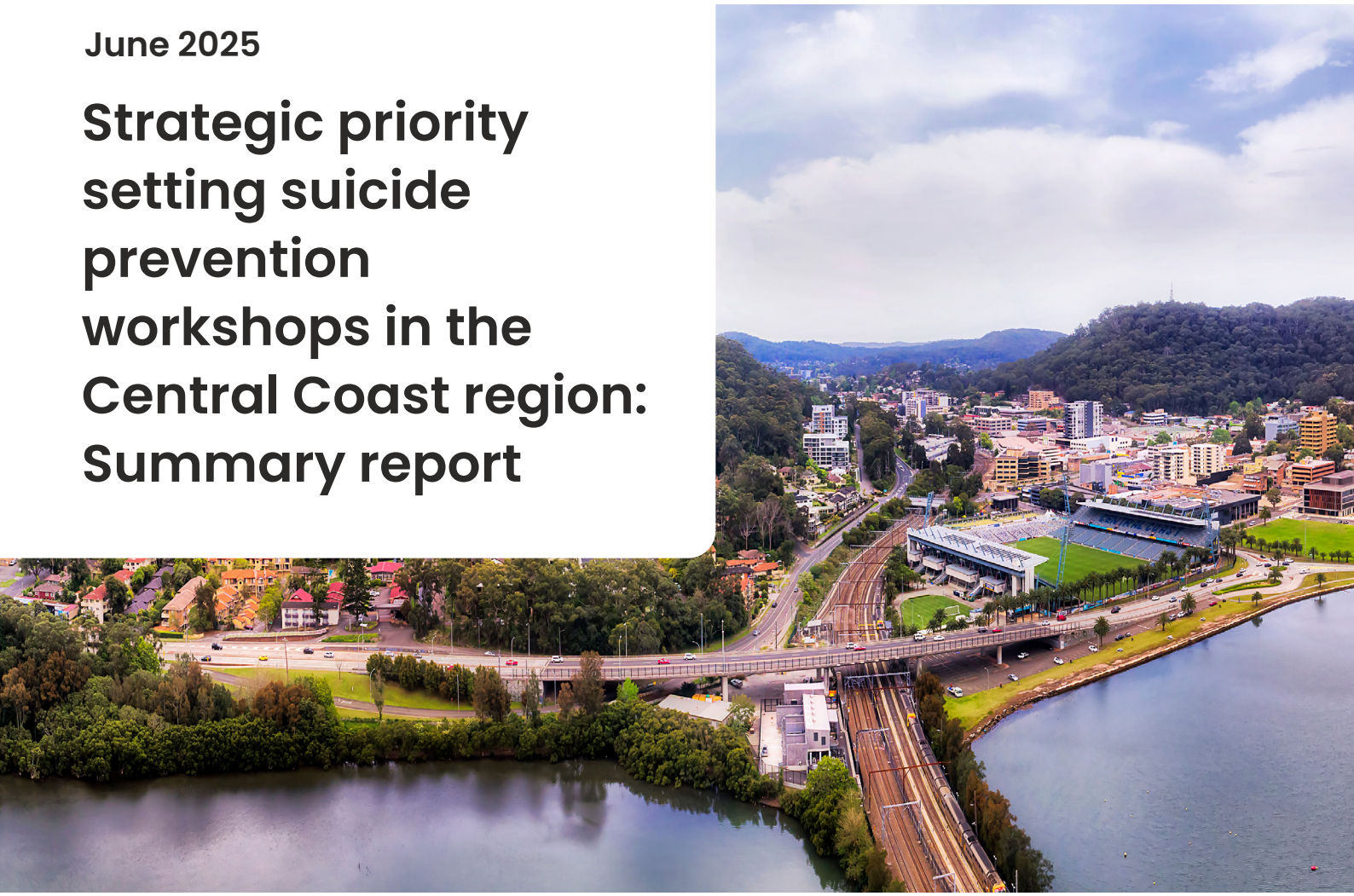
June 2025

Strategic priority setting suicide prevention workshops in the Central Coast region: Summary report



About this report

This report has been prepared for suicide prevention stakeholders in the Central Coast region and was developed by Everymind in partnership with Central Coast Local Health District and Hunter New England Central Coast Primary Health Network.

The report summarises the outcomes of two workshops held on the Central Coast – one at the Gosford Golf Club on 17 June 2025 and a second at Wyong Golf Club on 18 June 2025. In total, 61 people contributed to the workshop, including local service providers, people with lived and living experience, community members, families and friends, and service leaders. The outcomes of the workshops have been integrated into this summary report.

Acknowledgements

Everymind and our partners would like to acknowledge the Darkinjung people as the traditional owners of the land where this work was conducted, and pay respects to Elders past, present and emerging. Everymind also acknowledges the current and continuing contributions of the Darkinjung people to social and emotional wellbeing and suicide prevention.

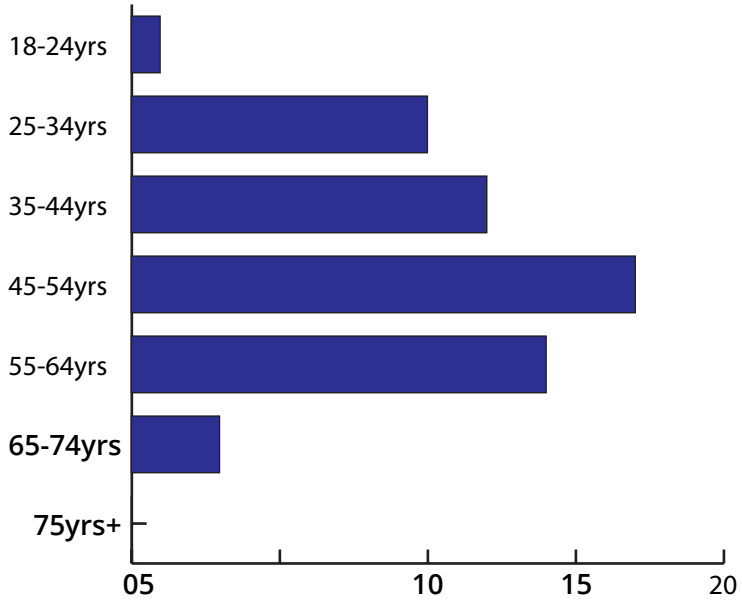
We would also like to recognise the contribution of people with lived and living experience of suicide and the knowledge and expertise they have provided to this work and other suicide prevention initiatives. The contributions from the many organisations, service providers and community members in the Central Coast region who shared their experiences and expertise at the workshops are greatly appreciated.

Who was there: Part 1

A total of 61 participants attended the workshops over the two days, with 32 participants attending at Wyong and 29 at Gosford. Demographic information, collected from 57 of these individuals, is summarised below in an aggregated form.

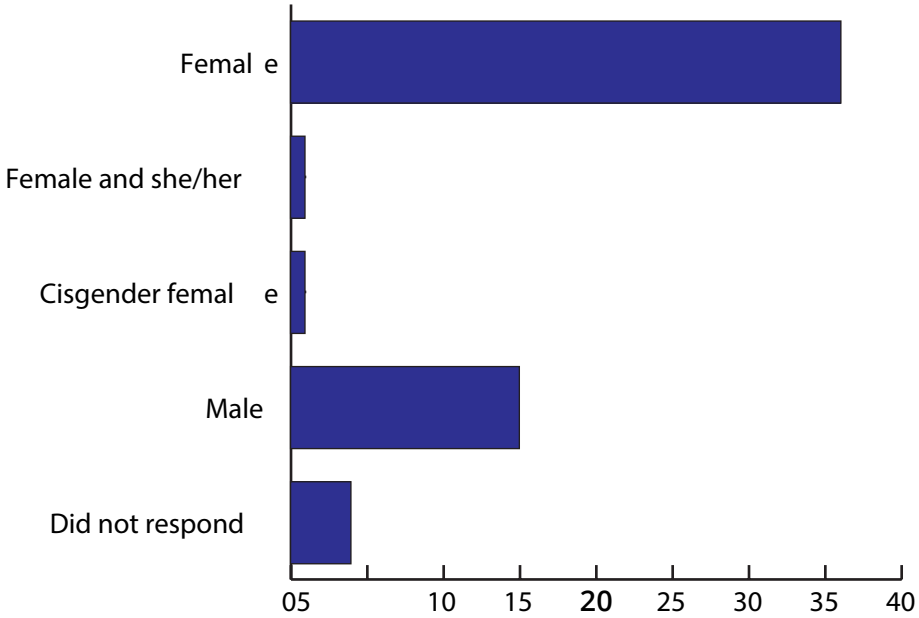
Age

Participants' ages range from 18 to 74 years. Approximately half of the participants (51%) were between 35 and 54 years, while 17% were aged 25–34 years and 25% between 55–64 years.



Gender

Participants were asked to state their gender using their own words. Over 60% described their gender as female.



Who was there: Part 2

First Nations Peoples

Across the two workshops, three participants (5%) identified as Aboriginal, with 54 (95%) identifying as neither Aboriginal or Torres Strait Islander.

LGBTIQA+ people

Across the two workshops four (7%) of participants identified as belonging to the LGBTIQA+ community.

People from culturally and linguistically diverse backgrounds

Three participants (5%) spoke a language other than English at home and three (5%) stated that they belonged to a multicultural community.

People with a disability

Across the two workshops, seven participants (12%) stated that they were living with a disability.

People with a lived or living experience of suicide

A total of 25 participants (44%) stated that they had a lived or living experience of suicide. This includes people who have experienced suicidal thoughts and behaviours, survived a suicide attempt, cared for someone through suicidal crisis, or are bereaved by suicide.

What we heard: Part 1

The Central Coast region workshop participants perceived that the local suicide prevention sector is well-positioned to continue strengthening its suicide prevention response, supported by committed people, collaborative systems, accessible and integrated services, and growing community awareness and education.

Continued investment in lived experience, integrated care, and community-driven solutions will further enhance outcomes for the region. The Safe Haven services based in Gosford and Wyong were viewed as a particular strength in the community as they provide welcoming, non-clinical spaces as an alternative to emergency departments.

In addition to these strengths, participants identified that the current system faces significant pressures. Improved coordination and communication, sustainable funding, expanded community-based and culturally safe services, and an effective suicide prevention alliance are essential to meet growing needs and to achieve meaningful suicide prevention, intervention and postvention outcomes.

What we heard: Part 2

Across the workshop, participants identified many priorities to improve local suicide prevention, intervention and postvention approaches.

Emerging priorities include:

- Integrated service delivery and access, including the adoption of a 'no wrong door' model of consistent collaboration across sectors, extended to those outside of direct health service provision.
- Inclusive and transparent referral pathways to support services.
- Person-centred, evidence-based, lifespan suicide prevention models tailored to meet diverse communities and local needs.
- Community engagement, education and awareness raising about suicide prevention, intervention and postvention, including services available in the local area.
- Prioritisation of workforce development through enhanced training opportunities and job security, peer worker integration and training.

Current strengths, gaps and priorities: Part 1

Workshop Activity 1 identified the key strengths, gaps and priorities across three broad domains of suicide prevention action: prevention, intervention and postvention.

Prevention

Suicide prevention refers to actions focused on preventing the onset of suicidal thoughts and behaviours. Prevention may include enhancing social and emotional wellbeing, reducing risk factors for suicide, or responding early to signs of distress. Common strengths, gaps and priorities across both workshops are captured below. Where statements were unique to a particular workshop, this has been noted.

Strengths

Skilled workforce and collaborative service delivery

- Existing services are delivered by skilled, compassionate staff committed to making a positive impact.
- Strong collaboration across services enhances overall service delivery and support outcomes.

Peer-led and safe support services

- Safe Havens in Gosford and Wyong are key strengths in providing accessible, non-clinical crisis support.
- The integration of peer workers into service models is highly valued due to their lived experience and ability to foster trust and engagement.

Community education and awareness

- Community-based education initiatives have increased awareness and reduced stigma around suicide and mental health concerns. This has led to more open and informed conversations about suicide prevention.

Community-led supports

- Community support groups play a vital role in promoting connection and cohesion.
- Local groups raise awareness about suicide prevention and can help link individuals to formal support services.

Location-specific strengths

Gosford:

- Introduction of the PACER (Police, Ambulance, Clinician Early Response) program.
- Access to Medicare Mental Health Centres.
- Ongoing capacity building and suicide prevention training for the broader clinical workforce.
- Positive impact of local youth-focused programs, such as the Top Blokes Foundation.

Wyong:

- Health on the Streets initiative.
- Strong support and engagement from Child and Adolescent Mental Health Services (CAMHS).

Gaps

Service response and delivery

- Improve the visibility and clarity of referral pathways across local services.
- Regularly share updated information across the sector about what services are available, who provides them, and how to access them affordably before, and when, a crisis occurs.

Accessibility

- Address barriers to accessing services, including: transport, long waiting lists, affordability, and limited or inflexible opening hours.

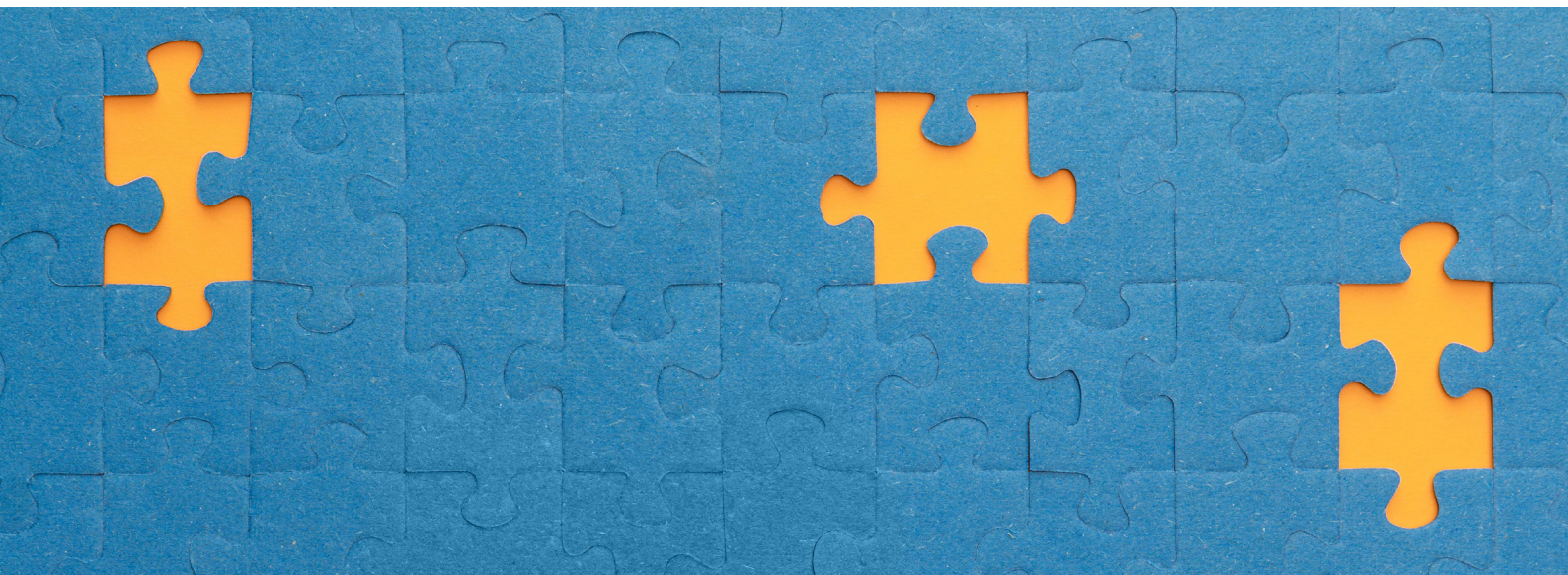
Community and sector-wide education

- Expand community education efforts to promote stigma-free awareness of behavioural signs of suicidal distress.
- Improve public knowledge of available local supports and how to access safe, confidential services.
- Increase delivery of formal training programs such as ASIST and SafeTALK for key gatekeeper groups such as parents, teachers, students, leaders within community groups/clubs.
- Ensure suicide prevention education is consistent, up-to-date, and evidence-based across all services to support shared understanding and best practice.
- Tailor engagement and education strategies for priority populations.

Local Gaps

Gosford:

- Embed lived experience perspectives more meaningfully within health services in the Gosford area.



Priorities

Service response and delivery

Collaboration and integration

- Foster long-term, consistent collaboration between services to enhance resource sharing, service capability and professional development.
- Support the implementation of a 'no wrong door' approach to improve access and continuity of care.

Clear and inclusive referral pathways

- Establish consistent and transparent referral processes tailored to the needs of specific cohorts.
- Ensure referral protocols are inclusive, trauma-informed, and culturally appropriate.

Person and locality-centred, evidence-based service models

- Shift from funding-driven models to person-centred approaches that prioritise flexibility and long-term, consistent support to build trust and service awareness.
- Design and deliver services that are evidence-based, responsive to local needs, and integrated across sectors.

Workforce

- Increase the integration of peer workers across all services to enhance trust, engagement, and lived experience-informed care.

Improved access to prevention and early intervention

- Promote broader community awareness of early intervention and preventative services.
- Ensure services are affordable, culturally responsive, and available outside standard hours to improve access.

Education and awareness in suicide prevention

- Increase community-wide education on suicide prevention, including recognising signs of distress and accessing appropriate supports.
- Provide sector-wide and clinical education to strengthen knowledge of best practice in suicide prevention across settings.

Current strengths, gaps and priorities: Part 2

Intervention

Suicide intervention refers to early, safe and effective supports for someone who is experiencing suicidal thoughts or behaviours. Interventions are compassionate and support people experiencing suicidal distress, suicidal crisis and following a suicide attempt.

Strengths

Service delivery

- Highlights of local service delivery included the PACER program that brings together police, ambulance and mental health clinicians, the Safe Havens at Gosford and Wyong, and Care Connect, Medicare Mental Health Centre at Tuggerah, CAMHS, headspace, youth services, and the Top Blokes Foundation.

Accessibility

- The availability of some free services within the Central Coast has enhanced accessibility for community members.

Workforce

- Workforce strengths included the growing peer workforce and accessibility of state wide education opportunities.

Gaps

Service response

- Enhance service capacity, flexibility, and integration by enabling scalable client support without funding changes and fostering real-time, collaborative case management across mental health and community services.
- Improve and standardise processes across the sector, including safety planning, coordinated transfers, and therapeutic alternatives to emergency departments
- Strengthen continuity of care through proactive outreach, consistent follow-up, and seamless transitions across settings and diagnoses

Accessibility

- Address long waitlists and limited opening hours.
- Tackle geographic and financial barriers to accessing specialists.
- Provide clearer pathways and support for community members and their carers/ families in navigating available services, especially during a crisis.
- Increase availability of crisis accommodation that is not hospital-based

Workforce

- Ensure ongoing training and development for key workers, including peer workers, emergency services personnel, and general practitioners.

Cohort-specific responses

- Tailor services to meet the needs of specific groups, including men, young people, adults requiring psychosocial support, families and carers, and school-based communities

Location-specific gaps

Gosford:

- Greater intervention-based support needed for the juvenile justice sector.

Wyong

- Cross-generational support to heal intergenerational trauma, and greater engagement of those with lived experience in advisory groups, inter-agencies and leadership bodies were unique gaps perceived by the participants.

Priorities

Service response and delivery

- Secure flexible, sustainable funding to ensure service continuity and support ongoing innovation.
- Foster integrated, collaborative care through multisector partnerships, co-located services, and a 'no wrong door' approach.
- Expand inclusive, community-based supports by growing the peer workforce, enhancing outreach into schools and other community settings, and integrating psychosocial approaches beyond the medical model.

Accessibility

- Improve community and sector navigability of the service system on the Central Coast to ensure timely access to the most appropriate supports.
- Extend service availability, including options such as 24-hour Safe Haven-style services.
- Remove barriers such as session limits and fees to support continuous and equitable access to care.
- Expand service coverage in under-served areas, particularly by establishing headspace and Safe Haven services in Woy Woy and surrounding regions.

Community education and awareness

- Engage employers and broader workforce in mental health promotion and early intervention.
- Equip parents and caregivers with tools to recognise early signs of distress and connect young people with appropriate supports.
- Promote mental health literacy across the community to reduce stigma and increase awareness of available services.

Workforce

- Address workforce shortages by advocating for greater availability of psychologists and psychiatrists on the Central Coast.
- Improve job security and professional development opportunities across the sector such as strengthening education and training pathways to build a skilled and sustainable mental health workforce.

Cohort-specific support

- Design and deliver services that are culturally safe and responsive to the needs of First Nations people.
- Provide targeted services tailored to the specific needs of young people.

Current strengths, gaps and priorities: Part 3

Postvention

Postvention is focussed on supporting individuals, families and communities affected by a suicide death.

Strengths

Service response and delivery

- Availability of key services such as: Safe Haven, StandBy Support After Suicide, Community Response Group, Kids Hubs, and CAMHS.
- Presence of compassionate, committed staff across services.
- Some examples of integration with police, particularly noted in Gosford where police engagement was highlighted.

Community-based supports

- School based programs supporting early intervention and mental health education delivered by sector partner.
- Support groups for families and individuals with lived experience which play a vital role in building connection and reducing stigma.

Workforce education and resources

- Resources are available to enhance general practitioners understanding and response to mental health and suicide prevention.

Location specific strengths

Gosford:

- Local Federal Parliament Member, Emma McBride, holding the portfolio for mental health and suicide prevention, and the potential for advocacy at a local level that could affect systems change in postvention responses.

Gaps

Service delivery and system improvement

- Expand and strengthen postvention services on the Central Coast, including long-term, tailored support and clear referral pathways for those affected by suicide.
- Increase involvement and support for families and carers, standardising tools like Carer Wellness Recovery Action Plans (CWRAPs) and addressing gaps left by existing supports like employee assistance programs (EAP).
- Implement robust, lived experience-informed evaluation frameworks to assess effectiveness and share best practice across postvention services.

Workforce

- Support staff wellbeing after a client suicide by addressing emotional impacts and equipping leaders to provide effective team support.
- Provide training and supervision to support staff resilience and wellbeing

Community engagement

- Increase public awareness and education through stigma-reducing campaigns and clear information about postvention supports.
- Strengthen community and workplace responses by fostering supportive environments for grief, recovery, and help-seeking after suicide.

Accessibility

- Address limitations in service accessibility, particularly around restricted or inflexible opening hours.

Cohort-specific needs

- Provide culturally appropriate and age-specific postvention supports, particularly for young people under 18 and First Nations communities.

Priorities

Service delivery and system navigation for clients

- Promote consistency and clarity by aligning services with local community protocols and ensuring individuals and families receive clear, unified messaging regardless of how or where they initially seek support.
- Enhance family and carer support through person-centred, flexible, and ongoing assistance tailored to individual needs.
- Improve service navigation and continuity by reducing access barriers and providing sustained, long-term support to build trust and stability.

Workforce

- Increase the number of skilled professionals across the mental health sector.
- Invest in ongoing training and professional development to build capacity and enhance service quality.

Community education and awareness

- Increase public awareness of free mental health services, local support groups and other pathways to care and recovery.
- Promote accessible information to reduce stigma and encourage help-seeking.

Cohort-specific support

- Tailor services to meet the needs of young people, families, priority populations (including those experiencing marginalisation), and First Nations communities.
- Maintain commitment and focus on culturally responsive care.

What we need: Part 1

Workshop Activity 2 used five common experiences of people who have a lived or living experience of suicide to identify what is needed, who needs to be involved, and determining local priorities. People worked on their particular experience type in small groups.

Common experience one

Adverse experiences in childhood, psychological and social challenges as a young person, and co-occurring stressors in adulthood.

What is needed and who needs to be involved:

- Early and ongoing engagement with community-based services from birth through to school, using flexible, consistent approaches to identify and support needs early.
- Provide specialist in-school supports (such as, headspace, counsellors) linked to external services, alongside assertive outreach for students who are disengaged with the schooling system or lacking other supports.
- Ensure coordinated transitions and integrated prevention across sectors to support young people moving into adulthood, addressing mental health, housing, employment, and education needs.

Priority actions:

- Dedicated services in AOD detox and rehabilitation for young people delivered on the Central Coast.
- Trauma informed approaches in educational, clinical and community settings across the lifespan from birth, enabling early intervention and support. Integrated transition and follow up after exiting/entering a service or cross-sector services.
- Integrated services committed to a 'no wrong door' model with an effective interagency approach that provides opportunities for membership agencies to communicate details regarding access, wait lists and promotes what is/is not available. To be supported by platforms that enable ongoing information sharing (e.g. suicide prevention website promoting services available on the Central Coast).
- Enhancing opportunities for belonging, identity and connection as preventive activities.

What we need: Part 2

Common experience two:

Co-occurring psychological, financial and relational stressors in adulthood.

What is needed and who needs to be involved:

- Sharing of resources, skills and knowledge across sectors, especially mental health and AOD services, financial counselling/benefits, justice, housing and community services. This may include modelling off an example such as Relationships Australia visiting local court and receiving real time, onsite referrals from Legal Aid.
- A disconnected approach across service providers is not helpful for clients and workforce. Provide funding to enhance an integrated approach so that the workforce has the time and space to step away from service delivery and establish or consolidate strategic, cross sectoral partnerships and communication channels.
- Greater awareness of what is currently available in terms of service delivery and current capacity, especially those services that are free and those outside health funded such as non-government organisations and support groups.
- Enhanced facilitation of, and communication within, the interagency could provide better coordinated support and current information sharing.

Priority actions

- Better sharing of service information. Ongoing, timely, multisectoral, with one potential mechanism being a local online directory.
- Funded coordinated of services. Multisectoral approach that delivers services where people 'are at' in the community, such as accessing financial support, legal support, or relationship counselling.
- Workforce development. Ongoing capacity building of staff within key services in identifying suicide risks, safety planning and supports available. Not limited to those in the mental health and suicide prevention sector but also those who may come into contact with people experiencing relationship, financial and other key life stressors.

What we need: Part 3

Common experience three:

Onset of complex mental illness in youth followed by social disadvantage and/or justice contacts.

What is needed and who needs to be involved:

- Provide coordinated, whole-of-person care for people with complex mental illness to avoid fragmented services and repeated storytelling.
- Clarify roles and ensure smooth transitions between agencies and from youth to adult services, including links with justice and other systems to assist with triaging people to the most appropriate support.
- Expand accessible after-hours support, including Safe Havens, and affordable day programs to improve availability and reduce cost barriers.

Priority actions

- Better sharing of service information. Ongoing, timely, multisectoral, with one potential mechanism being a local online directory.
- Coordinated services with a continuum of care, that enables people to have ongoing access to multiple concurrent services as long as they need across their lifespan, particularly in the transition from youth to adult services.
- Combined mental health and AOD units that bring in other services to respond to the complex and diverse needs of people using the service. For example, Wagga Unit (Calvary Riverina Drug and Alcohol Centre) is a dual diagnosis centre.
- Building skills of the peer workforce with ongoing and scaffolded learning and aligned career pathways.
- Youth hubs and safe spaces with flexible hours, a central triage point that enables access to a range of professionals and consistent follow up.
- An interagency that enables the discussion of complex matters and approaches to service delivery.

What we need: Part 4

Common experience four

Adverse experiences in childhood followed by co-occurring mental health challenges and other stressors as a young person.

What is needed and who needs to be involved:

- Promote a lifespan approach by normalising mental health conversations and providing parents with practical, accessible tools, such as a mental health bluebook, from early childhood to young adulthood.
- Implement school-based programs with dedicated roles and agency in-reach (such as from headspace) to build skills, awareness, and suicide prevention within the curriculum. Engage young people, peers, parents, carers and families with this process.
- Expand targeted, youth-specific services for those outside the school system, offering training and flexible support to connect young people to help before crises occur. Focus on those working in out of home care, disability, domestic and family violence, homelessness, employment/ financial support services and ensure support can be delivered with flexible hours.

Priority actions

- Engage already established organisations on the Central Coast and expand their resources and capacity to gather research and data about local needs and build upon their in-reach and out-reach service delivery. This should be grounded in a standardised, yet flexible approach, that includes local schools and other services/organisations who engage young people who may experience co-occurring challenges, such as out of home care, disability, domestic and family violence, homelessness, employment/financial support services to link young people to support before a crisis occurs.
- Build the capacity of staff within schools and other agencies to deliver suicide prevention activities, identify where early intervention might be required and link young people to services. Activities undertaken should include both formal and informal opportunities, extended into the wider community, covering the span of early childhood to young adulthood and transition into adulthood.
- Include young people in determining what is needed and the process of designing responses to identified needs.
- Normalise conversations and information provision about mental health and wellbeing for families throughout the lifespan, from early childhood onwards.

What we need: Part 5

Common experience five

Impacts on families and friends (including those bereaved by suicide).

What is needed and who needs to be involved:

- Offer free, accessible, long-term support services for families, friends, and carers through one central triage point. Include peer workers and tailored approaches for diverse communities. Ensure carer safety plans are an integral part of service delivery an enable way-finding through the carer support and mental health systems.
- Improve emergency department support by providing coordinated follow-up, clear pathways for carers, and shared responsibility among all staff to engage families.
- Increase community education and resources to help families understand what to expect, reduce stigma, and build skills for involving carers**.**

Priority actions

- Community education that is practical, standardised (with ability to be flexible), covers stigma/ myths including around suicide prevention and postvention conversations and language (best practice communications).
- Develop something similar to Danger Response Airway Breathing and Circulation (DRABC) to be used in first aid that can be embedded into every household regarding responding to suicidal distress.
- Importance of carer inclusion in treatment with self-care and carer safety plans integral to any service response.
- Better, improved supports for people/carers/families in emergency departments.

Enablers for action: Part 1

Workshop Activity 3 focused identifying the current approach, future approach and priority actions for three key suicide prevention enablers: lived experience, data and evidence, and whole of community approaches. Participants were given the opportunity to contribute to two of the three key areas

Lived experience

Active involvement and leadership from people with a lived and living experience of suicide.

Current approach:

- Peer workers are placed in various organisations, including the Local Health District and Safe Havens, with new roles in organisations like StandBy being developed. However, their responsibilities, including when to refer to other professionals, aren't always clear. Also, peer roles currently don't include people with lived experience as carers or support persons.
- Lived experience advisory groups and speakers support local events, although may not always involve people bereaved by suicide.
- Some training available for peer workforce, through TAFE and within organisations, empowers this workforce to perform at their best. However, there is a lack of standardisation in delivery and access.
- Some nuanced approaches are available on the Central Coast including culturally and linguistically diverse peer work through Mosaic and LGBTIQA+ peer work with ACON (but lacking resources for local face-to-face delivery).
- Not clear what opportunities there are for people with lived and living experience outside of peer work or advisory groups.

Future approach:

- Embedding lived experience roles in all services, and at all levels (including leadership) with appropriate training and professional development to enable a career trajectory. This will require greater resourcing and mapping of career pathways. Providing opportunities for peer workers from across organisations to connect with one another would also enhance professional development (PD).
- Involvement in providing psychosocial education and first aid in the community and in schools.
- Greater peer worker involvement in all parts of service delivery, including handing over to clinicians and being part of the wrap-around support team.
- Carer-focused peer support and advisory groups.

Priority actions

(Number denotes number of participant votes received)

- More lived experience voices from multicultural communities involved in decision making and co-designing services that work (7).
- Developing, and delivering, a clear scope of practice for peer workers/advisors (5) governed by a peak body (5).
- Mapping pathways into peer worker/advice roles (6), pathways into leadership (2), and an agreed professional award (5).
- Increasing diversity of peer workers in terms of the organisations that employ them (4), such as LHD and community health, and representation across age, gender, ethnicity (8).
- Develop and promote opportunities for PD and training, both general (3) and specific such as First Nations focused (4).
- Enhance accessibility to peer workers at the Safe Havens by increasing opening hours (6).

Enablers for action: Part 2

Data and evidence

Availability and use of local data to support planning and responses to suicide.

Current approach:

- Limited local research on suicide prevention due to lack of funding, academic partnerships, and workforce capacity.
- Data is siloed within organisations, with minimal sharing due to lack of governance structures.
- Uncertainty around data use, with concerns it may be misused in funding decisions. Data collected often doesn't align with what services find most useful.
- Measurement tools, like the K10, are sometimes mandated but not always appropriate for clients.
- Data quality issues include outdated systems, lack of accessibility, lacking local detail (e.g. at LGA level), and data often collected without a clear purpose.
- Community co-designed research is preferred but not always feasible due to funding and time constraints.
- Some progress exists, including data sharing within alliances and use of data for continuous improvement in some organisations.

Future approach:

- Agree, and act on, a set of collated de-identified data sets that are available at multiple levels across the Central Coast, including each Local Government Area, to inform local decision making about service priorities across prevention, intervention and postvention activities. Provide opportunities at forums such as the Alliance meetings to share these data sets.
- Centre the experience of the local community/consumers by: collecting data in ways that enhance the user experience (both staff and consumers) such as qualitative perspectives and sharing purpose of data collection, undertaking consumer led research including a citizen science approach and respecting the role of diverse voices and intersecting experiences, and involving consumers in the translation of data into service planning.

Priority actions

(Number denotes number of participant votes received)

- Simple systems and data sets that are diverse and flexible enough to be used across the sector and enable ethical data sharing bound by consumer informed governance structures (14).
- Create local consumer and carer data outputs accessible to diverse sectors of the community in formats that enable active engagement and informed decision making (8).
- Undertake research informed by evaluation of current program and service delivery. Consumer-led in partnership with universities and services with empowering processes and community impact as the guiding principles (8).

Enablers for action: Part 3

Whole of community action

Collective action across agencies, sectors and community groups to contribute to suicide prevention.

Current approach:

- Local Alliance, Interagency and Committees that provide a communication platform to discuss suicide prevention activities.
- Diverse service provision across community based and clinical services and cohorts (First Nation, multicultural, disability, young people, aged care, carers, children, homelessness and domestic and family violence).
- Opportunities for collaboration enhances the service that community members received, such as services for young people, PACER, StandBy.
- Some community-based training in mental health and wellbeing in the wider community such as with sporting groups.

Future approach:

- Needs analysis and evaluation of existing interagency and alliances on the Central Coast to streamline agency connections and communication channels to enhance services.
- Build a whole-of-service model with a coordinated and integrated approach. This will enable streamlined discharge planning, wrap-around support, clearer lines of responsibility, and opportunities for frontline staff to collaborate (not just leaders or managers).
- Integrated focus on priority populations on the Central Coast including, but not limited to, culturally and linguistically diverse populations, First Nations people, and at-risk young people. Joined-up approach between LHD and other organisations/agencies.
- Encouraging greater gender diversity within the workforce, and opportunities to collaborate as part of a community-of-practice.
- Contribute to free community-based learning.

Priority actions
(Number denotes number of participant votes received)

- Coordination and integration of services (3) and standardisation of suicide response and prevention where needed (2).
- Enhance visibility for all support groups that are available for the priority populations on the Central Coast (males up to 65 years, LGBTIQA+, Aboriginal people, youth, older people 65 years +, CALD, gender diverse) (9). Provide channels for these groups to communicate any barriers to accessing services in the local community (3).
- Better sharing of information and knowledge base, including through the current Alliance and interagency which are both poorly attended (8) and building communities of practice for workforce at all levels, including the peer workforce.
- Bolster suicide prevention and knowledge in the community (3) provision of free gatekeeper training on the Coast (3).

Next steps

This report has been developed to support local priority setting and planning for suicide prevention in the NSW Central Coast region.

If you have further questions, please visit everymind.org.au or contact: Tel: (02) 4924 6900

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