:

- description of key inputs over the monitoring period, in line with accountabilities
- description of key outputs over the monitoring period, in line with accountabilities
- commentary explaining the key drivers behind any significant variation
- description of any current and emerging risks and responses.

Risk monitoring and management

Identifying, mitigating and monitoring risks is critical to ensuring accountability. In a shared, whole-of-government strategy, risk can arise from, be managed by and have consequences for all partners. The strategy is supported by an approach that enables risk management across all government partners and aligns with the Victorian Government's *Risk management framework* and the Department of Health's risk management practices. The approach helps identify and analyse risks to delivering the strategy and associated initiatives and mitigation strategies for managing those risks.

Evaluation approach

Evaluating the effectiveness and outcomes of the strategy is as important as tracking implementation progress.

Strategy evaluation, like all parts of the strategy, will be underpinned by the 8 principles detailed in the strategy. Evaluation will include a mix of:

- initiative or program evaluations to build the evidence base about what works in suicide prevention and response, assess progress and understand impacts
- regular evaluation with a developmental focus to understand progress towards outcomes in the short and medium term
- system or strategy-level evaluation to understand the effectiveness of the strategy as a whole in achieving outcomes over the course of 10 years.

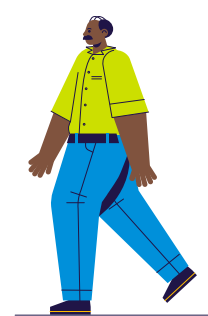
As a whole-of-government strategy, the monitoring and evaluation of outcomes will align with other related outcomes frameworks including the *Mental health and wellbeing outcomes and performance framework*. Aligning the strategy with the government's broader outcomes frameworks will help build accountability and support in delivering efficient and effective action.

Reporting and engagement

Reporting ensures members of strategy governance, delivery partners and the public are appropriately informed. However, reporting can be burdensome and divert resources from delivering initiatives. Public engagement is also an important means to communicate and maintain accountability.

In line with other whole-of-Victorian Government strategies, the *Victorian suicide prevention and response strategy 2024–2034* will be publicly reported on annually. Depending on the phase of the strategy, reporting may look slightly different. For example, the first annual report will focus on what has been achieved in the first year and how progress is being made in establishing the foundations for a whole-of-government and community-wide approach. In the third year, the annual report will likely focus on what was achieved under the first implementation plan and explore the focus of the second implementation plan.

Appropriate public engagement will accompany each reporting cycle to provide an opportunity to hear directly from the community and sectors and to shape ongoing planning and implementation.



Review and revision



To deliver on our commitments and ensure the strategy remains on track to achieve its vision, we must be responsive and adaptive to changes in the system, in our communities and across sectors. We must continuously learn from implementation and lived and living experience and Aboriginal voices.

The strategy and its accompanying documents will be subject to review and amendment based on the:

- outcomes of the Balit Durn Durn Centre’s co-design work
- progress of Treaty negotiations in Victoria
- findings and recommendations of the Yoorrook Justice Commission.

Documents related to the strategy will also be adapted in line with broader reforms such as the significant reform of the mental health and wellbeing system currently underway. Advancements in data capabilities and linkage will also shape reviews of the accountability framework.

Implementation planning cycles provide a logical opportunity for shifts in priorities or ways of working. Governance mechanisms and ways of working in the accountability framework may also be reviewed when implementation plans are produced.

The Department of Health will lead the review of all strategy documents and will rely on the partnership of all departments and agencies, community and sector, expert advisory bodies and people with lived and living experience of having survived a suicide attempt, suicidal thoughts and behaviour, carers and families and supporters, and people who have been bereaved by suicide. Wherever possible, engagement will leverage and align with existing data gathering and activities. Figure 3 shows how the Victorian Government will deliver this learning and adaptation throughout strategy delivery.²

² Partially adapted from UN Sustainable Energy for All monitoring and accountability framework

Figure 3: Strategy review process

