

## SUPPLEMENTARY MATERIALS

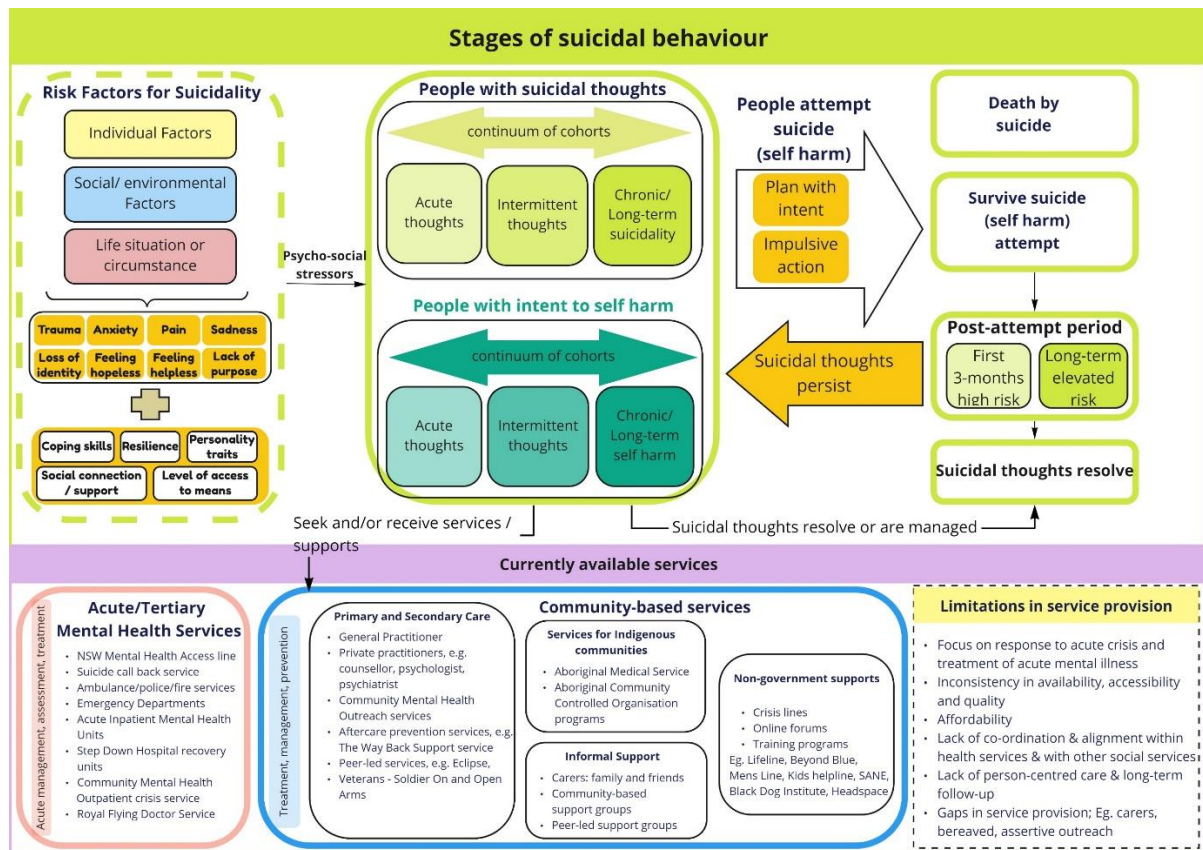
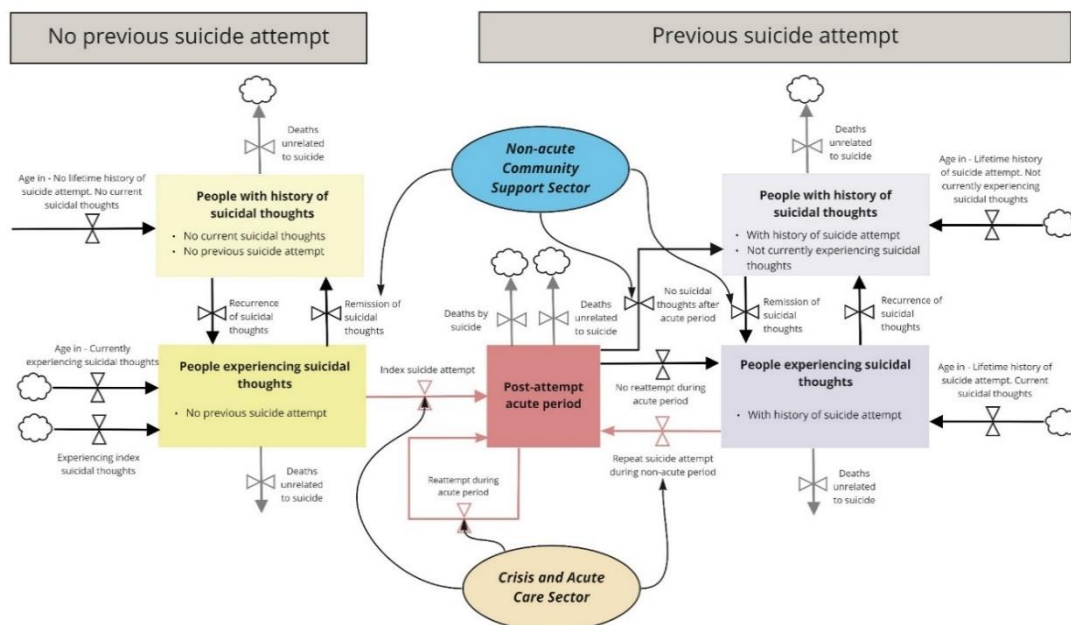
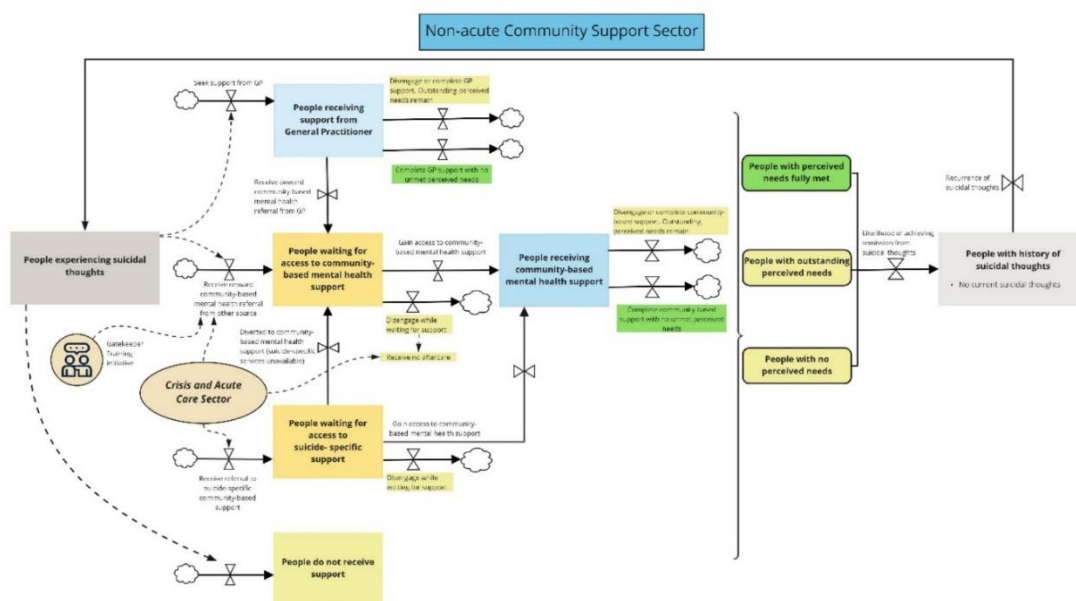


Figure S1. Conceptual model of the stages of suicidal behaviour.

### (A) "Stages of Suicidal Behaviour" sector



(B) “Non-acute Community Support” sector



(C) “Crisis and Acute Care” sector

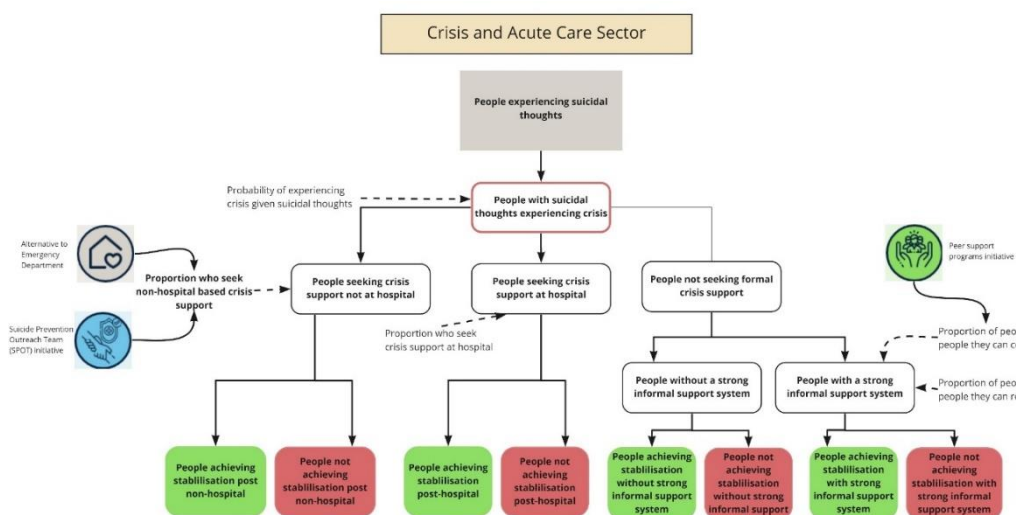
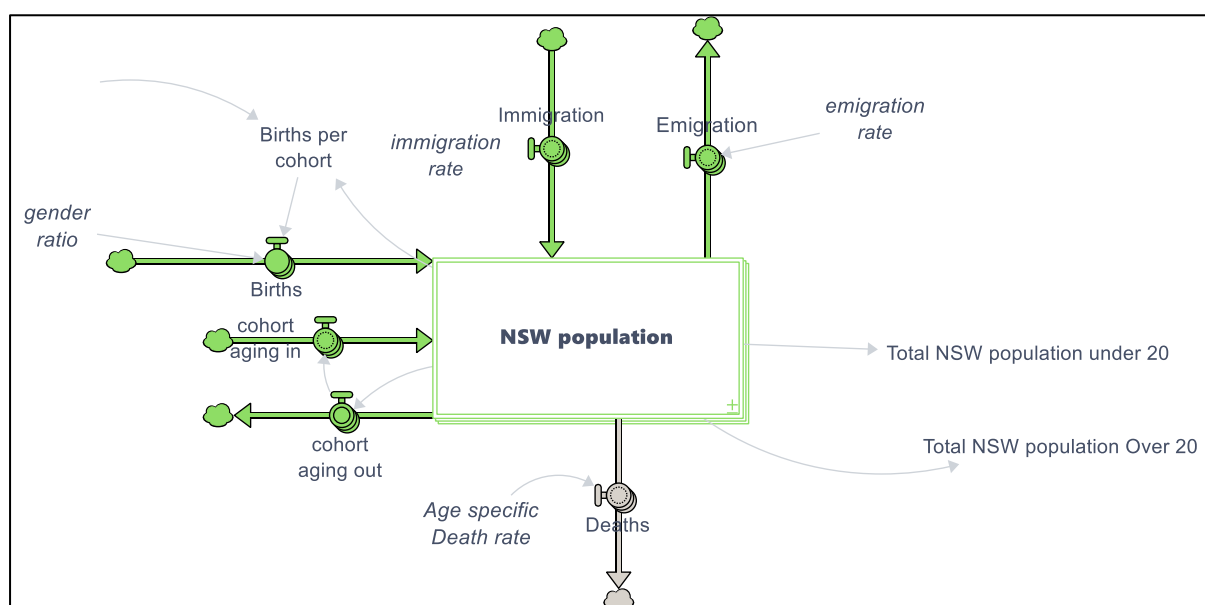


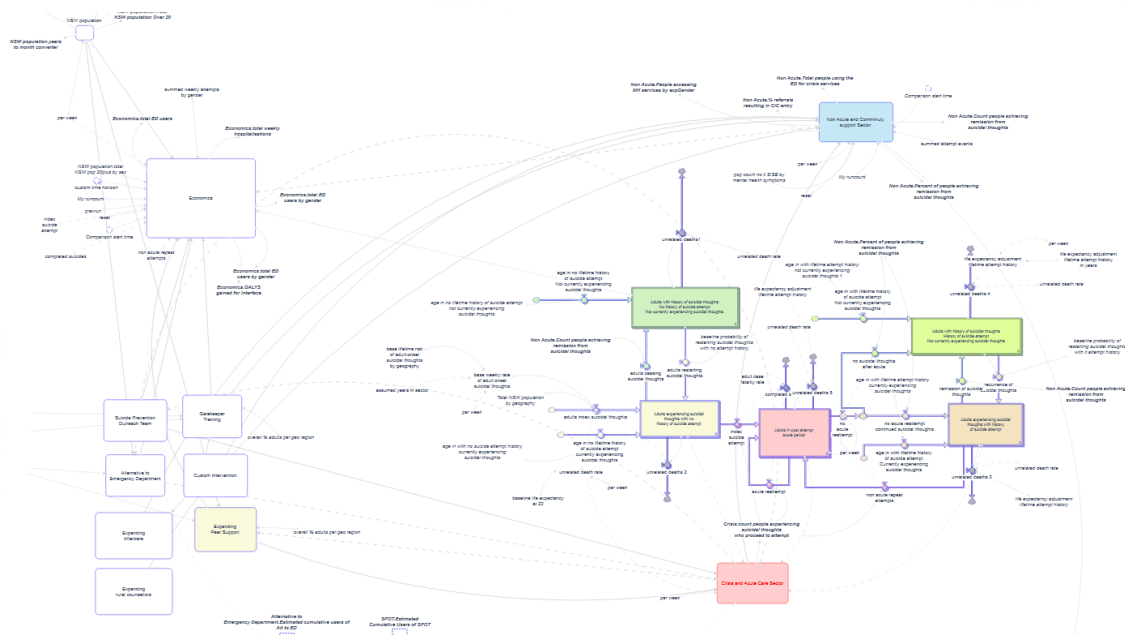
Figure S2. Refined conceptual diagram of proposed model sectors.

### Description of system dynamics model components



**Figure S3.** Population Dynamics sector.

Population dynamics: The effect of change in population dynamics in NSW are accounted for within the timeframe of the model. The population sector uses an open population changing over time and represents the NSW population catchment via the birth rate, migration rate and death rate. The model includes the population of NSW stratified by gender and five-year age groups. The population projection has been produced in line with Australian Bureau of Statistics Series B projections, which largely continues currently observed demographic trends



**Figure S4.** Stages of suicide behaviour sector.

**Stages of suicidal behaviour sector:** This is the core structure of the model, capturing the stages of suicide-related thoughts and behaviour adults (20-years old and over) with a lifetime history of suicidal thoughts and/or behaviour may move through. The model simulates a proportion of the general adult population flowing into this sector for the first time each time-step (week) by experiencing suicidal thoughts for the first time (onset of index suicidal thoughts). In addition, at each time-step the proportion of youth turning 20-years old at that time who have a history of suicidal thoughts and/or behaviours flow into the model into the stage that corresponds with their 12-month and lifetime history of suicidal thoughts and behaviours. During the model's simulation period the populations within the model transition between experiencing and not experiencing suicidal thoughts (as controlled by the **Non-Acute Community Support Sector** described below) and experiencing crisis events which may or may not result in a suicide attempt (as controlled by the **Crisis and Acute Care** sector described below). The model differentiates the populations who have a lifetime history of one or more suicide attempts from those who do not. This is because the rates of experiencing a suicidal crisis, accessing services, experiencing subsequent suicide attempts, and the likelihood of achieving remission from suicidal thoughts differs significantly between these two groups. The same logic has been used when differentiating individuals who have experienced one or more suicide attempts from those who have not experienced a suicide attempt within the last 12 months.

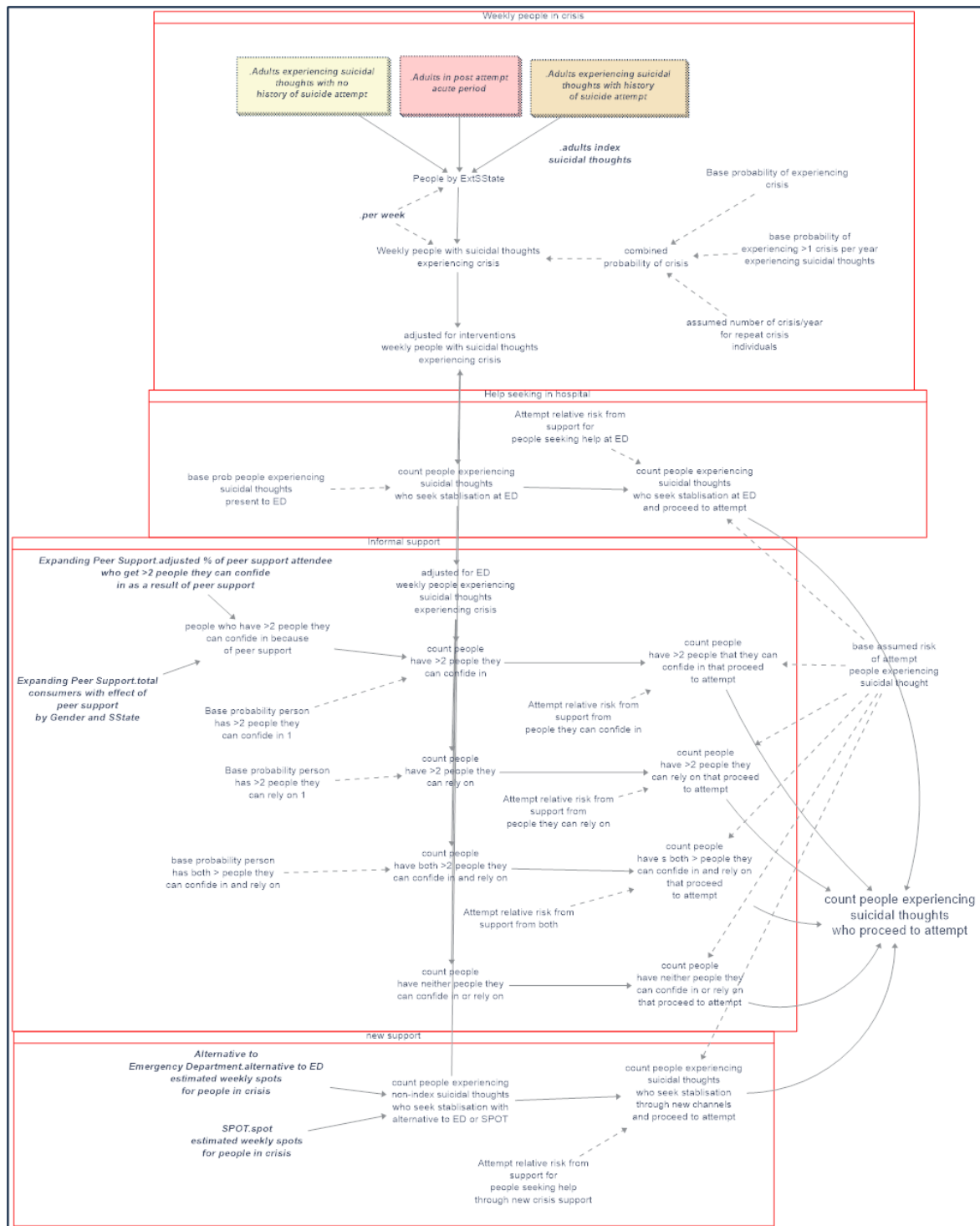
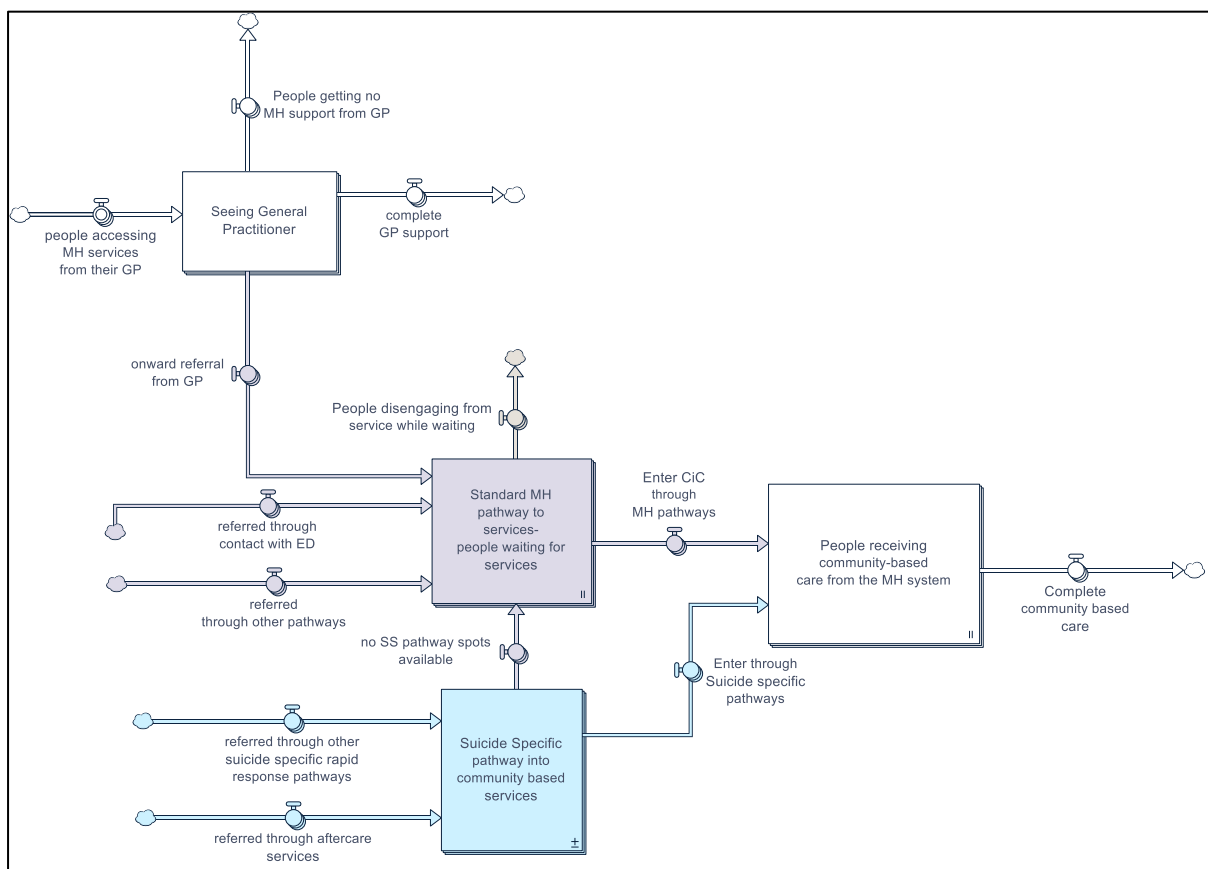


Figure S5. Crisis and acute care sector.

**Crisis and acute care sector:** The rate at which individuals who are experiencing suicidal thoughts proceed to a suicide attempt or re-attempt is controlled by the structure within the **Crisis and Acute Care** sector of the model. In the model, a portion of those who are experiencing suicidal thoughts will go on to experience one or more crisis events. Individuals with a previous history of suicide attempt are at higher risk of experiencing one or more crisis events during their period of suicidal thoughts, as are individuals who are in their first year of ever experiencing suicidal thoughts. Individuals who are experiencing crisis

are at risk of proceeding to a suicide attempt. The stage in the suicidal behaviour sector in which those in crisis accumulate determines their modelled base risk of proceeding to a suicide attempt. The risk of suicide attempt is then 'buffered' by seeking formal stabilisation support and by informal social support. In the model a portion of those in crisis seek formal stabilisation support at hospital or through community-based suicide prevention outreach teams or alternatives to emergency department presentation (See Table 1 in main text for a description of initiatives). The assumption in the model is that formal stabilisation support has a strong 'buffering effect' on the likelihood that a person in crisis will proceed to a suicide attempt. Those who do not seek formal stabilisation support are classified by the model according to the strength of their social support networks. Having a strong social support network has been shown to, in some cases, moderate the relationship between suicidal thoughts and suicide attempt [36-38]. The model accounts for varying levels of social support via four groupings: individuals that have more than two people they can confide in; individuals that have more than two people they can rely on; individuals that have both more than two people they can confide in and more than two people they can rely on; and individuals that have neither. Acknowledging that some individuals do proceed to a suicide attempt despite having a strong social support network and/or seeking formal support, the model then uses the adjusted risk of proceeding to a suicide attempt to calculate the weekly incidence of suicide attempts.



**Figure S6.** Non-acute community support sector.

**Non-acute Community Support and Service Access Sector:** The rate at which individuals flow between experiencing and not experiencing suicidal thoughts is controlled by the structure within the Non-acute Community Support sector. In the model, a portion of those experiencing suicidal thoughts will access formal (non-acute) community-based support via three main channels, while others will not. These three channels shown in Figure 8 are via:

- General Practitioner pathway and services.
- Suicide-specific pathways and services (shown in blue).
- Standard mental health related pathways (shown in purple).

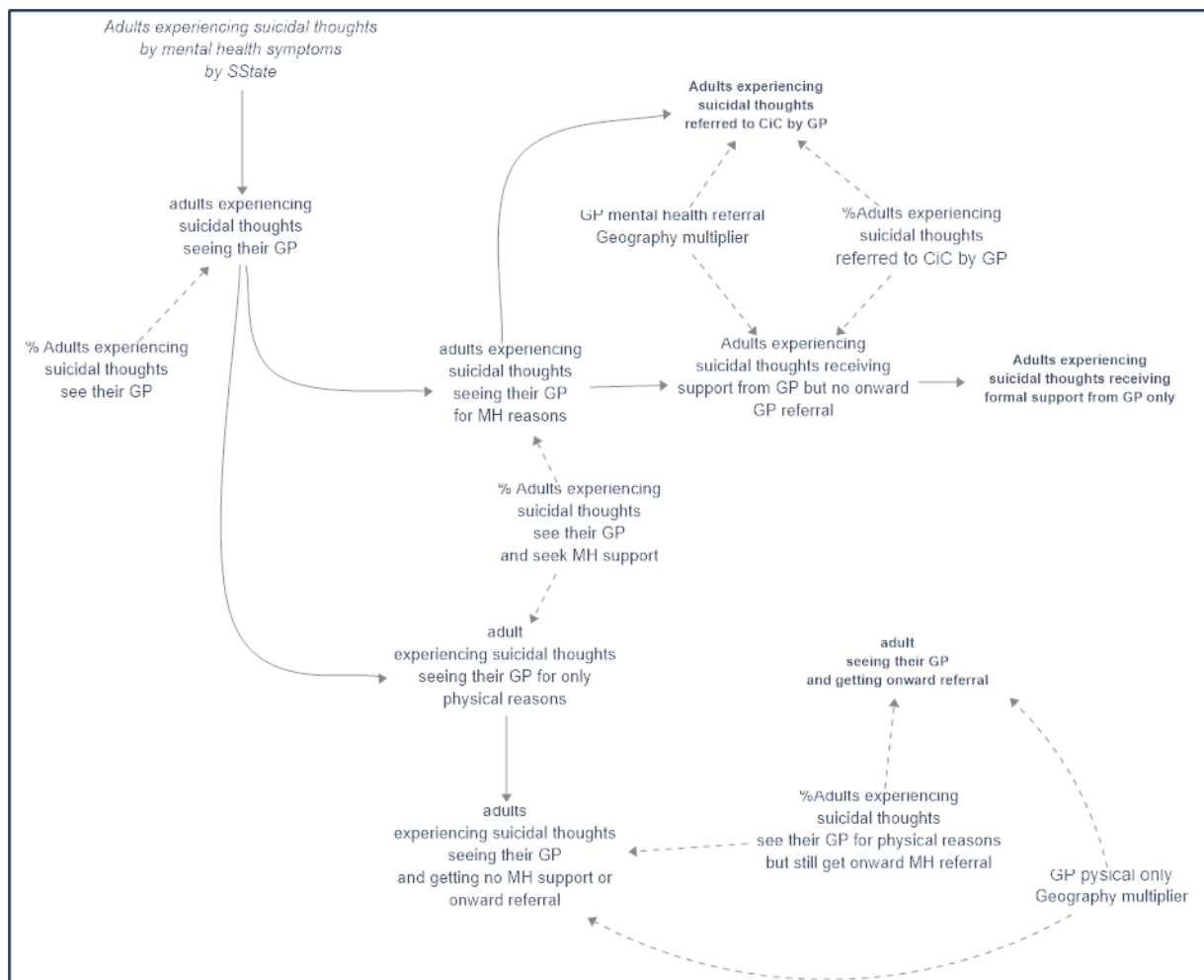
The suicide-specific and standard mental health related pathways are the main non-acute community-based support pathways in the model. The primary difference between them is that individuals referred via suicide-specific pathways (where they exist) do not face extended wait times to receive support, whereas those entering via the standard mental health related pathways will wait for care when service demand exceeds service capacity.

The first pathway into support in the model is via General Practitioners (GP). Of those who visit their GP, some will receive ongoing support, some will only receive an onward referral to community-based support, some will receive both, and others will receive neither. Of those who do receive onward referrals from their GP, the assumption in the model is that those referrals will occur via the standard mental health pathway.

The second pathway allowing individuals access into community-based support in the model is via acute care and crisis services. Individuals who seek formal acute crisis stabilisation support (as described above), as well as a portion of individuals who proceeded to a suicide attempt, receive onward referrals to community-based support following their interactions with the acute care sector. Where available, a portion of those receiving onward referrals receive them through suicide-specific aftercare services, while the remainder receive referrals through more generalised mental health follow-up services. A portion of individuals flowing through both pathways may choose not to engage with the service or may engage but not initiate an onward connection to community-based services, though the model assumes that these rates are lower for the suicide-specific service. Additionally, a portion of individuals flowing through these aftercare or follow-up services will not establish a new connection with community-based services as they will already be connected.

The third pathway allows a small proportion of individuals to gain access to a referral to community-based support via either suicide-specific pathways or general mental health pathways that are not via the acute care sector or via GPs.





**Figure S7.** Non-acute community support and service effect sector.

**Non-acute community support and service effect sector:** The interface between service access and the effect this has on supporting individuals to transition to remission from suicidal thoughts is captured in the model in the Service Effect sector. The effect of service access is conceptualised in the model as the ability of services to meet the perceived needs of consumers. The needs of consumers that the mental health system can broadly meet are broken down in the model into five categories: information, medication, therapy, practical support and social support. Based on findings from the National Survey of Mental Health and Wellbeing 2007, the model has established an assumption that each consumer at high risk of suicide is likely to have a different combination and level of perceived need for support that could be provided by the mental health and primary care system across five broad domains of care, and that having these needs met increases an individual's likelihood of achieving remission from suicidal thoughts.

The model separates individuals into whether or not they have a perceived need for one or more of the five types of needs the mental health system can support. For those who are accessing services (as described above) the model estimates whether or not their need(s) are being met by:



1. determining the proportion of users of the mental health system who are able to access services that specifically address their outstanding perceived need(s);
2. for those who are able to access services for their needs, whether or not they perceive their needs as being fully met by the service.

Individuals who have a perceived need for support but do not access formal support within the mental health system are assumed to have outstanding needs.

Once the effect of mental health services to meet individual needs has been calculated, the adjusted proportion of outstanding needs is combined to determine the likelihood that an individual has one or more outstanding needs after receiving support from the mental health system (if they accessed formal support through the system). Once the overall effect of the system has been accounted for, the proportions of the population (divided by gender and stages of suicidal behaviour) who have no perceived needs, no unmet perceived needs and outstanding perceived needs are combined with the absolute risk of suicidal thoughts given each state of suicidal thoughts/behaviour to determine the proportion of the population who are able to achieve remission from their suicidal thoughts.

The assumptions in using this approach are that for some consumers:

- achieving remission with outstanding perceived needs is possible.
- may not achieve remission even if they have no perceived needs for formal support.

This is in recognition that the drivers of suicidal thinking are broad and may cross outside of the boundaries of the types of services and support currently provided by the mental health service system.

**Table S1.** - Numerical Input and Data Sources.

Main Model Structure			
Model Parameter	Arrayed by	Parameter Value	Notes
Adult case fatality rate	Gender	[M] 5% [F] 1.5%	Estimated via model optimisation
Base lifetime risk of adult-onset suicidal thoughts by geography	Gender, Remoteness	[M, Major Cities] 8% [M, Inner Regional] 7.36% [M, Other] 7.5% [F, Major Cities] 6.87% [F, Inner Regional] 8.79% [F, Other] 12%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Baseline life expectancy at 20	Gender	[M] 60.6 years [F] 64.8 years	Based on data from the Australian Bureau of Statistics (ABS) Life Tables, States, Territories and Australia 2016-2018
Baseline percent attempt by geography	Gender, Remoteness	[M, Major Cities] 0.25% [M, Inner Regional] 0.38% [M, Other] 0.21% [F, Major Cities] 0.40% [F, Inner Regional] 0.36% [F, Other] 0.40%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018. The 'Other' array includes all geographic areas more remote than 'inner regional'.
Baseline percent former suicidal thoughts former attempt by geography	Gender, Remoteness	[M, Major Cities] 1.28% [M, Inner Regional] 1.45% [M, Other] 1.73% [F, Major Cities] 3.16% [F, Inner Regional] 3.38% [F, Other] 3.79%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018. The 'Other' array includes all geographic areas more remote than 'inner regional'.
Baseline percent former suicidal thoughts no attempt by geography	Gender, Remoteness	[M, Major Cities] 7.86% [M, Inner Regional] 9.15% [M, Other] 8.55% [F, Major Cities] 7.93% [F, Inner Regional] 10.29% [F, Other] 11.28%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018. The 'Other' array includes all geographic areas more remote than 'inner regional'.
Baseline percent suicidal thoughts with former attempt by geography	Gender, Remoteness	[M, Major Cities] 0.55% [M, Inner Regional] 0.35% [M, Other] 0.18% [F, Major Cities] 0.50% [F, Inner Regional] 1.02% [F, Other] 0.54%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018. The 'Other' array includes all geographic areas more remote than 'inner regional'.
Baseline prevalence current suicidal thoughts no attempt history	Gender, Remoteness	[M, Major Cities] 1.05% [M, Inner Regional] 1.44% [M, Other] 1.37% [F, Major Cities] 1.98% [F, Inner Regional] 1.45% [F, Other] 1.14%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018. The 'Other' array includes all geographic areas more remote than 'inner regional'.
Life expectancy adjustment lifetime attempt history in years	Gender	[M] -14.4 years [F] -8.8 years	Derived from Jokinen, J., Talbäck, M., Feychting, M., Ahlbom, A., & Ljung, R. (2018). Life expectancy after the first suicide attempt. Acta Psychiatrica Scandinavica, 137(4), 287-295. Accounting only for non-suicide related deaths.

Percent 20 year olds with lifetime attempt history	Gender	[M] 1.26% [F] 5.7%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Percent 20 year olds with lifetime attempt history currently experiencing suicidal thoughts	Gender	[M] 25% [F] 14%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Percent 20 year olds with lifetime history of suicidal thoughts but no attempt	Gender	[M] 6.9% [F] 8.3%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Percent 20 year olds with no attempt history currently experiencing suicidal thoughts	Gender	[M] 17.7% [F] 28.7%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Percent by geography adult	Gender, Remoteness	Graphical	ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018
Percent youth by geography	Gender, Remoteness	Graphical	ABS Population Estimates by Remoteness Area (ASGS 2016), 2008 to 2018
<b>Crisis and Acute Care sector</b>			
<b>Model Parameter</b>	<b>Arrayed by</b>	<b>Parameter Value</b>	<b>Notes</b>
Assumed number of crisis/year for repeat crisis individuals		4	Estimated via model optimisation
Attempt relative risk with support from people they can rely on and confide in	extSSState, Gender	[M, Index year suicidal thoughts] 0.17	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[M, Non index year suicidal thoughts] 0.17	
		[M, Acute post attempt period] 0.38	
		[M, Suicidal thoughts with previous attempt] 0.17	
		[F, Index year suicidal thoughts] 0.23	
		[F, Non index year suicidal thoughts] 0.23	
		[F, Acute post attempt period] 0.75	
		[F, Suicidal thoughts with previous attempt] 0.38	
Attempt relative risk from support from people they can confide in	extSSState, Gender	[M, Index year suicidal thoughts] 0.41	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[M, Non index year suicidal thoughts] 0.41	
		[M, Acute post attempt period] 0.64	
		[M, Suicidal thoughts with previous attempt] 0.51	
		[F, Index year suicidal thoughts] 0.47	
		[F, Non index year suicidal thoughts] 0.47	
		[F, Acute post attempt period]	

		0.85 [F, Suicidal thoughts with previous attempt] 0.63	
		[M, Index year suicidal thoughts] 0.42 [M, Non index year suicidal thoughts] 0.42 [M, Acute post attempt period] 0.60 [M, Suicidal thoughts with previous attempt] 0.33 [F, Index year suicidal thoughts] 0.49 [F, Non index year suicidal thoughts] 0.49 [F, Acute post attempt period] 0.88 [F, Suicidal thoughts with previous attempt] 0.61	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Attempt relative risk from support from people they can rely on	extSSState, Gender		
Attempt relative risk from seeking help at Emergency Department		0.1	Default value assumes that the vast majority of individuals in crisis who seek stabilisation at hospital are successfully stabilised prior to discharge.
		[M, Index year suicidal thoughts] 0.098 [M, Non index year suicidal thoughts] 0.096 [M, Acute post attempt period] 0.375 [M, Suicidal thoughts with previous attempt] 0.69 [F, Index year suicidal thoughts] 0.4 [F, Non index year suicidal thoughts] 0.036 [F, Acute post attempt period] 0.375 [F, Suicidal thoughts with previous attempt] 0.935	Estimated via model optimisation
Base assumed risk of attempt people experiencing suicidal thoughts	extSSState, Gender		
		[M, Index year suicidal thoughts] 0.3 [M, Non index year suicidal thoughts] 0.25 [M, Acute post attempt period] 0.3 [M, Suicidal thoughts with previous attempt] 0.3 [F, Index year suicidal thoughts] 0.3 [F, Non index year suicidal thoughts] 0.25	Estimated via model optimisation and stakeholder consultation
Base probability people experiencing suicidal thoughts present to Emergency Department	extSSState, Gender		

		[F, Acute post attempt period] 0.45	
		[F, Suicidal thoughts with previous attempt] 0.3	
Base probability of experiencing >1 crisis per year experiencing suicidal thoughts	extSSState	[Index year suicidal thoughts] 0.5	Estimated via model optimisation and stakeholder consultation
		[Non index year suicidal thoughts] 0.5	
		[Acute post attempt period] 0.5 [Suicidal thoughts with previous attempt] 0.6	
Base probability person has >2 people they can confide in 1	Remoteness, extSSState, Gender	[M, Major_Cities, Index_year_suicidal thoughts, Gender] 0.39	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[M, Major_Cities, Non_index_year_suicidal thoughts, Gender] 0.39	
		[M, Major_Cities, Acute_post_attempt_period, Gender] 0.20	
		[M, Major_Cities, Suicidal thoughts_with_previous_attem pt, Gender] 0.39	
		[M, Inner_Regional, Index_year_suicidal thoughts, Gender] 0.28	
		[M, Inner_Regional, Non_index_year_suicidal thoughts, Gender] 0.28	
		[M, Inner_Regional, Acute_post_attempt_period, Gender] 0.21	
		[M, Inner_Regional, Suicidal thoughts_with_previous_attem pt, Gender] 0.41	
		[M, Other, Index_year_suicidal thoughts, Gender] 0.33	
		[M, Other, Non_index_year_suicidal thoughts, Gender] 0.33	
		[M, Other, Acute_post_attempt_period, Gender] 0.21	
		[M, Other, Suicidal thoughts_with_previous_attem pt, Gender] 0.40	
		[F, Major_Cities, Index_year_suicidal thoughts, Gender] 0.45	

		[F, Major_Cities, Non_index_year_suicidal thoughts, Gender] 0.45 [F, Major_Cities, Acute_post_attempt_period, Gender] 0.12 [F, Major_Cities, Suicidal thoughts_with_previous_attem pt, Gender] 0.36 [F, Inner_Regional, Index_year_suicidal thoughts, Gender] 0.32 [F, Inner_Regional, Non_index_year_suicidal thoughts, Gender] 0.32 [F, Inner_Regional, Acute_post_attempt_period, Gender] 0.33 [F, Inner_Regional, Suicidal thoughts_with_previous_attem pt, Gender] 0.16 [F, Other, Index_year_suicidal thoughts, Gender] 0.66 [F, Other, Non_index_year_suicidal thoughts, Gender] 0.66 [F, Other, Acute_post_attempt_period, Gender] 0.33 [F, Other, Suicidal thoughts_with_previous_attem pt, Gender] 0.24	
Base probability person has >2 people they can rely on 1	Remoteness, extSSState, Gender	[M, Major_Cities, Index_year_suicidal thoughts, Gender] 0.48 [M, Major_Cities, Non_index_year_suicidal thoughts, Gender] 0.48 [M, Major_Cities, Acute_post_attempt_period, Gender] 0.20 [M, Major_Cities, Suicidal thoughts_with_previous_attem pt, Gender] 0.50 [M, Inner_Regional, Index_year_suicidal thoughts, Gender] 0.29 [M, Inner_Regional, Non_index_year_suicidal thoughts, Gender] 0.29	Derived from the National Survey of Mental Health and Wellbeing, 2007.

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[M, Inner\_Regional,  
Acute\_post\_attempt\_period,  
Gender] 0.23

[M, Inner\_Regional, Suicidal  
thoughts\_with\_previous\_attem  
pt, Gender] 0.46

[M, Other, Index\_year\_suicidal  
thoughts, Gender] 0.50

[M, Other,  
Non\_index\_year\_suicidal  
thoughts, Gender] 0.50

[M, Other,  
Acute\_post\_attempt\_period,  
Gender] 0.23

[M, Other, Suicidal  
thoughts\_with\_previous\_attem  
pt, Gender] 0.22

[F, Major\_Cities,  
Index\_year\_suicidal thoughts,  
Gender] 0.50

[F, Major\_Cities,  
Non\_index\_year\_suicidal  
thoughts, Gender] 0.50

[F, Major\_Cities,  
Acute\_post\_attempt\_period,  
Gender] 0.14

[F, Major\_Cities, Suicidal  
thoughts\_with\_previous\_attem  
pt, Gender] 0.50

[F, Inner\_Regional,  
Index\_year\_suicidal thoughts,  
Gender] 0.40

[F, Inner\_Regional,  
Non\_index\_year\_suicidal  
thoughts, Gender] 0.40

[F, Inner\_Regional,  
Acute\_post\_attempt\_period,  
Gender] 0.33

[F, Inner\_Regional, Suicidal  
thoughts\_with\_previous\_attem  
pt, Gender] 0.25

[F, Other, Index\_year\_suicidal  
thoughts, Gender] 0.72

[F, Other,  
Non\_index\_year\_suicidal  
thoughts, Gender] 0.66

[F, Other,  
Acute\_post\_attempt\_period,  
Gender] 0.33

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		[F, Other, Suicidal thoughts_with_previous_attempt, Gender] 0.24	
Percent reduction in risk from new crisis support		90%	Default value assumes that the effectiveness of new crisis support initiatives (SPOT and Alternatives to Emergency Department) are equally effective as Emergency Department-based crisis stabilisation
Assumed number of crisis/year for repeat crisis individuals	extSSState	4	Estimated via model optimisation and stakeholder consultation
<b>Non Acute and Community Service Sector</b>			
Model Parameter	Arrayed by	Parameter Value	Notes
Baseline percent adults with perceived need for information	SSState, Gender, Underlying mental health	[Ideator, M, Yes] 70%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[Ideator, F, Yes] 85%	
		[Acute_Post, M, Yes] 95%	
		[Acute_Post, F, Yes] 75%	
		[Former, M, Yes] 85%	
		[Former, F, Yes] 75%	
		[None, M, Yes] 65%	
		[None, F, Yes] 70%	
		[Ideator, M, No] 25%	
		[Ideator, F, No] 60%	
		[Acute_Post, M, No] 95%	
		[Acute_Post, F, No] 75%	
		[Former, M, No] 30%	
		[Former, F, No] 30%	
Baseline percent adults with perceived need for medication	SSState, Gender, Underlying mental health	[None, M, No] 40%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[None, F, No] 40%	
		[Ideator, M, Yes] 65%	
		[Ideator, F, Yes] 75%	
		[Acute_Post, M, Yes] 55%	
		[Acute_Post, F, Yes] 80%	
		[Former, M, Yes] 60%	
		[Former, F, Yes] 65%	
		[None, M, Yes] 60%	
		[None, F, Yes] 65%	
		[Ideator, M, No] 55%	
		[Ideator, F, No] 75%	
		[Acute_Post, M, No] 55%	
		[Acute_Post, F, No] 80%	
Baseline percent adults with perceived need for therapy	SSState, Gender, Underlying mental health	[Former, M, No] 80%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[Former, F, No] 35%	
		[None, M, No] 55%	
		[None, F, No] 60%	
		[Ideator, M, Yes] 53%	
		[Ideator, F, Yes] 96%	
		[Acute_Post, M, Yes] 95%	
		[Acute_Post, F, Yes] 95%	
		[Former, M, Yes] 75%	

		[Former, F, Yes] 80% [None, M, Yes] 53% [None, F, Yes] 78% [Ideator, M, No] 42% [Ideator, F, No] 90% [Acute_Post, M, No] 95% [Acute_Post, F, No] 95% [Former, M, No] 40% [Former, F, No] 40% [None, M, No] 42% [None, F, No] 71%	
Baseline percent adults with perceived need for general support	SState, Gender, Underlying mental health	[Ideator, M, Yes] 15% [Ideator, F, Yes] 40% [Acute_Post, M, Yes] 85% [Acute_Post, F, Yes] 45% [Former, M, Yes] 40% [Former, F, Yes] 45% [None, M, Yes] 35% [None, F, Yes] 30% [Ideator, M, No] 10% [Ideator, F, No] 55% [Acute_Post, M, No] 85% [Acute_Post, F, No] 45% [Former, M, No] 20% [Former, F, No] 20% [None, M, No] 25% [None, F, No] 20%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adults with perceived need for social support with suicidal thoughts	SState, Gender, Underlying mental health	[Ideator, M, Yes] 45% [Ideator, F, Yes] 45% [Acute_Post, M, Yes] 85% [Acute_Post, F, Yes] 50% [Former, M, Yes] 65% [Former, F, Yes] 45% [None, M, Yes] 35% [None, F, Yes] 25% [Ideator, M, No] 35% [Ideator, F, No] 40% [Acute_Post, M, No] 85% [Acute_Post, F, No] 50% [Former, M, No] 10% [Former, F, No] 10% [None, M, No] 15% [None, F, No] 20%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for information	SState, Gender, Underlying mental health	[Ideator, M, Yes] 90% [Ideator, F, Yes] 75% [Acute_Post, M, Yes] 90% [Acute_Post, F, Yes] 90% [Former, M, Yes] 85% [Former, F, Yes] 90% [None, M, Yes] 80% [None, F, Yes] 75%	Derived from the National Survey of Mental Health and Wellbeing, 2007.

		[Ideator, M, No] 60% [Ideator, F, No] 65% [Acute_Post, M, No] 90% [Acute_Post, F, No] 90% [Former, M, No] 35% [Former, F, No] 35% [None, M, No] 85% [None, F, No] 85%	
Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for medication	SState, Gender, Underlying mental health	[Ideator, M, Yes] 90% [Ideator, F, Yes] 90% [Acute_Post, M, Yes] 95% [Acute_Post, F, Yes] 95% [Former, M, Yes] 95% [Former, F, Yes] 95% [None, M, Yes] 95% [None, F, Yes] 95% [Ideator, M, No] 95% [Ideator, F, No] 95% [Acute_Post, M, No] 95% [Acute_Post, F, No] 95% [Former, M, No] 95% [Former, F, No] 95% [None, M, No] 95% [None, F, No] 95%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for therapy	SState, Gender, Underlying mental health	[Ideator, M, Yes] 90% [Ideator, F, Yes] 78% [Acute_Post, M, Yes] 95% [Acute_Post, F, Yes] 90% [Former, M, Yes] 95% [Former, F, Yes] 90% [None, M, Yes] 89% [None, F, Yes] 87% [Ideator, M, No] 90% [Ideator, F, No] 58% [Acute_Post, M, No] 95% [Acute_Post, F, No] 90% [Former, M, No] 85% [Former, F, No] 85% [None, M, No] 94% [None, F, No] 91%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for social support	SState, Gender, Underlying mental health	[Ideator, M, Yes] 70% [Ideator, F, Yes] 70% [Acute_Post, M, Yes] 80% [Acute_Post, F, Yes] 55% [Former, M, Yes] 50% [Former, F, Yes] 60% [None, M, Yes] 70% [None, F, Yes] 85% [Ideator, M, No] 95% [Ideator, F, No] 95% [Acute_Post, M, No] 80%	Derived from the National Survey of Mental Health and Wellbeing, 2007.

		[Acute_Post, F, No] 55% [Former, M, No] 5% [Former, F, No] 5% [None, M, No] 65% [None, F, No] 70%	
Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for general support	SState, Gender, Underlying mental health	[Ideator, M, Yes] 45% [Ideator, F, Yes] 45% [Acute_Post, M, Yes] 80% [Acute_Post, F, Yes] 50% [Former, M, Yes] 80% [Former, F, Yes] 70% [None, M, Yes] 65% [None, F, Yes] 65% [Ideator, M, No] 50% [Ideator, F, No] 50% [Acute_Post, M, No] 80% [Acute_Post, F, No] 50% [Former, M, No] 5% [Former, F, No] 5% [None, M, No] 75% [None, F, No] 65%	
Baseline percent adult with suicidal thoughts accessing support for perceived need for information - needs fully met	SState, Gender, Underlying mental health	[Ideator, M, Yes] 65% [Ideator, F, Yes] 50% [Acute_Post, M, Yes] 50% [Acute_Post, F, Yes] 80% [Former, M, Yes] 50% [Former, F, Yes] 50% [None, M, Yes] 80% [None, F, Yes] 80% [Ideator, M, No] 35% [Ideator, F, No] 35% [Acute_Post, M, No] 50% [Acute_Post, F, No] 80% [Former, M, No] 35% [Former, F, No] 35% [None, M, No] 80% [None, F, No] 85%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adult with suicidal thoughts accessing support for perceived need for medication - needs fully met	SState, Gender, Underlying mental health	[Ideator, M, Yes] 85% [Ideator, F, Yes] 90% [Acute_Post, M, Yes] 70% [Acute_Post, F, Yes] 85% [Former, M, Yes] 90% [Former, F, Yes] 80% [None, M, Yes] 94% [None, F, Yes] 89% [Ideator, M, No] 80% [Ideator, F, No] 80% [Acute_Post, M, No] 70% [Acute_Post, F, No] 85% [Former, M, No] 95% [Former, F, No] 95%	Derived from the National Survey of Mental Health and Wellbeing, 2007.

		[None, M, No] 90%	
		[None, F, No] 92%	
Baseline percent adult with suicidal thoughts accessing support for perceived need for therapy - needs fully met	SState, Gender, Underlying mental health	[Ideator, M, Yes] 40%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[Ideator, F, Yes] 81%	
		[Acute_Post, M, Yes] 70%	
		[Acute_Post, F, Yes] 85%	
		[Former, M, Yes] 85%	
		[Former, F, Yes] 65%	
		[None, M, Yes] 75%	
		[None, F, Yes] 80%	
		[Ideator, M, No] 41%	
		[Ideator, F, No] 90%	
		[Acute_Post, M, No] 70%	
		[Acute_Post, F, No] 85%	
		[Former, M, No] 95%	
		[Former, F, No] 95%	
		[None, M, No] 75%	
		[None, F, No] 85%	
Baseline percent with suicidal thoughts accessing support for perceived need for general support - needs fully met	SState, Gender, Underlying mental health	[Ideator, M, Yes] 75%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[Ideator, F, Yes] 80%	
		[Acute_Post, M, Yes] 80%	
		[Acute_Post, F, Yes] 60%	
		[Former, M, Yes] 85%	
		[Former, F, Yes] 50%	
		[None, M, Yes] 75%	
		[None, F, Yes] 70%	
		[Ideator, M, No] 85%	
		[Ideator, F, No] 90%	
		[Acute_Post, M, No] 80%	
		[Acute_Post, F, No] 60%	
Baseline percent adult with suicidal thoughts accessing support for perceived need for social support needs fully met	SState, Gender, Underlying mental health	[Ideator, M, Yes] 70%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
		[Ideator, F, Yes] 85%	
		[Acute_Post, M, Yes] 70%	
		[Acute_Post, F, Yes] 90%	
		[Former, M, Yes] 75%	
		[Former, F, Yes] 85%	
		[None, M, Yes] 70%	
		[None, F, Yes] 85%	
		[Ideator, M, No] 70%	
		[Ideator, F, No] 70%	
		[Acute_Post, M, No] 70%	
		[Acute_Post, F, No] 90%	
		[Former, M, No] 5%	
		[Former, F, No] 5%	
		[None, M, No] 65%	
		[None, F, No] 70%	

Baseline percent adults with suicidal thoughts non- service users with perceived need for information	SState, Gender, Underlying mental health	[Ideator, M, Yes] 15% [Ideator, F, Yes] 20% [Acute_Post, M, Yes] 5% [Acute_Post, F, Yes] 25% [Former, M, Yes] 30% [Former, F, Yes] 30% [None, M, Yes] 5% [None, F, Yes] 5% [Ideator, M, No] 8% [Ideator, F, No] 8% [Acute_Post, M, No] 5% [Acute_Post, F, No] 25% [Former, M, No] 8% [Former, F, No] 8% [None, M, No] 1% [None, F, No] 1%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adults with suicidal thoughts non- service users with perceived need for medication	SState, Gender, Underlying mental health	[Ideator, M, Yes] 12% [Ideator, F, Yes] 5% [Acute_Post, M, Yes] 55% [Acute_Post, F, Yes] 25% [Former, M, Yes] 10% [Former, F, Yes] 10% [None, M, Yes] 2% [None, F, Yes] 1% [Ideator, M, No] 1% [Ideator, F, No] 5% [Acute_Post, M, No] 55% [Acute_Post, F, No] 25% [Former, M, No] 5% [Former, F, No] 5% [None, M, No] 0% [None, F, No] 0%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adults with suicidal thoughts non- service users with perceived need for therapy	SState, Gender, Underlying mental health	[Ideator, M, Yes] 20% [Ideator, F, Yes] 40% [Acute_Post, M, Yes] 60% [Acute_Post, F, Yes] 60% [Former, M, Yes] 40% [Former, F, Yes] 40% [None, M, Yes] 5% [None, F, Yes] 10% [Ideator, M, No] 8% [Ideator, F, No] 17% [Acute_Post, M, No] 60% [Acute_Post, F, No] 60% [Former, M, No] 0% [Former, F, No] 0% [None, M, No] 1% [None, F, No] 1%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline percent adults with suicidal thoughts non- service users with	SState, Gender,	[Ideator, M, Yes] 18% [Ideator, F, Yes] 20% [Acute_Post, M, Yes] 50%	Derived from the National Survey of Mental Health and Wellbeing, 2007.

perceived need for social support	Underlying mental health	[Acute_Post, F, Yes] 50% [Former, M, Yes] 23% [Former, F, Yes] 23% [None, M, Yes] 5% [None, F, Yes] 5% [Ideator, M, No] 8% [Ideator, F, No] 8% [Acute_Post, M, No] 50% [Acute_Post, F, No] 50% [Former, M, No] 1% [Former, F, No] 1% [None, M, No] 0% [None, F, No] 0%	
Baseline percent non-service users with perceived need for general support	SState, Gender, Underlying mental health	[Ideator, M, Yes] 15% [Ideator, F, Yes] 15% [Acute_Post, M, Yes] 50% [Acute_Post, F, Yes] 50% [Former, M, Yes] 25% [Former, F, Yes] 25% [None, M, Yes] 5% [None, F, Yes] 5% [Ideator, M, No] 7% [Ideator, F, No] 8% [Acute_Post, M, No] 50% [Acute_Post, F, No] 50% [Former, M, No] 1% [Former, F, No] 1% [None, M, No] 0% [None, F, No] 0%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline assumed percent of people who are referred outpatient mental health support	SState, Gender, Underlying mental health	[Ideator, M, Yes] 50% [Ideator, F, Yes] 55% [Acute_Post, M, Yes] 57% [Acute_Post, F, Yes] 62% [Former, M, Yes] 57% [Former, F, Yes] 62% [None, M, Yes] 50% [None, F, Yes] 50% [Ideator, M, No] 50% [Ideator, F, No] 55% [Acute_Post, M, No] 57% [Acute_Post, F, No] 62% [Former, M, No] 57% [Former, F, No] 62% [None, M, No] 0% [None, F, No] 0%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Baseline assumed percent of people with suicidal thoughts or suicidal behaviours referred to suicide-specific connection or aftercare services	Sstate	[Ideator] 60% [Acute_Post] 70% [Former] 60% [None] 0%	Derived from Carter G, McGill K, Sawyer L, Whyte I. The NSW Way Back Support Service (Hunter): Process & Effectiveness Outcomes Evaluation Report. 2019 and Stapelberg NJ, Sveticic J, Hughes I, Almeida-Crasto A, Gae-Atefi T, Gill N, et



		[Major_Cities, Ideator, M, Yes] 84%	
		[Major_Cities, Ideator, F, Yes] 95%	
		[Major_Cities, Acute_Post, M, Yes] 67%	
		[Major_Cities, Acute_Post, F, Yes] 88%	
		[Major_Cities, Former, M, Yes] 89%	
		[Major_Cities, Former, F, Yes] 96%	
		[Major_Cities, None, M, Yes] 79%	
		[Major_Cities, None, F, Yes] 90%	
		[Inner_Regional, Ideator, M, Yes] 68%	
		[Inner_Regional, Ideator, F, Yes] 83%	
		[Inner_Regional, Acute_Post, M, Yes] 77%	
Percent adults experiencing suicidal thoughts see their GP	RemotenessSS	[Inner_Regional, Acute_Post, F, Yes] 93%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
	Underlying mental health	[Inner_Regional, Former, M, Yes] 77%	
		[Inner_Regional, Former, F, Yes] 93%	
		[Inner_Regional, None, M, Yes] 79%	
		[Inner_Regional, None, F, Yes] 86%	
		[Other, Ideator, M, Yes] 76%	
		[Other, Ideator, F, Yes] 83%	
		[Other, Acute_Post, M, Yes] 67%	
		[Other, Acute_Post, F, Yes] 88%	
		[Other, Former, M, Yes] 77%	
		[Other, Former, F, Yes] 93%	
		[Other, None, M, Yes] 86%	
		[Other, None, F, Yes] 92%	
		[Major_Cities, Ideator, M, No] 85%	
		[Major_Cities, Ideator, F, No] 96%	
		[Major_Cities, Acute_Post, M, No] 67%	
		[Major_Cities, Acute_Post, F,	

		No] 88%	
		[Major_Cities, Former, M, No]	
		50%	
		[Major_Cities, Former, F, No]	
		85%	
		[Major_Cities, None, M, No]	
		75%	
		[Major_Cities, None, F, No] 86%	
		[Inner_Regional, Ideator, M, No]	
		80%	
		[Inner_Regional, Ideator, F, No]	
		83%	
		[Inner_Regional, Acute_Post, M,	
		No] 66%	
		[Inner_Regional, Acute_Post, F,	
		No] 92%	
		[Inner_Regional, Former, M,	
		No] 66%	
		[Inner_Regional, Former, F, No]	
		92%	
		[Inner_Regional, None, M, No]	
		73%	
		[Inner_Regional, None, F, No]	
		83%	
		[Other, Ideator, M, No] 59%	
		[Other, Ideator, F, No] 83%	
		[Other, Acute_Post, M, No] 67%	
		[Other, Acute_Post, F, No] 88%	
		[Other, Former, M, No] 66%	
		[Other, Former, F, No] 92%	
		[Other, None, M, No] 74%	
		[Other, None, F, No] 82%	
		[Major_Cities, Ideator, M, Yes]	
		48%	
		[Major_Cities, Ideator, F, Yes]	
		46%	
		[Major_Cities, Acute_Post, M,	
		Yes] 45%	
		[Major_Cities, Acute_Post, F,	
		Yes] 70%	
Percent Adults	RemotenessSS	[Major_Cities, Former, M, Yes]	
experiencing suicidal	tate, Gender,	67%	
thoughts see their GP and	Underlying	[Major_Cities, Former, F, Yes]	
seek mental health support	mental health	59%	
		[Major_Cities, None, M, Yes]	
		20%	
		[Major_Cities, None, F, Yes] 29%	
		[Inner_Regional, Ideator, M,	
		Yes] 66%	
		[Inner_Regional, Ideator, F, Yes]	
		73%	

Derived from the National Survey of  
Mental Health and Wellbeing, 2007.

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[Inner\_Regional, Acute\_Post, M, Yes] 45%

[Inner\_Regional, Acute\_Post, F, Yes] 70%

[Inner\_Regional, Former, M, Yes] 60%

[Inner\_Regional, Former, F, Yes] 78%

[Inner\_Regional, None, M, Yes] 24%

[Inner\_Regional, None, F, Yes] 29%

[Other, Ideator, M, Yes] 48%

[Other, Ideator, F, Yes] 78%

[Other, Acute\_Post, M, Yes] 45%

[Other, Acute\_Post, F, Yes] 70%

[Other, Former, M, Yes] 60%

[Other, Former, F, Yes] 78%

[Other, None, M, Yes] 15%

[Other, None, F, Yes] 29%

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[Major\_Cities, Ideator, M, No] 13%

[Major\_Cities, Ideator, F, No] 34%

[Major\_Cities, Acute\_Post, M, No] 45%

[Major\_Cities, Acute\_Post, F, No] 70%

[Major\_Cities, Former, M, No] 90%

[Major\_Cities, Former, F, No] 81%

[Major\_Cities, None, M, No] 3%

[Major\_Cities, None, F, No] 6%

[Inner\_Regional, Ideator, M, No] 33%

[Inner\_Regional, Ideator, F, No] 60%

[Inner\_Regional, Acute\_Post, M, No] 45%

[Inner\_Regional, Acute\_Post, F, No] 70%

[Inner\_Regional, Former, M, No] 61%

[Inner\_Regional, Former, F, No] 78%

[Inner\_Regional, None, M, No] 6%

[Inner\_Regional, None, F, No] 4%

[Other, Ideator, M, No] 57%

[Other, Ideator, F, No] 60%

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		[Other, Acute_Post, M, No] 45% [Other, Acute_Post, F, No] 70% [Other, Former, M, No] 61% [Other, Former, F, No] 78% [Other, None, M, No] 5% [Other, None, F, No] 3%	
Percent to hospital post attempt	Gender	[M] 50% [F] 75%	Estimated via model optimisation
Percent who do not complete aftercare		50%	Derived from Carter G, McGill K, Sawyer L, Whyte I. The NSW Way Back Support Service (Hunter): Process & Effectiveness Outcomes Evaluation Report. 2019
Percent with underlying mental health by SState	SState, Gender	[M, Ideator] 62% [M, Acute_Post] 95% [M, Former] 84% [M, None] 18% [F, Ideator] 80% [F, Acute_Post] 95% [F, Former] 81% [F, None] 23%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Percent adults experiencing suicidal thoughts referred to community-based care by GP	SState, Gender, Underlying mental health	[Ideator, M, Yes] 46.0% [Ideator, F, Yes] 51.0% [Acute_Post, M, Yes] 45.0% [Acute_Post, F, Yes] 45.0% [Former, M, Yes] 67.0% [Former, F, Yes] 51.0% [None, M, Yes] 33.0% [None, F, Yes] 40.0% [Ideator, M, No] 15.0% [Ideator, F, No] 40.0% [Acute_Post, M, No] 45.0% [Acute_Post, F, No] 45.0% [Former, M, No] 90.0% [Former, F, No] 90.0% [None, M, No] 15.0% [None, F, No] 16.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007.
Percent adults experiencing suicidal thoughts see their GP for physical reasons but still get onward mental health referral	SState, Gender, Underlying mental health	[Ideator, M, Yes] 9.0% [Ideator, F, Yes] 8.0% [Acute_Post, M, Yes] 18.0% [Acute_Post, F, Yes] 10.0% [Former, M, Yes] 20.0% [Former, F, Yes] 20.0% [None, M, Yes] 2.8% [None, F, Yes] 2.5% [Ideator, M, No] 0.0% [Ideator, F, No] 0.0% [Acute_Post, M, No] 18.0% [Acute_Post, F, No] 10.0% [Former, M, No] 0.0% [Former, F, No] 0.0% [None, M, No] 0.3%	Derived from the National Survey of Mental Health and Wellbeing, 2007.

		[None, F, No] 0.6% 0.09	
Annual growth in Allied mental health practitioners	Remoteness	[Big Cities] 0.015 [Inner Regional] 0.01 [Other] 0.01	Estimated from Australian Institute for Health and Wellbeing Mental health services in Australia – Mental health workforce data 2018
Assumed percent of engaged cases in outpatient mental health support where support does not facilitate connection to community-based care		59%	Estimated via model optimisation and Spittal MJ, Shand F, Christensen H, Brophy L, Pirkis J. Community mental health care after self-harm: A retrospective cohort study. Australian & New Zealand Journal of Psychiatry. 2016;51(7):727-35.
Assumed percent of engaged cases in suicide specific aftercare where support does not facilitate connection to community-based care		11%	Derived from Carter G, McGill K, Sawyer L, Whyte I. The NSW Way Back Support Service (Hunter): Process & Effectiveness Outcomes Evaluation Report. 2019 - considering the number of users who only engaged with the service for a few days.
Assumed percent of people who do not engage with connection service		20%	Derived from Carter G, McGill K, Sawyer L, Whyte I. The NSW Way Back Support Service (Hunter): Process & Effectiveness Outcomes Evaluation Report. 2019
Assumed percent referrals from Gatekeeper to see GP		50%	
Assumed baseline percent people connected though existing Community Mental Health Care channels no suicidal thoughts suicidal behaviours	Gender, Underlying mental health	[M, Yes] 6.5% [F, Yes] 9.0% [M, No] 0.8% [Y, No] 1.5%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and estimated using model optimisation
Assumed baseline percent people connected though existing Community Mental Health Care channels post attempt acute	Gender, Underlying mental health	[M, Yes] 45.0% [F, Yes] 28.0% [M, No] 45.0% [Y, No] 28.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and estimated using model optimisation
Assumed baseline percent people connected though existing Community Mental Health Care channels repeat suicidal thoughts with suicidal behaviour history	Gender, Underlying mental health	[M, Yes] 30.0% [F, Yes] 10.0% [M, No] 34.0% [Y, No] 16.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and estimated using model optimisation
Assumed baseline percent people connected though existing Community Mental Health Care channels suicidal thoughts no suicidal behaviour	Gender, Underlying mental health	[M, Yes] 9.0% [F, Yes] 14.0% [M, No] 3.8% [Y, No] 6.5%	Derived from the National Survey of Mental Health and Wellbeing, 2007 and estimated using model optimisation

Average length of care for community-based care		13 weeks	Derived from Munasinghe S, Page A, Mannan H, Ferdousi S, Peek B. Determinants of treatment disengagement among those at risk of suicide referred to primary mental health care services in Western Sydney, Australia. Australian & New Zealand Journal of Psychiatry.0(0):0004867420963738.
Average weeks of GP mental health support		16 weeks	Assumes care length provided by GPs is slightly longer than care provided by non-GP community services
Background new patients per mental health service provider per year		60	Estimated via stakeholder consultation
GP mental health referral Geography multiplier	Remoteness	[Big Cities] 1 [Inner Regional] 1 [Other] 0.8	Derived from the National Survey of Mental Health and Wellbeing, 2007
GP physical only Geography multiplier	Remoteness	[Big Cities] 1.2 [Inner Regional] 0.6 [Other] 0.8	Derived from the National Survey of Mental Health and Wellbeing, 2007
Initial count of Allied mental health practitioners in NSW	Remoteness	[Big Cities] 2750 [Inner Regional] 600 [Other] 115	Derived from the National Survey of Mental Health and Wellbeing, 2007
Percent disengage per week		10%	Derived from Munasinghe S, Page A, Mannan H, Ferdousi S, Peek B. Determinants of treatment disengagement among those at risk of suicide referred to primary mental health care services in Western Sydney, Australia. Australian & New Zealand Journal of Psychiatry.0(0):0004867420963738.
Population background percent exposed to perceived need for information		[Major_Cities, Ideator, M, Yes] 72.9%	Derived from the National Survey of Mental Health and Wellbeing, 2007
		[Major_Cities, Ideator, F, Yes] 96.4%	
		[Major_Cities, Acute_Post, M, Yes] 89.7%	
		[Major_Cities, Acute_Post, F, Yes] 69.9%	
		[Major_Cities, Former, M, Yes] 89.3%	
		[Major_Cities, Former, F, Yes] 69.5%	
		[Major_Cities, None, M, Yes] 0.0%	
		[Major_Cities, None, F, Yes] 0.0%	
		[Inner_Regional, Ideator, M, Yes] 54.2%	
		[Inner_Regional, Ideator, F, Yes] 76.7%	

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[Inner\_Regional, Acute\_Post, M, Yes] 91.4%

[Inner\_Regional, Acute\_Post, F, Yes] 70.3%

[Inner\_Regional, Former, M, Yes] 53.0%

[Inner\_Regional, Former, F, Yes] 47.3%

[Inner\_Regional, None, M, Yes] 0.0%

[Inner\_Regional, None, F, Yes] 0.0%

[Other, Ideator, M, Yes] 54.4%

[Other, Ideator, F, Yes] 81.9%

[Other, Acute\_Post, M, Yes] 89.0%

[Other, Acute\_Post, F, Yes] 70.6%

[Other, Former, M, Yes] 53.6%

[Other, Former, F, Yes] 47.6%

[Other, None, M, Yes] 0.0%

[Other, None, F, Yes] 0.0%

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[Major\_Cities, Ideator, M, No] 23.7%

[Major\_Cities, Ideator, F, No] 47.7%

[Major\_Cities, Acute\_Post, M, No] 88.5%

[Major\_Cities, Acute\_Post, F, No] 69.9%

[Major\_Cities, Former, M, No] 28.5%

[Major\_Cities, Former, F, No] 29.4%

[Major\_Cities, None, M, No] 0.0%

[Major\_Cities, None, F, No] 0.0%

[Inner\_Regional, Ideator, M, No] 17.6%

[Inner\_Regional, Ideator, F, No] 41.5%

[Inner\_Regional, Acute\_Post, M, No] 89.1%

[Inner\_Regional, Acute\_Post, F, No] 70.2%

[Inner\_Regional, Former, M, No] 18.0%

[Inner\_Regional, Former, F, No] 19.6%

[Inner\_Regional, None, M, No]

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Derived from the National Survey of  
Mental Health and Wellbeing, 2007



		0.0%	
		[Inner_Regional, None, F, No]	
		0.0%	
		[Other, Ideator, M, No] 18.5%	
		[Other, Ideator, F, No] 43.2%	
		[Other, Acute_Post, M, No]	
		88.4%	
		[Other, Acute_Post, F, No]	
		70.4%	
		[Other, Former, M, No] 18.0%	
		[Other, Former, F, No] 19.5%	
		[Other, None, M, No] 0.0%	
		[Other, None, F, No] 0.0%	
Population background percent exposed to perceived need for medication	Remoteness SSState, Gender, Underlying mental health	[Major_Cities, Ideator, M, Yes]	Derived from the National Survey of Mental Health and Wellbeing, 2007
		39.4%	
		[Major_Cities, Ideator, F, Yes]	
		46.7%	
		[Major_Cities, Acute_Post, M, Yes] 55.4%	
		[Major_Cities, Acute_Post, F, Yes] 73.6%	
		[Major_Cities, Former, M, Yes]	
		60.5%	
		[Major_Cities, Former, F, Yes]	
		54.4%	
		[Major_Cities, None, M, Yes]	
		0.0%	
		[Major_Cities, None, F, Yes]	
		0.0%	
		[Inner_Regional, Ideator, M, Yes] 46.0%	
		[Inner_Regional, Ideator, F, Yes]	
		60.7%	
		[Inner_Regional, Acute_Post, M, Yes] 56.5%	
		[Inner_Regional, Acute_Post, F, Yes] 77.0%	
		[Inner_Regional, Former, M, Yes] 42.0%	
		[Inner_Regional, Former, F, Yes]	
		44.6%	
		[Inner_Regional, None, M, Yes]	
		0.0%	
		[Inner_Regional, None, F, Yes]	
		0.0%	
		[Other, Ideator, M, Yes] 12.5%	
		[Other, Ideator, F, Yes] 33.2%	
		[Other, Acute_Post, M, Yes]	
		55.5%	
		[Other, Acute_Post, F, Yes]	
		73.6%	

		[Other, Former, M, Yes] 71.0% [Other, Former, F, Yes] 32.7% [Other, None, M, Yes] 0.0% [Other, None, F, Yes] 0.0%	
		[Major_Cities, Ideator, M, No] 20.3%[Major_Cities, Ideator, F, No] 47.7%[Major_Cities, Acute_Post, M, No] 56.6%[Major_Cities, Acute_Post, F, No] 76.8%[Major_Cities, Former, M, No] 53.6%[Major_Cities, Former, F, No] 26.5%[Major_Cities, None, M, No] 0.0%[Major_Cities, None, F, No] 0.0%[Inner_Regional, Ideator, M, No] 23.8%[Inner_Regional, Ideator, F, No] 48.4%[Inner_Regional, Acute_Post, M, No] 55.9%[Inner_Regional, Acute_Post, F, No] 76.9%[Inner_Regional, Former, M, No] 55.2%[Inner_Regional, Former, F, No] 26.9%[Inner_Regional, None, M, No] 0.0%[Inner_Regional, None, F, No] 0.0% [Other, Ideator, M, No] 12.5% [Other, Ideator, F, No] 33.2% [Other, Acute_Post, M, No] 55.5% [Other, Acute_Post, F, No] 73.6% [Other, Former, M, No] 71.0% [Other, Former, F, No] 32.7% [Other, None, M, No] 0.0% [Other, None, F, No] 0.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Population background percent exposed to perceived need for situational support	RemotenessSS tate, Gender, Underlying mental health	[Major_Cities, Ideator, M, Yes] 14.6% [Major_Cities, Ideator, F, Yes] 28.0% [Major_Cities, Acute_Post, M, Yes] 84.9% [Major_Cities, Acute_Post, F, Yes] 46.0% [Major_Cities, Former, M, Yes] 41.5% [Major_Cities, Former, F, Yes] 42.1% [Major_Cities, None, M, Yes]	Derived from the National Survey of Mental Health and Wellbeing, 2007

	0.0%	
	[Major_Cities, None, F, Yes]	
	0.0%	
	[Inner_Regional, Ideator, M, Yes]	14.7%
	[Inner_Regional, Ideator, F, Yes]	37.8%
	[Inner_Regional, Acute_Post, M, Yes]	80.3%
	[Inner_Regional, Acute_Post, F, Yes]	43.1%
	[Inner_Regional, Former, M, Yes]	32.2%
	[Inner_Regional, Former, F, Yes]	34.8%
	[Inner_Regional, None, M, Yes]	0.0%
	[Inner_Regional, None, F, Yes]	0.0%
	[Other, Ideator, M, Yes]	13.9%
	[Other, Ideator, F, Yes]	37.9%
	[Other, Acute_Post, M, Yes]	79.7%
	[Other, Acute_Post, F, Yes]	42.7%
	[Other, Former, M, Yes]	33.0%
	[Other, Former, F, Yes]	35.3%
	[Other, None, M, Yes]	0.0%
	[Other, None, F, Yes]	0.0%
	[Major_Cities, Ideator, M, No]	8.0%
	[Major_Cities, Ideator, F, No]	25.2%
	[Major_Cities, Acute_Post, M, No]	84.5%
	[Major_Cities, Acute_Post, F, No]	46.0%
	[Major_Cities, Former, M, No]	17.6%
	[Major_Cities, Former, F, No]	18.3%
	[Major_Cities, None, M, No]	0.0%
	[Major_Cities, None, F, No]	0.0%
	[Inner_Regional, Ideator, M, No]	7.4%
	[Inner_Regional, Ideator, F, No]	40.1%
	[Inner_Regional, Acute_Post, M, No]	79.6%

Derived from the National Survey of  
Mental Health and Wellbeing, 2007

			[Inner_Regional, Acute_Post, F, No] 43.2% [Inner_Regional, Former, M, No] 13.5% [Inner_Regional, Former, F, No] 15.1% [Inner_Regional, None, M, No] 0.0% [Inner_Regional, None, F, No] 0.0% [Other, Ideator, M, No] 7.8% [Other, Ideator, F, No] 39.3% [Other, Acute_Post, M, No] 79.5% [Other, Acute_Post, F, No] 42.8% [Other, Former, M, No] 13.8% [Other, Former, F, No] 15.2% [Other, None, M, No] 0.0% [Other, None, F, No] 0.0%	
			[Major_Cities, Ideator, M, Yes] 35.1% [Major_Cities, Ideator, F, Yes] 37.8% [Major_Cities, Acute_Post, M, Yes] 83.7% [Major_Cities, Acute_Post, F, Yes] 49.8% [Major_Cities, Former, M, Yes] 69.1% [Major_Cities, Former, F, Yes] 43.4% [Major_Cities, None, M, Yes] 0.0% [Major_Cities, None, F, Yes] 0.0% [Inner_Regional, Ideator, M, Yes] 26.5% [Inner_Regional, Ideator, F, Yes] 32.2% [Inner_Regional, Acute_Post, M, Yes] 83.7% [Inner_Regional, Acute_Post, F, Yes] 49.5% [Inner_Regional, Former, M, Yes] 43.5% [Inner_Regional, Former, F, Yes] 30.5% [Inner_Regional, None, M, Yes] 0.0% [Inner_Regional, None, F, Yes] 0.0% [Other, Ideator, M, Yes] 23.6% [Other, Ideator, F, Yes] 32.1% [Other, Acute_Post, M, Yes] 82.5% [Other, Acute_Post, F, Yes] 49.0% [Other, Former, M, Yes] 45.6%	
Population background percent exposed to perceived need for social support	RemotenessSS tate, Gender, Underlying mental health			Derived from the National Survey of Mental Health and Wellbeing, 2007

		[Other, Former, F, Yes] 31.3%	
		[Other, None, M, Yes] 0.0%	
		[Other, None, F, Yes] 0.0%	
		<hr/>	
		[Major_Cities, Ideator, M, No]	
		15.0%	
		[Major_Cities, Ideator, F, No]	
		22.8%	
		[Major_Cities, Acute_Post, M,	
		No] 83.3%	
		[Major_Cities, Acute_Post, F,	
		No] 49.9%	
		[Major_Cities, Former, M, No]	
		9.3%	
		[Major_Cities, Former, F, No]	
		9.6%	
		[Major_Cities, None, M, No]	
		0.0%	
		[Major_Cities, None, F, No]	
		0.0%	
		[Inner_Regional, Ideator, M, No]	
		13.3%	
		[Inner_Regional, Ideator, F, No]	
		22.4%	
		[Inner_Regional, Acute_Post, M,	
		No] 83.0%	Derived from the National Survey of
		[Inner_Regional, Acute_Post, F,	Mental Health and Wellbeing, 2007
		No] 49.6%	
		[Inner_Regional, Former, M,	
		No] 6.1%	
		[Inner_Regional, Former, F, No]	
		6.8%	
		[Inner_Regional, None, M, No]	
		0.0%	
		[Inner_Regional, None, F, No]	
		0.0%	
		[Other, Ideator, M, No] 14.9%	
		[Other, Ideator, F, No] 21.8%	
		[Other, Acute_Post, M, No]	
		82.3%	
		[Other, Acute_Post, F, No]	
		49.0%	
		[Other, Former, M, No] 6.4%	
		[Other, Former, F, No] 7.0%	
		[Other, None, M, No] 0.0%	
		[Other, None, F, No] 0.0%	
		<hr/>	
Population background	Remoteness	[Major_Cities, Ideator, M, Yes]	
percent exposed to	SState,	38.1%	
perceived need for therapy	Gender,	[Major_Cities, Ideator, F, Yes]	Derived from the National Survey of
	Underlying	74.8%	Mental Health and Wellbeing, 2007
	mental health	[Major_Cities, Acute_Post, M,	
		Yes] 94.0%	
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[Major\_Cities, Acute\_Post, F, Yes] 91.4%  
 [Major\_Cities, Former, M, Yes] 79.1%  
 [Major\_Cities, Former, F, Yes] 75.7%  
 [Major\_Cities, None, M, Yes] 0.0%  
 [Major\_Cities, None, F, Yes] 0.0%  
 [Inner\_Regional, Ideator, M, Yes] 38.8%  
 [Inner\_Regional, Ideator, F, Yes] 80.5%  
 [Inner\_Regional, Acute\_Post, M, Yes] 93.3%  
 [Inner\_Regional, Acute\_Post, F, Yes] 90.9%  
 [Inner\_Regional, Former, M, Yes] 46.9%  
 [Inner\_Regional, Former, F, Yes] 50.7%  
 [Inner\_Regional, None, M, Yes] 0.0%  
 [Inner\_Regional, None, F, Yes] 0.0%  
 [Other, Ideator, M, Yes] 37.5%  
 [Other, Ideator, F, Yes] 82.7%  
 [Other, Acute\_Post, M, Yes] 92.1%  
 [Other, Acute\_Post, F, Yes] 90.6%  
 [Other, Former, M, Yes] 46.1%  
 [Other, Former, F, Yes] 50.2%  
 [Other, None, M, Yes] 0.0%  
 [Other, None, F, Yes] 0.0%

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[Major\_Cities, Ideator, M, No] 15.0%  
 [Major\_Cities, Ideator, F, No] 47.9%  
 [Major\_Cities, Acute\_Post, M, No] 93.7%  
 [Major\_Cities, Acute\_Post, F, No] 91.4%  
 [Major\_Cities, Former, M, No] 35.7%  
 [Major\_Cities, Former, F, No] 37.2%  
 [Major\_Cities, None, M, No] 0.0%  
 [Major\_Cities, None, F, No] 0.0%  
 [Inner\_Regional, Ideator, M, No] 19.1%  
 [Inner\_Regional, Ideator, F, No] 57.4%  
 [Inner\_Regional,

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Derived from the National Survey of  
 Mental Health and Wellbeing, 2007

		Acute_Post, M, No] 92.5%[Inner_Regional, Acute_Post, F, No] 90.8%[Inner_Regional, Former, M, No] 21.6%[Inner_Regional, Former, F, No] 24.4%[Inner_Regional, None, M, No] 0.0%[Inner_Regional, None, F, No] 0.0% [Other, Ideator, M, No] 21.1% [Other, Ideator, F, No] 58.0% [Other, Acute_Post, M, No] 91.9% [Other, Acute_Post, F, No] 90.6% [Other, Former, M, No] 20.9% [Other, Former, F, No] 23.7% [Other, None, M, No] 0.0% [Other, None, F, No] 0.0%	
Probability of suicidal thoughts with needs met	SState, Gender	[M, Ideator] 10.8% [M, Acute_Post] 17.2% [M, Former] 12.1% [M, None] 100.0% [F, Ideator] 11.2% [F, Acute_Post] 16.4% [F, Former] 10.3% [F, None] 100.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Probability of suicidal thoughts with no need	SState, Gender	[M, Ideator] 9.3% [M, Acute_Post] 11.9% [M, Former] 7.8% [M, None] 100.0% [F, Ideator] 9.2% [F, Acute_Post] 12.1% [F, Former] 10.3% [F, None] 100.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Probability of suicidal thoughts with outstanding needs	SState, Gender	[M, Ideator] 18.6% [M, Acute_Post] 64.6% [M, Former] 51.7% [M, None] 100.0% [F, Ideator] 34.9% [F, Acute_Post] 42.2% [F, Former] 78.1% [F, None] 100.0%	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing support for perceived need for information needs fully met	SState, Gender	[Major_Cities, Ideator] 0.75 [Major_Cities, Acute_Post] 0.95 [Major_Cities, Former] 0.87 [Major_Cities, None] 1.05 [Inner_Regional, Ideator] 0.87 [Inner_Regional, Acute_Post] 1.12 [Inner_Regional, Former] 1.46	Derived from the National Survey of Mental Health and Wellbeing, 2007

		[Inner_Regional, None] 1.46 [Other, Ideator] 0.87 [Other, Acute_Post] 1.12 [Other, Former] 1.46 [Other, None] 1.46	
Regional multiplier - Baseline percent adult with suicidal thoughts accessing support for perceived need for medication needs fully met	SState, Gender	[Major_Cities, Ideator] 1.01 [Major_Cities, Acute_Post] 1.00 [Major_Cities, Former] 1.01 [Major_Cities, None] 0.99 [Inner_Regional, Ideator] 0.99 [Inner_Regional, Acute_Post] 0.99 [Inner_Regional, Former] 0.94 [Inner_Regional, None] 0.94 [Other, Ideator] 0.99 [Other, Acute_Post] 0.99 [Other, Former] 0.94 [Other, None] 0.94	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing support for perceived need for practical support needs fully met	SState, Gender	[Major_Cities, Ideator] 1.05 [Major_Cities, Acute_Post] 0.95 [Major_Cities, Former] 0.97 [Major_Cities, None] 1.05 [Inner_Regional, Ideator] 0.93 [Inner_Regional, Acute_Post] 1.13 [Inner_Regional, Former] 1.09 [Inner_Regional, None] 1.09 [Other, Ideator] 0.93 [Other, Acute_Post] 1.13 [Other, Former] 1.09 [Other, None] 1.09	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing support for perceived need for social support needs fully met	SState, Gender	[Major_Cities, Ideator] 1.13 [Major_Cities, Acute_Post] 1.06 [Major_Cities, Former] 1.04 [Major_Cities, None] 1.01 [Inner_Regional, Ideator] 0.86 [Inner_Regional, Acute_Post] 0.87 [Inner_Regional, Former] 0.89 [Inner_Regional, None] 0.89 [Other, Ideator] 0.86 [Other, Acute_Post] 0.87 [Other, Former] 0.89 [Other, None] 0.89	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing support for perceived need for therapy needs fully met	SState, Gender	[Major_Cities, Ideator] 0.99 [Major_Cities, Acute_Post] 0.89 [Major_Cities, Former] 0.98 [Major_Cities, None] 1.00 [Inner_Regional, Ideator] 1.01 [Inner_Regional, Acute_Post] 1.32	Derived from the National Survey of Mental Health and Wellbeing, 2007



		[Inner_Regional, Former] 1.07 [Inner_Regional, None] 1.07 [Other, Ideator] 1.01 [Other, Acute_Post] 1.32 [Other, Former] 1.07 [Other, None] 1.07	
Regional multiplier - Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for information	SState, Gender	[Major_Cities, Ideator] 1.00 [Major_Cities, Acute_Post] 0.96 [Major_Cities, Former] 1.00 [Major_Cities, None] 1.06 [Inner_Regional, Ideator] 0.86 [Inner_Regional, Acute_Post] 1.12 [Inner_Regional, Former] 0.99 [Inner_Regional, None] 0.99 [Other, Ideator] 0.86 [Other, Acute_Post] 1.12 [Other, Former] 0.99 [Other, None] 0.99	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for medication	SState, Gender	[Major_Cities, Ideator] 1.00 [Major_Cities, Acute_Post] 0.96 [Major_Cities, Former] 1.00 [Major_Cities, None] 1.06 [Inner_Regional, Ideator] 0.86 [Inner_Regional, Acute_Post] 1.12 [Inner_Regional, Former] 0.99 [Inner_Regional, None] 0.99 [Other, Ideator] 0.86 [Other, Acute_Post] 1.12 [Other, Former] 0.99 [Other, None] 0.99	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for practical support	SState, Gender	[Major_Cities, Ideator] 1.08 [Major_Cities, Acute_Post] 0.96 [Major_Cities, Former] 0.99 [Major_Cities, None] 0.90 [Inner_Regional, Ideator] 0.90 [Inner_Regional, Acute_Post] 1.12 [Inner_Regional, Former] 1.04 [Inner_Regional, None] 1.04 [Other, Ideator] 0.90 [Other, Acute_Post] 1.12 [Other, Former] 1.04 [Other, None] 1.04	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adult with suicidal thoughts accessing system able to access support for perceived need for social support	SState, Gender	[Major_Cities, Ideator] 0.83 [Major_Cities, Acute_Post] 0.92 [Major_Cities, Former] 0.93 [Major_Cities, None] 1.10 [Inner_Regional, Ideator] 1.30 [Inner_Regional, Acute_Post]	Derived from the National Survey of Mental Health and Wellbeing, 2007

		1.22 [Inner_Regional, Former] 1.26 [Inner_Regional, None] 1.26 [Other, Ideator] 1.30 [Other, Acute_Post] 1.22 [Other, Former] 1.26 [Other, None] 1.26	
Regional multiplier - Baseline percent adults with perceived need for medication with suicidal thoughts	SState, Gender	[Major_Cities, Ideator] 0.98 [Major_Cities, Acute_Post] 0.98 [Major_Cities, Former] 1.11 [Major_Cities, None] 0.92 [Inner_Regional, Ideator] 1.03 [Inner_Regional, Acute_Post] 1.07 [Inner_Regional, Former] 0.76 [Inner_Regional, None] 0.76 [Other, Ideator] 1.03 [Other, Acute_Post] 1.07 [Other, Former] 0.76 [Other, None] 0.76	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adults with perceived need for practical support with suicidal thoughts	SState, Gender	Major_Cities, Ideator] 0.82 [Major_Cities, Acute_Post] 1.01 [Major_Cities, Former] 1.11 [Major_Cities, None] 1.14 [Inner_Regional, Ideator] 1.33 [Inner_Regional, Acute_Post] 0.97 [Inner_Regional, Former] 0.78 [Inner_Regional, None] 0.78 [Other, Ideator] 1.33 [Other, Acute_Post] 0.97 [Other, Former] 0.78 [Other, None] 0.78	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adults with perceived need for social support with suicidal thoughts	SState, Gender	[Major_Cities, Ideator] 0.98 [Major_Cities, Acute_Post] 0.99 [Major_Cities, Former] 1.17 [Major_Cities, None] 1.26 [Inner_Regional, Ideator] 1.04 [Inner_Regional, Acute_Post] 1.03 [Inner_Regional, Former] 0.64 [Inner_Regional, None] 0.64 [Other, Ideator] 1.04 [Other, Acute_Post] 1.03 [Other, Former] 0.64 [Other, None] 0.64	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adults with perceived need for therapy with suicidal thoughts	SState, Gender	[Major_Cities, Ideator] 1.02 [Major_Cities, Acute_Post] 0.99 [Major_Cities, Former] 1.12 [Major_Cities, None] 1.02 [Inner_Regional, Ideator] 0.96	Derived from the National Survey of Mental Health and Wellbeing, 2007

		[Inner_Regional, Acute_Post] 1.03 [Inner_Regional, Former] 0.75 [Inner_Regional, None] 0.75 [Other, Ideator] 0.96 [Other, Acute_Post] 1.03 [Other, Former] 0.75 [Other, None] 0.75	
Regional multiplier - Baseline percent adults with suicidal thoughts non service users with perceived need for information	SState, Gender	[Major_Cities, Ideator] 2.72 [Major_Cities, Acute_Post] 1.14 [Major_Cities, Former] 1.03 [Major_Cities, None] 0.43 [Inner_Regional, Ideator] 1.85 [Inner_Regional, Acute_Post] 1.00 [Inner_Regional, Former] 0.77 [Inner_Regional, None] 0.77 [Other, Ideator] 1.85 [Other, Acute_Post] 1.00 [Other, Former] 0.77 [Other, None] 0.77	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adults with suicidal thoughts non service users with perceived need for medication	SState, Gender	[Major_Cities, Ideator] 0.89 [Major_Cities, Acute_Post] 1.14 [Major_Cities, Former] 0.99 [Major_Cities, None] 0.97 [Inner_Regional, Ideator] 1.29 [Inner_Regional, Acute_Post] 1.00 [Inner_Regional, Former] 1.05 [Inner_Regional, None] 1.05 [Other, Ideator] 1.29 [Other, Acute_Post] 1.00 [Other, Former] 1.05 [Other, None] 1.05	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adults with suicidal thoughts non service users with perceived need for practical support	SState, Gender	[Major_Cities, Ideator] 1.12 [Major_Cities, Acute_Post] 1.14 [Major_Cities, Former] 0.99 [Major_Cities, None] 0.99 [Inner_Regional, Ideator] 0.70 [Inner_Regional, Acute_Post] 1.00 [Inner_Regional, Former] 1.04 [Inner_Regional, None] 1.04 [Other, Ideator] 0.70 [Other, Acute_Post] 1.00 [Other, Former] 1.04 [Other, None] 1.04	Derived from the National Survey of Mental Health and Wellbeing, 2007
Regional multiplier - Baseline percent adults with suicidal thoughts non service users with	SState, Gender	[Major_Cities, Ideator] 1.22 [Major_Cities, Acute_Post] 1.14 [Major_Cities, Former] 0.99 [Major_Cities, None] 0.87	Derived from the National Survey of Mental Health and Wellbeing, 2007

perceived need for social support		[Inner_Regional, Ideator] 0.44 [Inner_Regional, Acute_Post] 1.00 [Inner_Regional, Former] 1.04 [Inner_Regional, None] 1.04 [Other, Ideator] 0.44 [Other, Acute_Post] 1.00 [Other, Former] 1.04 [Other, None] 1.04	
Regional multiplier - Baseline percent adults with suicidal thoughts non service users with perceived need for therapy	SState, Gender	[Major_Cities, Ideator] 0.96 [Major_Cities, Acute_Post] 1.14 [Major_Cities, Former] 1.06 [Major_Cities, None] 0.89 [Inner_Regional, Ideator] 1.10 [Inner_Regional, Acute_Post] 1.00 [Inner_Regional, Former] 0.60 [Inner_Regional, None] 0.60 [Other, Ideator] 1.10 [Other, Acute_Post] 1.00 [Other, Former] 0.60 [Other, None] 0.60	Derived from the National Survey of Mental Health and Wellbeing, 2007

#### Economics Sector

Model Parameter	Arrayed by	Parameter Value	Notes
Percent people with attempt in the labour force full time	Gender	[M] 46% [F] 43%	Australian Bureau of Statistics 6202.0 - Labour Force, Australia, June 2020
Percent of people with attempt in the labour force part time	Gender	[M] 1% [F] 14%	Assumed
Percent of people with suicidal thoughts in the labour force full time	Gender	[M] 50% [F] 52%	Assumed
Percent of people with suicidal thoughts in the labour force part time	Gender	[M] 2% [F] 6.5%	Assumed
Percent Emergency Department presentations with attempt requiring ambulance transfer		55.0%	Derived from Turning Point (2019) Beyond the Emergency: A national study of ambulance responses to men's mental health. Richmond, Victoria
Percent Emergency Department presentations with attempt requiring police presence		48.0%	Derived from Turning Point (2019) Beyond the Emergency: A national study of ambulance responses to men's mental health. Richmond, Victoria
Percent Emergency Department presentations with attempt requiring		25.0%	Derived from Perera, Jayashanki, et al. "Presentations to NSW emergency departments with self-harm, suicidal suicidal thoughts, or intentional

requiring inpatient stay - general wards		poisoning, 2010–2014." Medical journal of Australia 208.8 (2018): 348- 353.
Percent Emergency Department presentations with attempt requiring requiring inpatient stay - mental health ward	5.0%	Derived from Perera, Jayashanki, et al. "Presentations to NSW emergency departments with self-harm, suicidal suicidal thoughts, or intentional poisoning, 2010–2014." Medical journal of Australia 208.8 (2018): 348- 353.
Percent Emergency Department presentations with suicidal thoughts requiring ambulance transfer	55.0%	Derived from Turning Point (2019) Beyond the Emergency: A national study of ambulance responses to men's mental health. Richmond, Victoria. It was assumed the rate of ambulance call outs would be the same for females.
Percent Emergency Department presentations with suicidal thoughts requiring inpatient stay - general wards	3.0%	Derived from Perera, Jayashanki, et al. "Presentations to NSW emergency departments with self-harm, suicidal suicidal thoughts, or intentional poisoning, 2010–2014." Medical journal of Australia 208.8 (2018): 348- 353.
Percent Emergency Department presentations with suicidal thoughts requiring inpatient stay - mental health ward	2.0%	Derived from Perera, Jayashanki, et al. "Presentations to NSW emergency departments with self-harm, suicidal suicidal thoughts, or intentional poisoning, 2010–2014." Medical journal of Australia 208.8 (2018): 348- 353.
Percent Emergency Department presentations with suicidal thoughts requiring police presence	48.0%	Derived from Turning Point (2019) Beyond the Emergency: A national study of ambulance responses to men's mental health. Richmond, Victoria.
Percent suicide deaths undergoing coronial investigation	80.0%	Derived from Department of Infrastructure, Transport, Regional Development and Local Government Bureau of Infrastructure, Transport and Regional Economics (2009). Assumed 80% of road fatalities proceed to coronial investigation.
Assumed percent bereaved persons requiring minimal bereavement time	38.1%	Derived from Spiller, H., Ackerman, J., Smith, G., Kistamgari, S., Funk, A., McDermott, M., & Casavant, M. 'Suicide attempts by self-poisoning in the United States among 10-25 year olds from 2000 to 2018: substances used, temporal changes and demographics' (2020), Clinical

		Toxicology, Volume 58, Issue 7; and Safe Work Australia (2015), 'The cost of work-related injury and illness for Australian employers, workers and the community: 2012-13'
Assumed percent suicide attempts requiring minimal recovery time	38.1%	Derived from Spiller, H., Ackerman, J., Smith, G., Kistamgari, S., Funk, A., McDermott, M., & Casavant, M. 'Suicide attempts by self-poisoning in the United States among 10-25 year olds from 2000 to 2018: substances used, temporal changes and demographics' (2020), Clinical Toxicology, Volume 58, Issue 7; and Safe Work Australia (2015), 'The cost of work-related injury and illness for Australian employers, workers and the community: 2012-13'
Assumed percent bereaved persons requiring moderate bereavement time (assumed)	24.8%	Derived from Martin, M., Weng, J., Demetriades, D., & Salim, A. 'Patterns of injury and functional outcomes after hanging: analysis of the National Trauma Data Bank' (2005), American Journal of Surgery, Volume 190, Issue 6; and Safe Work Australia (2015), 'The cost of work-related injury and illness for Australian employers, workers and the community: 2012-13'
Percent suicide attempts requiring moderate recovery time	24.8%	Derived from Martin, M., Weng, J., Demetriades, D., & Salim, A. 'Patterns of injury and functional outcomes after hanging: analysis of the National Trauma Data Bank' (2005), American Journal of Surgery, Volume 190, Issue 6; and Safe Work Australia (2015), 'The cost of work-related injury and illness for Australian employers, workers and the community: 2012-13'
Assumed percent bereaved persons requiring significant bereavement time	3.2%	Derived from Jeong, S., Gu, J., & Kim, W. 'Analysis of self-inflicted lacerations to the wrist: a multi-disciplinary approach to treating' (2020), The Journal of Hand Surgery, Volume 25, Issue 1; and Safe Work Australia (2015), 'The cost of work-related injury and illness for Australian employers, workers and the community: 2012-13'

Assumed percent suicide attempts requiring significant recovery time		3.2%	Derived from Jeong, S., Gu, J., & Kim, W. 'Analysis of self-inflicted lacerations to the wrist: a multi-disciplinary approach to treating' (2020), The Journal of Hand Surgery, Volume 25, Issue 1; and Safe Work Australia (2015), 'The cost of work-related injury and illness for Australian employers, workers and the community: 2012-13
Assumed average days affected per week from suicidal thoughts		0.02	
Assumed average weeks off work for bereavement		2.27	
Assumed average weeks off work for suicidal thoughts and distress		1	
Assumed percent people with suicidal thoughts of working age	Gender	[M] 93% [F] 94%	
Assumed percent suicide attempts by people of working age	Gender	[M] 93% [F] 94%	
Average assumed Years Life Lost for people with attempt history	Gender	[M] 25.7 years [F] 31.7 years	Total Life years lost <average age of death minus life expectancy of person with history of suicide attempt>
Average cost for carers for people with full incapacitation	Government	\$1,050	Assumed lost income experienced because of providing informal care of an average 36.2 hours per week
Average cost per ambulance transfer	Consumer out of pocket	\$380	Unit cost of the ambulance call out is based on NSW ambulance and updated using consumer price inflation index. Source: <a href="https://www.ambulance.nsw.gov.au/our-services/accounts-and-fees">https://www.ambulance.nsw.gov.au/our-services/accounts-and-fees</a>
Average cost per coronial investigation	Government	\$2,700	Average cost of coronial investigation per person for a road fatality, derived from Coroners Court New South Wales (2020), Understanding the NSW coronial jurisdiction, < <a href="https://www.coroners.nsw.gov.au/coronerscourt/the-coronial-process/what-to-expect-during-the-coronial-process.html">https://www.coroners.nsw.gov.au/coronerscourt/the-coronial-process/what-to-expect-during-the-coronial-process.html</a> >.
Average cost per Emergency Department visit - suicide attempt	Government	\$924	Derived from Hospital Independent Pricing Authority, National Hospital Cost Data Collection, Round 21, 2016-17. Updated using health care inflation rate.

Average cost per Emergency Department visit - suicidal thoughts	Government	\$561	Derived from Hospital Independent Pricing Authority, National Hospital Cost Data Collection, Round 21, 2016-17. Updated using health care inflation rate
Average cost per funeral	Consumer out of pocket	\$4,000	Derived from Money Smart updated using consumer price inflation index. < <a href="https://moneysmart.gov.au/paying-for-your-funeral">https://moneysmart.gov.au/paying-for-your-funeral</a> >
Average cost per inpatient stay - general wards	Government	\$2,814	Unit cost of \$1,876 based on mental health related from Productivity Commission Report times the average length of stay (1.5 days).
Average cost per inpatient stay - mental health wards	Government	\$3,762	Unit cost of \$1,254 is used based on mental health related from Productivity Commission Report times the average length of stay (3 days).
Average cost per person - intensive aftercare	Government	\$871	Derived from Beyond Blue Way Back Support Service Evaluation report (2019). < <a href="#">7-1-hunter-wbss_final-report_v4-4.pdf</a> ( <a href="http://beyondblue.org.au">beyondblue.org.au</a> )>
Average cost per person - simple aftercare	Government	\$330	Assumed that 5 hours support is needed by support coordinator per patient.
Average cost per police presence	Government	\$256	Assumed that the cost of a police officer involvement due to a suicide attempt is assumed to be approximately 5 hrs. Costs are derived from NSW Police report : < <a href="https://www.police.nsw.gov.au/recruitment/the_career/general_duties/working_conditions">https://www.police.nsw.gov.au/recruitment/the_career/general_duties/working_conditions</a> >
Average Family and carer cost per completed suicide	Government	\$1,543	Derived from Visser, Victoria S., Tracy A. Comans, and Paul A. Scuffham. "Evaluation of the effectiveness of a community-based crisis intervention program for people bereaved by suicide." Journal of community psychology 42.1 (2014): 19-28.  11 GP consultation visits and 4 psychologist visits were considered
Average number of bereaved persons per suicide death		7 persons	Derived from Schneidman, E.S. (1972) Survivors of suicide. Springfield Illinois, USA.
Average productive years lost per suicide death	Gender	[M] 26.1 years [F] 26 years	Derived from Causes of Death, Australia, 2019   Australian Bureau of Statistics ( <a href="http://abs.gov.au">abs.gov.au</a> )



			<a href="https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/latest-release">https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/latest-release</a>
Average reduced capacity from bereavement		12.30%	Derived from United Synergies and Griffith University (2011) Economic Evaluation of the StandBy Response Service.
Average weekly earning	Gender	[M] \$1,300 [F] \$1,000	Derived from Employee earnings, August 2020   Australian Bureau of Statistics (abs.gov.au)
Disdisutility value - suicidal thoughts no attempt no crisis	Gender	[M] 0.09 [F] 0.08	Population norms, average health utility, age adjusted is derived from Hawthorne, Graeme, Sam Korn, and Jeff Richardson. "Population norms for the AQoL derived from the 2007 Australian National Survey of Mental Health and Wellbeing." Australian and New Zealand journal of public health 37.1 (2013): 7-16.
Duration in crisis suicidal thoughts		2 weeks	
Police cost per completed suicide	Government	\$984	Derived from [1] NSW Police Force 2018-19 Annual Report, [2] O'Dea, D. and Tucker, S. (2005) The Cost of Suicide to Society. Wellington: Ministry of Health The cost of a police officer involvement due to a suicide attempt is assumed to be approximately 17.5 hrs. Derived from <a href="https://www.police.nsw.gov.au/recruitment/the_career/general_duties/working_conditions">https://www.police.nsw.gov.au/recruitment/the_career/general_duties/working_conditions</a>
Life expectancy modifier for people with severe incapacitation		0.5	
NPV discount rate percent per annum		5%	Derived from Pharmaceutical Benefits Advisory Committee guidance. < <a href="https://pbac.pbs.gov.au/section-3a/3a-1-overview-and-rationale-of-economic-evaluation.html">https://pbac.pbs.gov.au/section-3a/3a-1-overview-and-rationale-of-economic-evaluation.html</a> >
Percent attempts resulting in severe disability		0.6%	Derived from Kinchin, I., Doran, C., Hall, W., & Meurk, C. (2017). 'Understanding the true economic impact of self-harming behaviour', Lancet Psychiatry, 4(12):900-901.
Percent attempts resulting in temporary disability		50%	Derived from Kinchin, I., Doran, C., Hall, W., & Meurk, C. (2017).

			'Understanding the true economic impact of self-harming behaviour', Lancet Psychiatry, 4(12):900-901.
Percent general population in the labour force full time		65%	Australian Bureau of Statistics, Labour Force, Australia, December 2019 (Catalogue No. 6202.0)
Percent people with attempt in the labour force full time	Gender	46%	Australian Bureau of Statistics, Labour Force, Australia, December 2019 (Catalogue No. 6202.0)
Unit cost of community-based care suicidal thoughts no attempt history	Gender, Underlying mental health, CostGroup	[M, Yes, Government]: \$509.00	Derived from the National Survey of Mental Health and Wellbeing, 2007 Unit Cost are derived from Medicare Benefits Schedule (MBS) item numbers.
		[M, No, Government]: \$369.16	
		[M, Yes, Consumer Out-of-pocket]: \$210.86	
		[M, No, Consumer Out-of-pocket]: \$189.93	
		[F, Yes, Government]: \$853.25	
Unit cost of community-based care only suicidal thoughts with attempt history	Gender, Underlying mental health, CostGroup	[F, No, Government]: \$772.90	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
		[F, Yes, Consumer Out-of-pocket]: \$595.57	
		[F, No, Consumer Out-of-pocket]: \$584.39	
		[M, Yes, Government]: \$490.34	
		[M, No, Government]: \$490.34	
Unit cost of community-based care GP only support recent attempt	Gender, Underlying mental health, CostGroup	[M, Yes, Consumer Out-of-pocket]: \$459.29	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
		[M, No, Consumer Out-of-pocket]: \$459.29	
		[F, Yes, Government]: \$928.15	
		[F, No, Government]: \$510.25	
		[F, Yes, Consumer Out-of-pocket]: \$145.1	
Unit cost of community-based care GP only support suicidal thoughts no attempt history	Gender, Underlying mental health, CostGroup	[F, No, Consumer Out-of-pocket]: \$82.55	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
		[M, Yes, Government]: \$420	
		[M, No, Government]: \$420	
		[M, Yes, Consumer Out-of-pocket]: \$162.49	
		[M, No, Consumer Out-of-pocket]: \$162.49	
Unit cost of community-based care GP only support suicidal thoughts no attempt history	Gender, Underlying mental health, CostGroup	[F, Yes, Government]: \$459.05	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
		[F, No, Government]: \$229.95	
		[F, Yes, Consumer Out-of-pocket]: \$144.49	
		[F, No, Consumer Out-of-pocket]: \$90.49	
		[M, Yes, Government]: \$420.00	
Unit cost of community-based care GP only support suicidal thoughts no attempt history	Gender, Underlying mental health, CostGroup	[M, No, Government]: \$229.95	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
		[M, Yes, Consumer Out-of-pocket]: \$114.49	
		[M, No, Consumer Out-of-pocket]: \$90.49	

		[F, Yes, Government]: \$459.05 [F, No, Government]: \$229.95 [F, Yes, Consumer Out-of-pocket]: \$114.49 [F, No, Consumer Out-of-pocket]: \$90.49	
Unit cost of community-based care GP only support suicidal thoughts with attempt history	Gender, Underlying mental health, CostGroup	[M, Yes, Government]: \$420.00 [M, No, Government]: \$229.95 [M, Yes, Consumer Out-of-pocket]: \$114.49 [M, No, Consumer Out-of-pocket]: \$90.49 [F, Yes, Government]: \$459.05 [F, No, Government]: \$229.95 [F, Yes, Consumer Out-of-pocket]: \$114.49 [F, No, Consumer Out-of-pocket]: \$90.49	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
Unit cost of community-based care GP referred to CiC recent attempt	Gender, Underlying mental health, CostGroup	[M, Yes, Government]: \$1264.46 [M, No, Government]: \$1264.46 [M, Yes, Consumer Out-of-pocket]: \$684.94 [M, No, Consumer Out-of-pocket]: \$684.94 [F, Yes, Government]: \$1283.49 [F, No, Government]: \$1283.49 [F, Yes, Consumer Out-of-pocket]: \$478.78 [F, No, Consumer Out-of-pocket]: \$478.78	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
Unit cost of community-based care CiC only recent attempt	Gender, Underlying mental health, CostGroup	[M, Yes, Government]: \$1176.24 [M, No, Government]: \$1176.24 [M, Yes, Consumer Out-of-pocket]: \$682.05 [M, No, Consumer Out-of-pocket]: \$682.05 [F, Yes, Government]: \$1191.94 [F, No, Government]: \$1191.94 [F, Yes, Consumer Out-of-pocket]: \$188.22 [F, No, Consumer Out-of-pocket]: \$188.22	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
Unit cost of care in the community GP referred to CiC suicidal thoughts no Attempt history	Gender, Underlying mental health, CostGroup	[M, Yes, Government]: \$727 [M, No, Government]: \$417.78 [M, Yes, Consumer Out-of-pocket]: \$136.04 [M, No, Consumer Out-of-pocket]: \$270.85 [F, Yes, Government]: \$919.27 [F, No, Government]: \$429.89 [F, Yes, Consumer Out-of-pocket]:	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.

			\$393.84 [F, No, Consumer Out-of-pocket] \$176.83	
Unit cost of community-based care GP referred to Community-based care suicidal thoughts with Attempt history	Gender, Underlying mental health, CostGroup		[M, Yes, Government]: \$746.30 [M, No, Government]: \$307.60 [M, Yes, Consumer Out-of-pocket]: \$393.84 [M, No, Consumer Out-of-pocket] \$176.83 [F, Yes, Government]: \$1193.62 [F, No, Government]: \$196.32 [F, Yes, Consumer Out-of-pocket]: \$557.99 [F, No, Consumer Out-of-pocket] \$60.22	Derived from the National Survey of Mental Health and Wellbeing, 2007. Unit costs are derived from Medicare Benefits Schedule (MBS) item numbers.
Disutility value - former suicidal thoughts	Gender	0		Derived from CEA Registry (tuftsmedicalcenter.org) <Population norms minus utility decrement from event only suicidal thoughts decrement by event rates>
Disutility value - suicidal thoughts no attempt in crisis	Gender	0.32		Derived from Hawthorne, Graeme, Sam Korn, and Jeff Richardson. "Population norms for the AQoL derived from the 2007 Australian National Survey of Mental Health and Wellbeing." Australian and New Zealand journal of public health 37.1 (2013): 7-16. <Population norms minus utility decrement from event of suicidal thoughts and no attempt decrement by event rates.>
Disutility value - suicidal thoughts recent attempt in crisis	Gender	0.62		Derived from CEA Registry (tuftsmedicalcenter.org) <Population norms minus utility decrement from event of suicidal thoughts and recent attempt and crisis decrement by event rates.>
Disutility value - suicidal thoughts recent attempt no crisis	Gender	0.14		<Population norms minus utility decrement from event of suicidal thoughts and recent attempt and no crisis decrement by event rates (assumed).>
Disutility value - survived attempt	Gender	0.573		Derived from Quinlivan, Leah, et al. "Risk assessment scales to predict risk of hospital treated repeat self-harm: A cost-effectiveness modelling analysis." Journal of affective disorders 249 (2019): 208-215. <Population norms minus utility decrement from event of recent

			attempt survive decrement by event rates.>
Disutility value - well population	Gender	0	Derived from Hawthorne, Graeme, Sam Korn, and Jeff Richardson. "Population norms for the AQoL derived from the 2007 Australian National Survey of Mental Health and Wellbeing." Australian and New Zealand journal of public health 37.1 (2013): 7-16. <Population norms, average health utility, age adjusted>
Value per QALY \$	Broader societal	\$50,000	As per PBS guidance threshold of \$50,000 is selected based on per capital GDP expenditure
Weekly disability support payment for people with severe impairment	Government	\$434/week	Derived from Services Australia and mental health productivity commission report (2019). < <a href="https://www.servicesaustralia.gov.au/individuals/services/centrelink/disability-support-pension/how-much-you-can-get/payment-rates">https://www.servicesaustralia.gov.au/individuals/services/centrelink/disability-support-pension/how-much-you-can-get/payment-rates</a> ; <a href="https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf">https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf</a> >
Weeks - minimal bereavement time		12 weeks	
Weeks - minimal recovery time		0.142 weeks	
Weeks - moderate bereavement time		39 weeks	
Weeks - moderate recovery time		4.5 weeks	
Weeks - significant bereavement time		78 weeks	
Weeks - significant recovery time		36.5 weeks	
Year dollars costed in		2019	