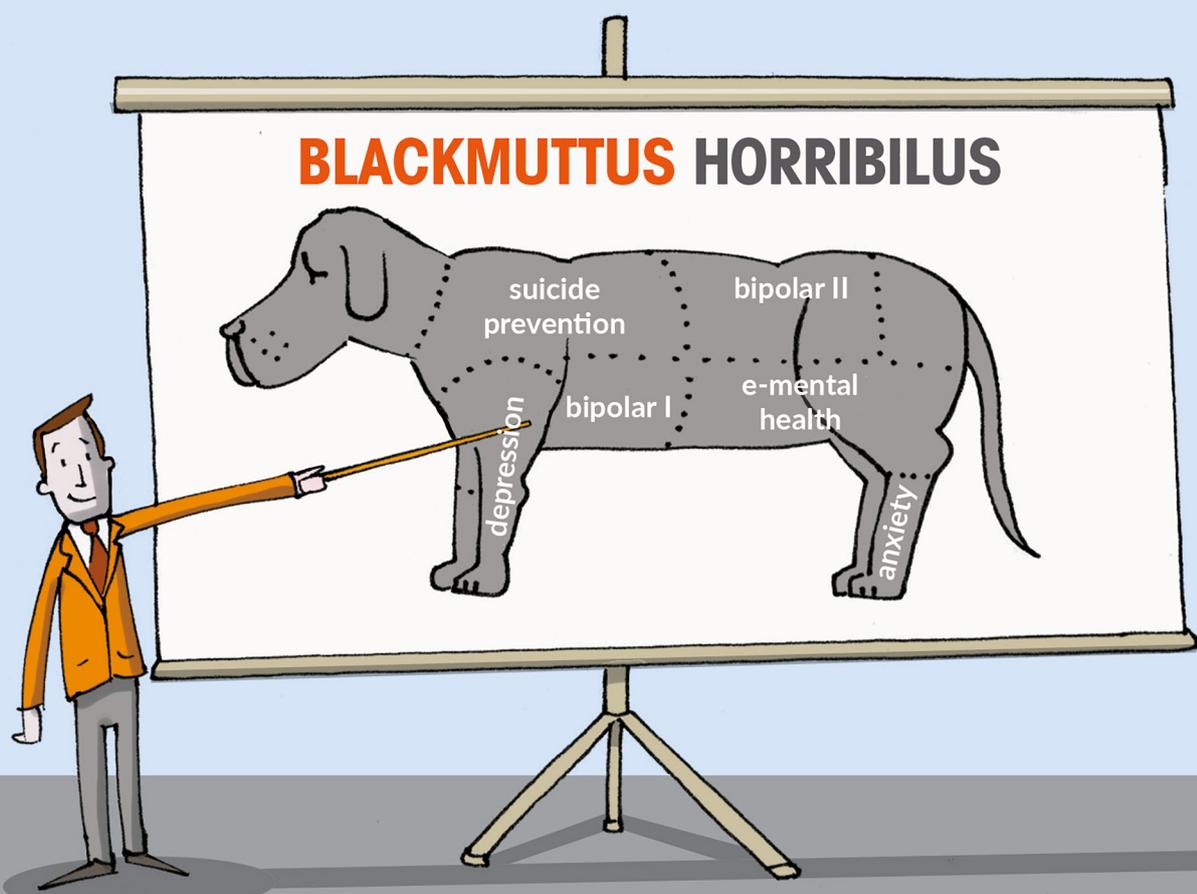


National Suicide Prevention Symposium

A snapshot of sites, systems approaches and learnings.

May 2019



Creating a mentally healthier world



Black Dog
Institute

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Introduction

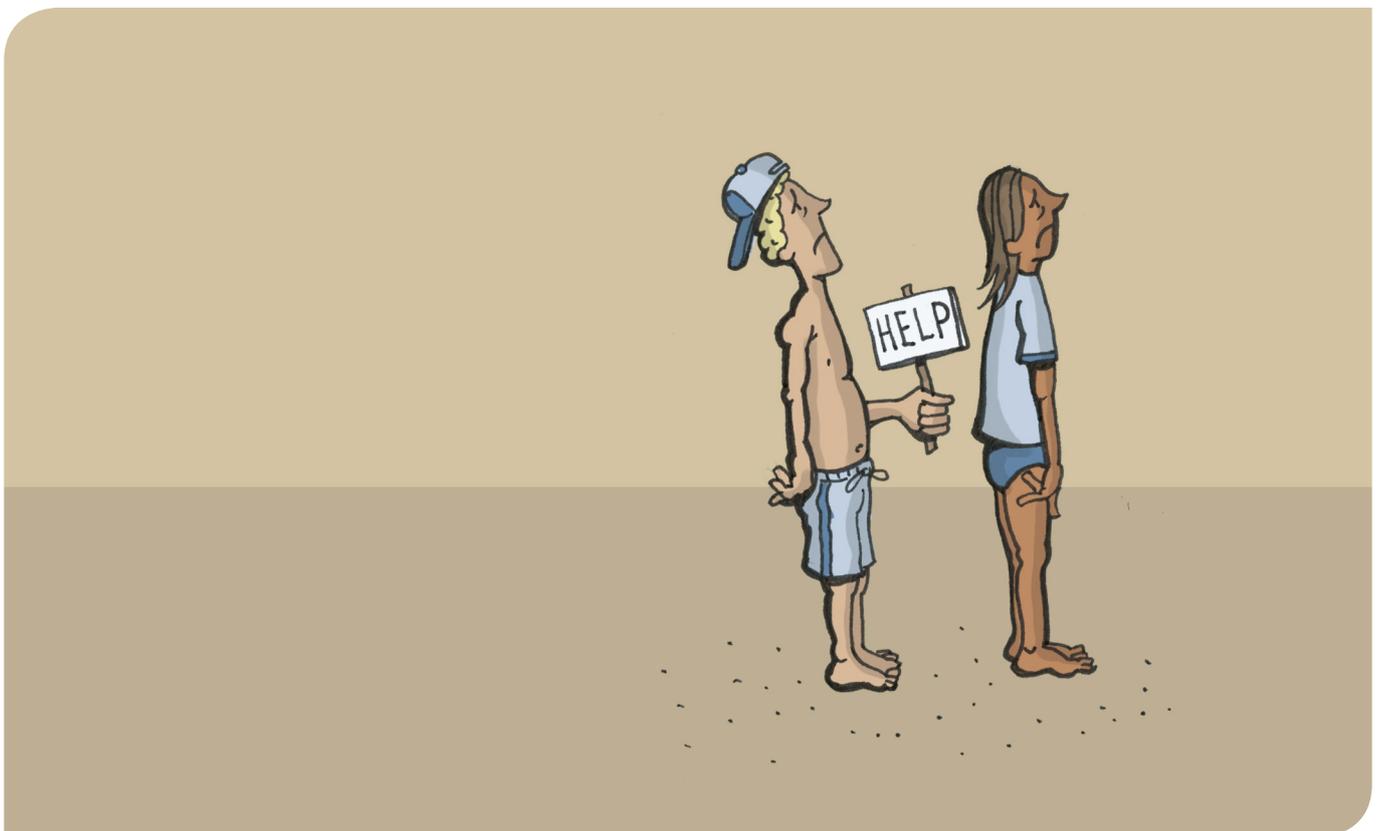
The Black Dog Institute currently supports the implementation of systems approaches to suicide prevention in 29 Trial sites across Australia. These are comprised of:

- 12 National Suicide Prevention Trials (NSPT)
- 12 Victorian place-based trials
- 4 NSW LifeSpan Research Trials
- ACT LifeSpan Research Trial

The predominate systems framework being utilised is the Black Dog developed LifeSpan model, while other sites are implementing similar frameworks and/or have adapted or developed a systems approach appropriate to their communities and priority populations.

The 29 trial sites have various time frames, models, and community needs, yet the opportunity to share learnings and engage with other sites is valuable, particularly where they share similar demographics, challenges or strategies they are focusing on.

This document provides a snapshot of many of the trial's supported by Black Dog, and focuses on some of the activities and learnings from all four trial initiatives across the country. It aims to be a useful resource for trials to learn about each other and provide an opportunity for further connection and sharing of the challenges and successes in implementing a systems approach to suicide prevention. We also hope the document will be valuable for non-trial site areas seeking to comprehensively implement suicide prevention activities in their communities.



LifeSpan and systems approaches

Suicide rates in Australia have not declined over the past decade. Historically, suicide prevention efforts have been fragmented and vertical in terms of both geography, scope and funding however, the significance of the problem demands an integrated, whole of systems approach.

Growing evidence indicates that multi-component systems approaches implemented simultaneously, are likely to be the most effective way of reducing the rate of suicide. Multi-component approaches combine preventive interventions ranging from those that target individuals (e.g. people who are at risk of suicide) or personnel (e.g. workers who are exposed to suicidal crisis) to those that apply to the wider community (e.g. increasing awareness and knowledge of suicide and reducing access to means of suicide).

A systems approach to suicide prevention recognises that successful suicide prevention requires a multilevel, multifactorial approach, involving both healthcare and community professionals and organisations, along with government and non-government agencies. Such an approach reflects the evidence that suicide is the result of an accumulation of risk factors and has multiple points for intervention. The success of the systems approach requires buy-in from the community and it also must involve those with lived experience of suicide. Each system involved must move in concert with the other systems to put all evidenced-based interventions into action simultaneously. This approach reflects a revolution in policy and practice.

The core features of a systems approach to suicide prevention are:

1. *Multisectoral involvement by all government, non-government, health, business, education, research and community agencies and organisations;*
2. *Within a localised area;*
3. *Implementing evidence-based strategies at the same time; and*
4. *Demonstrating sustainability and long-term commitment.*

The systems approach puts emphasis on all relevant organisations and services to work together in an integrated fashion, simultaneously and at a localised level. A localised approach encourages community ownership of all suicide prevention activities and encourages community members to have an active role in the planning, development, implementation and maintenance of these activities. Unlike other suicide prevention efforts, the systems approach recommends implementation of suicide prevention strategies that have evidence of effectiveness, shifting away from activities that have no proven effectiveness. This does not preclude services and agencies from using a targeted approach to address specific needs or high-risk groups.

LifeSpan is an innovative approach to suicide prevention initially developed on behalf of the NSW Mental Health Commission by the NHMRC Centre for Research Excellence in Suicide Prevention (CRESP) and Black Dog Institute. The LifeSpan system approach to suicide prevention is grounded in nine evidence-based strategy areas and six 'building blocks' or guiding principles (see Figure 1). Development involved extensive literature reviews, collaboration and input from partners across the sector and lived experience representatives.

In addition to the LifeSpan framework, two well-known multi-component intervention models are the European Alliance Against Depression (EAAD) and Zero Suicide. The Aboriginal and Torres Straits Islander Suicide Prevention Evaluation Project (ATSISPEP) and its accompanying report *Solutions that Work: What the Evidence and Our People Tell Us*, is an important systems framework developed with and by Aboriginal and Torres Strait Islander peoples, and is being trialled in several iterations across a number of National Suicide Prevention Trials.

Figure 1: LifeSpan wheel, 9 strategy areas and 6 building blocks

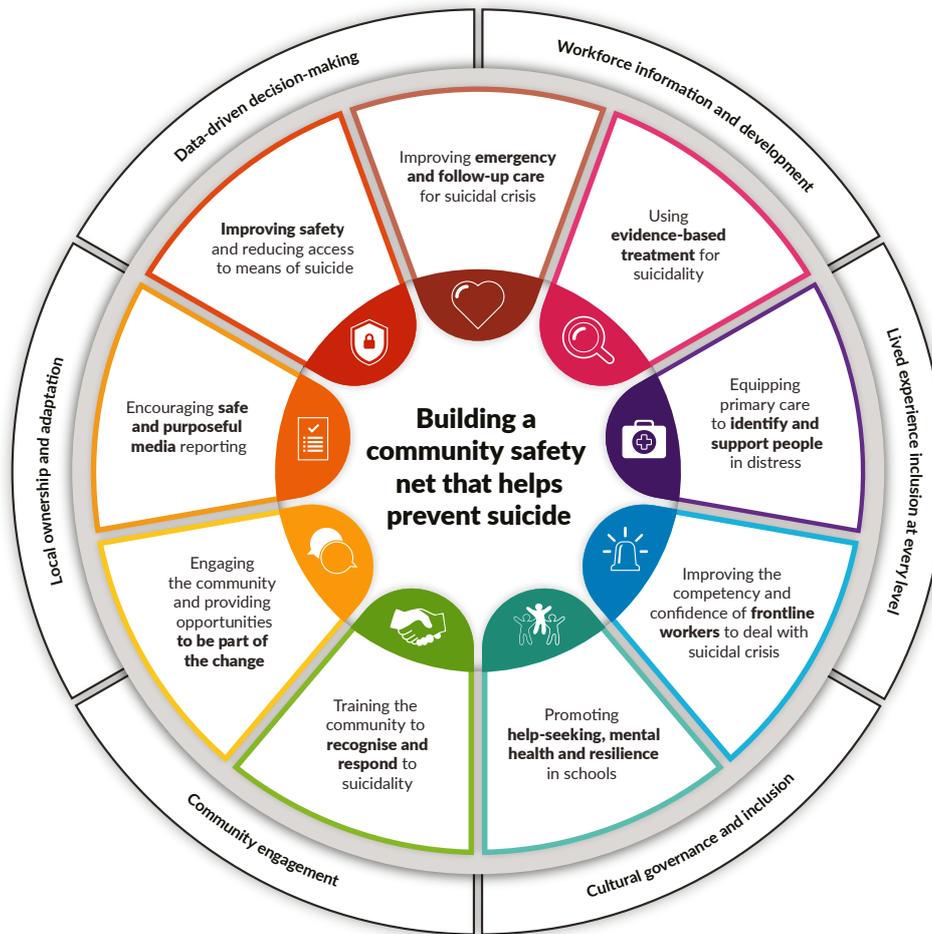


Table 1: A comparison of different systems approaches

Strategy	LifeSpan	LIFE	EEAD	WHO	Zero Suicide
Aftercare following a suicide attempt/ targeting high risk	✓		✓ (implicit)	✓	✓
Increasing psychological and psychiatric help	✓	✓	✓	✓	✓
Training of frontline staff	✓	✓	✓	✓	✓
General Practitioner	✓	✓	✓	✓	✓
Screening inpatient, and ambulatory	✓ (in general practice)			✓	✓
Community Awareness	✓ (about awareness)	✓	✓ (about depression awareness)	✓	
School based interventions	✓	✓			
Gatekeeper training	✓	✓	✓	✓	
Media reporting guidelines	✓	✓	No (some training for media)	✓	
Restriction to means	✓		✓ (implicit)	✓	✓
Focus on high-risk groups and their relatives		✓	✓	✓	

The suicide prevention trials

The Black Dog Institute is supporting 29 separate suicide prevention trials sites around Australia. LifeSpan is being scientifically trialled and evaluated by Black Dog in four NSW sites (Newcastle, Illawarra Shoalhaven, Central Coast, and Murrumbidgee), as well as the ACT.

The Black Dog Institute is also supporting the implementation of integrated suicide prevention systems in 12 national trial sites, and 12 Victorian place-based trials. An overview of each of the trials is represented in the map and table below.

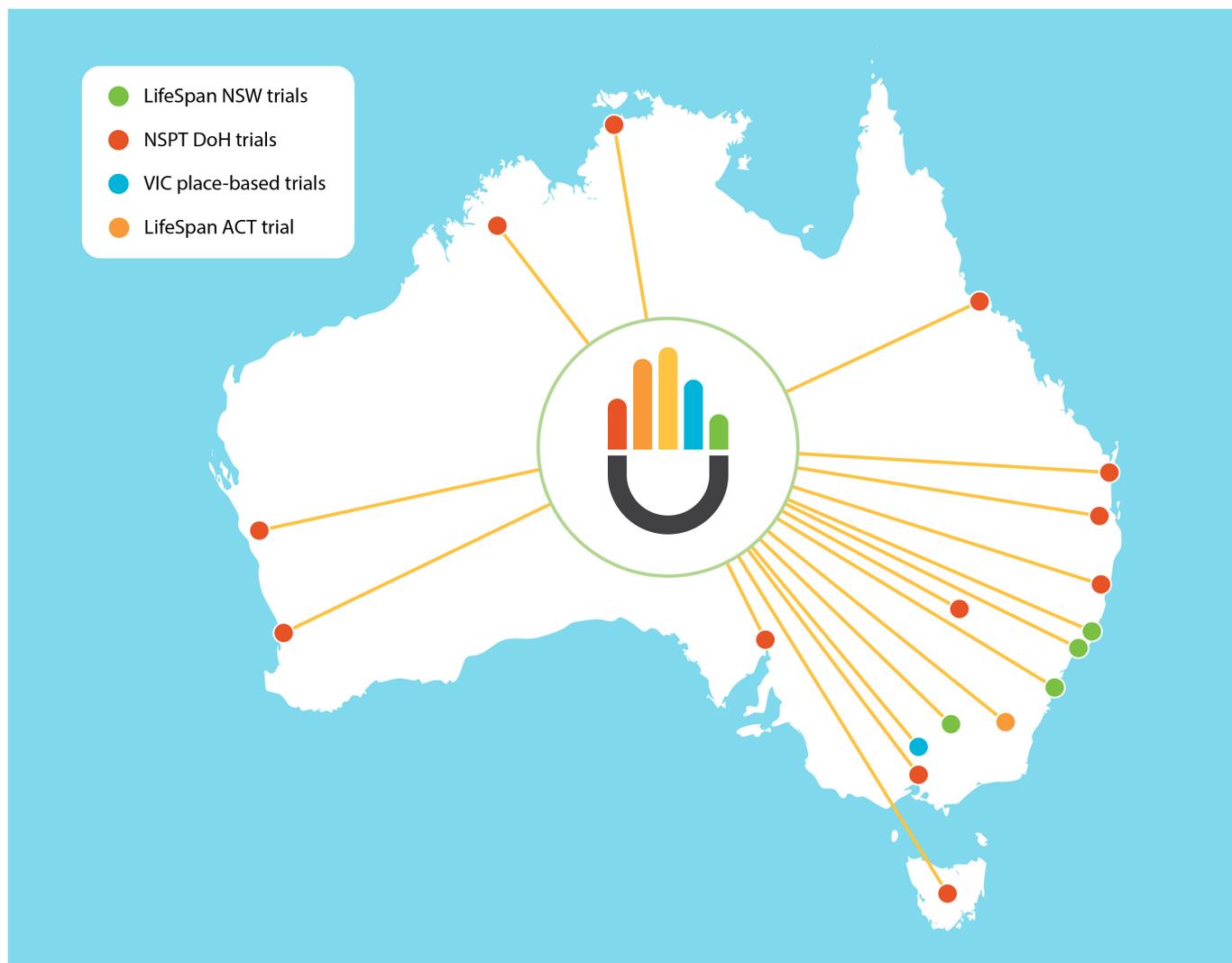


Table 2: Black Dog Institute Supported Trial Sites

Trial site/PHN Name	Priority population	Framework	Lead trial coordinator name + email
Brisbane North PHN	Aboriginal and Torres Strait Islander, LGBTIQ+, Young to Middle Aged Men, Whole of Population	LifeSpan, ATSISEPEP, National LGBTI MH & SP Strategy	Tonita Taylor - Tonita.Taylor@brisbanenorthphn.org.au
Country SA PHN	Aboriginal & Torres Strait Islander Peoples, Males and Youth	Hybrid: LifeSpan and ATSISEPEP	Hayley Colyer- hcolyer@countryphasphn.com.au
Darwin PHN	Aboriginal and Torres Strait Islander peoples	LifeSpan and ATSISEPEP informed	Danielle Bacskai - danielle.bacskai@ntphn.org.au

Table 2: Black Dog Institute Supported Trial Sites (cont'd)

Trial site/PHN Name	Priority population	Framework	Lead trial coordinator name + email
Kimberley PHN	Aboriginal and Torres Strait Islander peoples	Hybrid: EAAD and ATSIPEP	Rob McPhee - deputyceo@kamsc.org.au
Mid West WA PHA	Aboriginal and Torres Strait Islander peoples	Hybrid: EAAD and ATSIPEP	Sharleen Delane - sharleen.delane@wapha.org.au
North Coast NSW PHN	People presenting to the Emergency Department following a suicide attempt	LifeSpan	Liz Davis - edavis@ncphn.org.au
North West Melbourne PHN	LGBTQI	Hybrid: Lifespan, the National LGBTI Health Alliance MH and SP Framework and NWMPHN's Mental Health System of Care	Jagjit Dhaliwal - Jag.dhaliwal@nwmphn.org.au
Perth South – Western Australia Primary Health A	Youth	EAAD	Chloe Merna - Chloe.Merna@wapha.org.au
Sunshine Coast, Central Queensland, Wide Bay and Sunshine Coast PHN	Men and Aboriginal and Torres Strait Islander People	Hybrid: LifeSpan, EEAD & ATSIPEP	Erica Mackay - EMackay@ourphn.org.au
Tasmania PHT	People 65+, men	LifeSpan	Martina Wyss - MWyss@primaryhealthtas.com.au
Townsville – North Queensland PHN	Ex Australian Defence Force members and their families (Townsville region)	Adapted LifeSpan (Operation Compass) ATSIPEP	Ray Martin - Ray.Martin@nqphn.com.au
Western NSW PHN	Men, Youth, Aboriginal and Torres Strait Islander peoples	Hybrid: LifeSpan & ATSIPEP	Sue Hackney - Sue.hackney@wnswphn.org.au
Ballarat		LifeSpan	Maria Triandafilidis - Maria.Triandafilidis@westvicphn.com.au
Bass Coast		LifeSpan	Nilay Kocaali - Nilay.kocaali@gphn.org.au
Benalla		LifeSpan	Bek Nash-Webster - bnash-webster@murrayphn.org.au
Brimbank/Melton		LifeSpan	Melissa Knight - Melissa.knight@nwmphn.org.au
Dandenong		LifeSpan	Alison Asche - alison.asche@semphn.org.au
Great South Coast		LifeSpan	Liz Leorke - Liz.Leorke@westvicphn.com.au
Latrobe		LifeSpan	Brooke Carlesso - brooke.carlesso@gphn.org.au
Macedon		LifeSpan	Melissa Knight - Melissa.knight@nwmphn.org.au
Maroondah		LifeSpan	Rachel Hughes - rachel.hughes@emphn.org.au
Mildura		LifeSpan	Meryl Whyte - mwhyte@murrayphn.org.au
Mornington Peninsula / Frankston		LifeSpan	Rachel Earl - rachel.earl@semphn.org.au
Whittlesea		LifeSpan	Jane Schinas - jane.schinas@emphn.org.au
Central Coast		LifeSpan	Liz Hammond - liz.hammond@health.nsw.gov.au
Illawarra Shoalhaven		LifeSpan	Alex Hains - ahains@coordinare.org.au
Murrumbidgee		LifeSpan	Maja Asmus - Maja.Asmus@mphn.org.au
Newcastle		LifeSpan	Tegan Cotterill - Tegan.Cotterill@hnehealth.nsw.gov.au Katherine McGill - Katherine.McGill@hnehealth.nsw.gov.au
ACT		LifeSpan	Ros Garrity - Ros.Garrity@act.gov.au

National Suicide Prevention Trials

Overview

The Australian Government is supporting the implementation and evaluation of twelve suicide prevention trial sites across Australia as part of the National Suicide Prevention Trial. The Black Dog Institute has been funded to support the implementation of trial activity, and the University of Melbourne has been funded to conduct the evaluation.

The trials are led by Primary Health Networks (PHNs) and aim to improve the current evidence of effective suicide prevention strategy at a local level for at-risk population groups. Each trial site will run for four years from 2016-17 to 2019-20 and receive Australian Government funding of up to \$4 million.

PHNs who have a trial site within their region are actively engaged with local stakeholders and have formed community working groups, as well as commissioning activities such as suicide prevention training, media campaigns and follow-up support services. Selection of each trial site was determined with consideration for infrastructure and services available within the region.

Because of the complexity of suicide, a one-size-fits-all approach to suicide prevention is not suitable on a national scale. The causes of suicide, as well as resources and services required to prevent it, are unique for each region and community of the selected trial sites. Each trial site has focused suicide prevention towards a specific priority population and administer prevention strategies reflecting community needs.

Brisbane North (Brisbane North PHN)

Trial site/PHN Name	Brisbane North PHN
Priority population(s) (if applicable) or main features of your community	Aboriginal and Torres Strait Islander, LGBTIQ+, Young to Middle Aged Men, Whole of Population
Framework (e.g. LifeSpan, ATSIPEP EAAD)	Life Span (with reflections from ATSIPEP)
Lead trial coordinator name + email	Tonita Taylor – MHAODS Manager - Tonita.Taylor@brisbanenorthphn.org.au Tanya Raineri – Program Development Officer - Tanya.raineri@brisbanenorthphn.org.au Ged Farmer – Project Officer Suicide Prevention - ged.farmer@brisbanenorthphn.org.au
Website (if one)	www.brisbanenorthphn.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

Emergency and follow up care for the Aboriginal and Torres Strait Islander Community and the LGBTIQ+ Community are now in place and have been reaching capacity acknowledging the important need for these supports.

Connector and Frontline Training has taken place to ensure that key people in the community and staff amongst services now have appropriate suicide prevention training.

Advanced suicide prevention training for practitioners
- The STARS Screening Tool for Assessing Risk of Suicide training has been rolled out via three workshops in the region. The workshops were attended by approximately 85 health professionals. A thorough evaluation is incorporated into the delivery of this training including a pre and post training survey, three month follow up

survey and six month follow up survey. BNPHN keenly awaits the final evaluation report in September 2019.

New partnerships have been formed strengthening suicide prevention strategies and supports across the Brisbane North region. Greater linkages to Care Pathways. A greater understanding around working with priority groups which continues to influence the Brisbane North PHN across the organisation. A stronger linkage to Aboriginal and Torres Strait Islander Elders and community members. Synergies now exist between organisations that have been a direct result of the work undertaken within the Trial.

Community consultations have taken place with the Aboriginal and Torres Strait Islander communities and have resulted in healing frameworks for the communities affected by suicide.

Strong Implementation groups have been established further adding to the growth of partnerships and a better understanding of referral pathways.

Development of the consumer Communities of Practice

– recognising the crucial role of lived experience in suicide prevention initiatives, BNPHN funded Roses in the Ocean to develop and lead a suicide prevention Communities of Practice and build sector capacity for lived experience involvement. Significant foundational work has been completed and the group is now planning for the next 12 month period which will include formalising of identity and branding and working closely with the PHN's suicide prevention partnership group to build reputation and momentum. The Communities of Practice has commenced a residential aged care facility visiting program in which they provide companionship to men who have been deemed at risk (through limited social contact) by the facility.

Development of consumer suicide prevention pathway

– BNPHN contracted an external consultant to better understand existing pathways to care for people who are experiencing suicidal crisis, have attempted suicide or who are bereaved by suicide, and to develop a product that explains these pathways and guides the consumer on services to meet their needs. The product will ultimately be used by consumers, the general public, carers etc to enable them to navigate to the suicide related service they require. Due for launch May 2019.

Describe a challenge you have faced during the trial and how you overcame it.

Co-design will always have its challenges but for the Trial there were times when things had to be slowed down to get it right. This also involved some sensitive approaches to ensure Cultural Safety and Cultural Integrity in the Co-design. Many of the barriers were overcome by allowing guidance from the Elders and also allowing for integral partners to contribute to the process.

Gaining attendance at GP, practice nurse and practice staff workshops – in recognition of the pivotal role of GPs, practice nurses and practice staff in suicide prevention, BNPHN contracted Wesley LifeForce to conduct education workshops for these audiences to increase knowledge and skills in recognition and responding to suicidality. Seven GP and practice nurse

workshops and seven practice staff workshops are scheduled. Gaining attendance at these workshops has however been a significant challenge with several having to be cancelled due to low attendance. This is reflective of a broader systemic difficulty in recruiting particularly GPs to education sessions. BNPHN is currently exploring other strategies to ensure dissemination of clinical information to guide practice.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

Whilst our PHN has not commissioned additional evaluators, some of the providers of the Trial are using Griffith University/AISRAP to evaluate their individual programs. This information is also being used by our internal Evaluation and Reporting Officer to assist with data and evaluation.

The roll out of the STARS Assessment tool training is being evaluated by:

- Australian Institute for Suicide Research and Prevention (AISRAP)
- WHO Collaborating Centre for Research and Training in Suicide Prevention
- Menzies Health Institute of Queensland

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Always frame the work with Cultural Safety at the forefront. This will involve working with Elders and respected key members of the Aboriginal and Torres Strait Islander Community. Culture should always be part of the process from ground up and infuse all of the work even when the work is for other priority groups.

A systems based approach should always include all of the partners/providers and a framework that brings the partners together allowing an understanding of the role that each of the partners play.

Contribution from those with a Lived Experience of Suicide is extremely important in the approach to suicide reduction.

Country South Australia (CSAPHN)

Trial site/PHN Name	Brisbane North PHN
Priority population(s) (if applicable) or main features of your community	Aboriginal & Torres Strait Islander Peoples, Males and Youth
Framework (e.g. LifeSpan, ATISISPEP EAAD)	Elements of Lifespan and ATISISPEP Frameworks
Lead trial coordinator name + email	Chez Curnow - ccurnow@country@saphn.com.au Hayley Colyer - hcolyer@country@saphn.com.au
Website (if one)	www.country@saphn.com.au/phnactivity/national-suicide-prevention-trial

What are some of the key accomplishments of your suicide prevention trial to date?

The World's Biggest Comic Book Project

The World's Biggest Comic is an initiative of the Whyalla Suicide Prevention Network funded under a CSA PHN NSPT Small Grant and is designed to promote 'The Five Ways of Wellbeing, which includes the values of taking notice (mindfulness), connection, being active, generosity and lifelong learning.

The project involves the creation of a 14-part comic story spanning a total area of approximately 400 square meters, printed on vinyl canvas panels and mounted on walls across the Whyalla region. Members of the public will be able to access either a printed or online guide book which will encourage them to visit each site and read the entire story, encouraging exercise and mobility.

The project uses community development methods to form collaborative partnerships with local not-for-profit service providers, businesses, schools and the Whyalla City Council to deliver an inclusive, responsive work that reflects the needs and aspirations of the local community. Over 20 local artists and writers have been funded to create work for the project, which aims to not only elevate their work but also promote the potential positive impact of the arts on our collective mental health.

The comic story that has been developed for the project features a young Aboriginal woman called Hope (pictured right) as one of the main characters. Hope is a source of knowledge and wisdom throughout the story as she helps a male character called 'Will' (pictured right) recover from an episode of depression. Hope encourages Will to seek help, teaches him mindfulness, different ways of looking at the world and promotes learning and connection to community.

Aboriginal Aftercare Service

Working with the local Aboriginal Community in Port Augusta, a working group was established to help co-design an Aboriginal specific Aftercare Service. The working group used Aftercare best practice guidelines and findings from the ATISISPEP report to help guide the design process, ensuring the service would meet the cultural needs of the local Aboriginal population. The working group selected the local Aboriginal Health Service Pika Wiya to deliver the service.

This service is now operational with a full staffing compliment and receiving steady referrals.

Commissioning

To date CSA PHN have commissioned activity in 8 of the LifeSpan strategy areas simultaneously across all the 5 regions in the trial sites, engaging over 106,000 people across those strategies. See table (to the right) for activity outputs.



Individual (Aftercare services)	Total Client Numbers	Total Session Numbers
Clients	194	
Sessions		1763
Non-Individual items (small contract/grants activity)	Total Client Numbers	Total Session Numbers
Clients	104,548	
QPR	1,172	
YAM	233	
Consultations	599	
TOTAL CLIENTS	106,746	1763

Describe a challenge you have faced during the trial and how you overcame it.

A challenge that CSA PHN has encountered is the willingness of partners, specifically South Australian Government departments, to stay engaged with the trial over the three-year period.

Staff from state departments regularly changing roles and the significant transformation of Country Health SA's realignment of LHNs from 1 to 6, has caused major disruption, meaning existing relationships and arrangements with key decision-making personnel will need to be renegotiated come July 1st 2019.

The other significant challenge has been the ability to conduct a Suicide Audit through Black Dog Institute's geospatial data analytics platform, due to the quality of data available in South Australia.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

Aboriginal Aftercare Model and Service - Evaluation

CSA PHN has commissioned the University of South Australia Department of Rural Health (UniSA DRH) to undertake an evaluation of the Aboriginal Aftercare Service.

The evaluation will assess how the Aboriginal Aftercare Service has been delivered and determine whether the intervention has met its intended objectives and outcomes.

The evaluation is also expected to identify and report on any unintended outcomes as well as identify learnings and recommend refinements to the service model.

There are three main objectives for this evaluation.

The objectives are:

- To critically examine the effectiveness of:
 - The Aboriginal Aftercare Service
 - The Aboriginal Aftercare Service Model
- To improve the Aboriginal Aftercare Service by identifying:
 - additional refinements to the service model, and
 - potential for replication/translation of the model into suicide prevention efforts by other Aboriginal communities in South Australia
- To identify any unintended (positive or negative) consequences of the Aboriginal Aftercare Service

You Me-Which Way - Evaluation

Additionally, CSA PHN have commissioned United Synergies to evaluate the You Me-Which Way (YM-WW) program which is an Aboriginal suicide prevention training programme focusing on building the capacity of community to deliver the training, therefore a localised sustainable model. The evaluation is also focusing on the adaption of YM-WW to the South Australian context based on elder and community feedback. YM-WW is being rolled out throughout the trial region.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

- Time and community consultation are important to engage the community to be part of the change
- Be clear about what data you require to measure the effectiveness of the activities in your localised area
- Make sure the strategies are sustainable. It is beneficial if they have been tried and tested in an operational sense, as operationalising new strategies varies greatly from the originally proposed activity that may have been born from a research perspective

Darwin (Northern Territory PHN)

Trial site/PHN Name	Northern Territory PHN
Priority population(s) (if applicable) or main features of your community	Aboriginal and Torres Strait Islander people in the Greater Darwin Region
Framework (e.g. LifeSpan, ATISPEP EAAD)	Strengthening Our Spirits Model - ATISPEP
Lead trial coordinator name + email	Danielle Oppermann – Acting Health Stream Lead – Suicide Prevention Danielle.oppermann@ntphn.org.au
Website (if one)	www.ntphn.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

The Darwin trial site engaged the Aboriginal and Torres Strait Islander community to inform and lead the design of a systems-based approach to suicide prevention, which meets the needs and priorities of the local Aboriginal and Torres Strait Islander people. The model is in the final stages of development and will be available soon. The key components of the model are:

- Creating Community Wellbeing Spaces
- Facilitate Connection to Culture, Land, Language and Lore
- Engaging Cultural Knowledge and Lived Experience
- Deliver Community-Led Initiatives
- Embedding Trauma Informed Care
- Training in Early Intervention and Awareness
- Facilitate Innovation, Collaboration and Service Integration

Describe a challenge you have faced during the trial and how you overcame it.

Despite the geographical scope of the trial being reasonably compact ie the Greater Darwin region, the cultural complexity within the region required that NT PHN approach the question of governance and engagement with great sensitivity. Whilst the traditional owners of the region are the Larrakia people, there are a number of other indigenous cultures represented. This is largely the effect of ordinary migration as well as the living history of the Stolen Generation. NT PHN ensured that time and space was given for the Aboriginal & Torres Strait Islander community to work through

the issues to agree appropriate representation and engagement. This had the effect of extending the initial phase of the trial, but it was viewed as a very necessary process to ensure effective outcomes. NT PHN also undertook to recruit trial staff under Aboriginal-identified positions in an effort to deepen community engagement and consultation.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

Northern Territory PHN will evaluate trial activities internally using the Monitoring and Evaluation Framework (M&E).

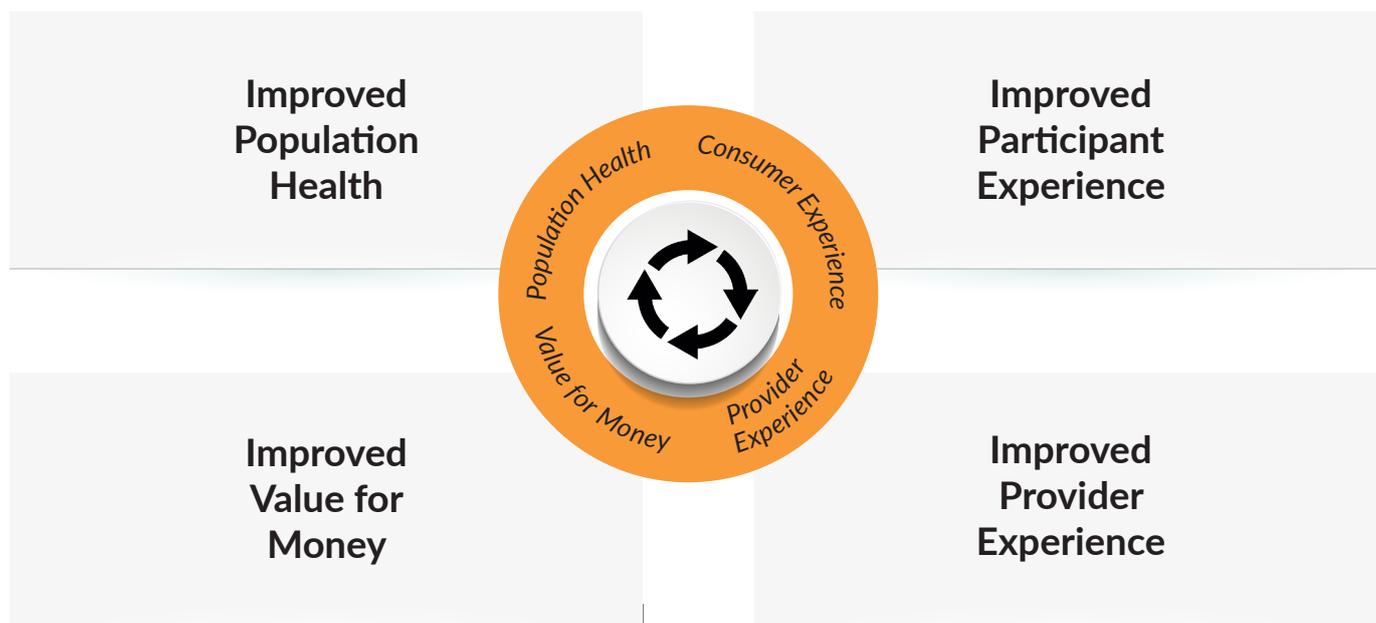
As part of Australian health system reform, PHNs nationally are beginning the transition to outcomes-based commissioning. This means moving away from a commissioning approach that focuses primarily on activities and outputs, to one that focuses on outcomes – achieving the desired benefits or changes for consumers and communities.

As a foundation for moving towards commissioning for outcomes NT PHN has adopted the Quadruple Aim framework, coupled with a program logic approach to service planning, design, monitoring and evaluation.

The Quadruple Aim framework (see Figure 2) provides a foundation for thinking about outcomes. It consists of four quadrants (pictured right) to guide planning, design, delivery and evaluation of health services and the health system more broadly. In principle, optimal health system performance depends on strong integrated performance across all the quadrants.

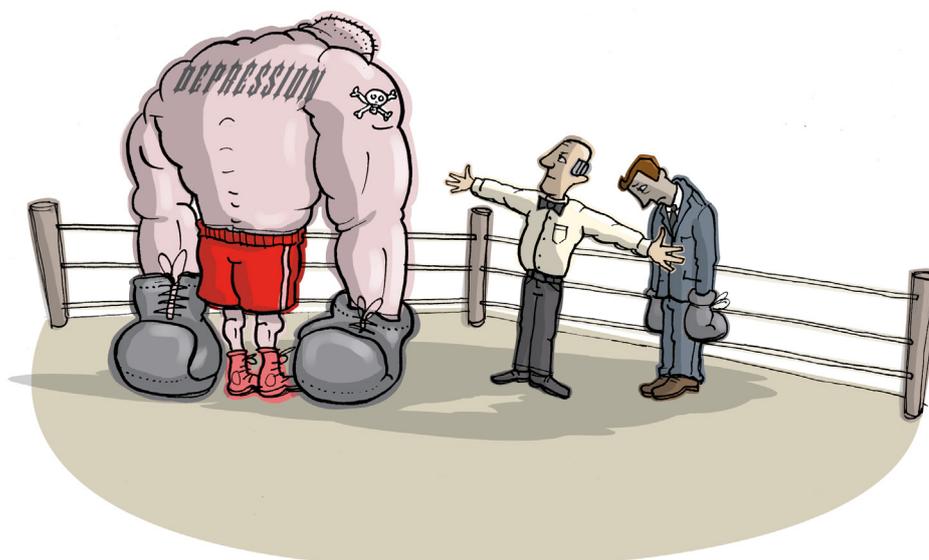
In the design of services, NT PHN will work with service providers and support them to develop a program logic that enables collection of a range data to inform the four outcomes. NT PHN will then conduct internal evaluation of trial activities.

Figure 2: The Quadruple Aim Framework



What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Community input into the consultation phase of establishing and implementing a systems-based approach to suicide prevention is crucial. No one person, organisation or single approach alone can make an impact on an issue as complex as suicide. It is the responsibility of all of us – from government agencies, to employers, communities and families.



Kimberly (Western Australia Primary Health Alliance)

Trial site/PHN Name	Kimberley Suicide Prevention Trial Site
Priority population(s) (if applicable) or main features of your community	Aboriginal
Framework (e.g. LifeSpan, ATSIPEP EAAD)	ATSIPEP
Lead trial coordinator name + email	Kimberley Aboriginal Medical Service Rob McPhee - deputyceo@kamsc.org.au
Website (if one)	

What are some of the key accomplishments of your suicide prevention trial to date?

A working group of eight Aboriginal young people has been established and a project outline, budget, activity, rationale and evidence base has been developed and approved by the steering committee. Representatives for the West Kimberley Youth Forum are Jacob Corpus Smith and Bianca Graham. Confirmed representative for the East Kimberley Forum is Lane Rex, with Montana Ahwon to be confirmed as the second representative. The West Kimberley Forum was held on 26-28 March 2019 in Broome. Local Aboriginal People were employed 20 hours a week to facilitate, guide and support the community action plans. Training and support for this group has been offered.

The Kimberley self-harm and suicidal behaviours protocol has been approved and will provide standardised approach to support human services staff to identify and support high risk individuals presenting to services.

The Kimberley Cultural Security framework project has been developed by Aboriginal representatives from the Kimberley Aboriginal Mental Health (KAMH) subcommittee of the Kimberley Aboriginal Health Planning Forum responds to the cultural variation within the Kimberley and within age-groups, acknowledging that the protection and promotion of culture is critical to building resilience and progressing improvements in Aboriginal mental health and social and emotional wellbeing (SEWB). This framework provides practical steps for mental health services to take to improve the accessibility and cultural safety of their services for Aboriginal people.

Describe a challenge you have faced during the trial and how you overcame it.

One of the biggest challenges has been time. It took a considerable amount of time at the beginning of trial to establish membership and our first working group meeting. Then the working group needed time to consider what approach the Kimberley was going to take.

Once that decision was made a Steering committee was nominated by the Working groups and given the authority to make decisions as long as it is within the agreed ATSIPEP approach. Whilst membership on the group has been for the most part consistent there has been some disagreement on community membership from one of the communities. Both the working group and steering group have needed to be open about change or additions to membership.

The next step was to commission an ACCHO to coordinate the trial site. Selection of the sites was challenging. There is area of great need and initial consideration was given to looking at equity and sharing of trial site funds with many communities. However, it was decided to draw back from this. As funds for each site depleted. The aim was to trial ATSIPEP and provide a collective impact and provide the best opportunity for new learnings.

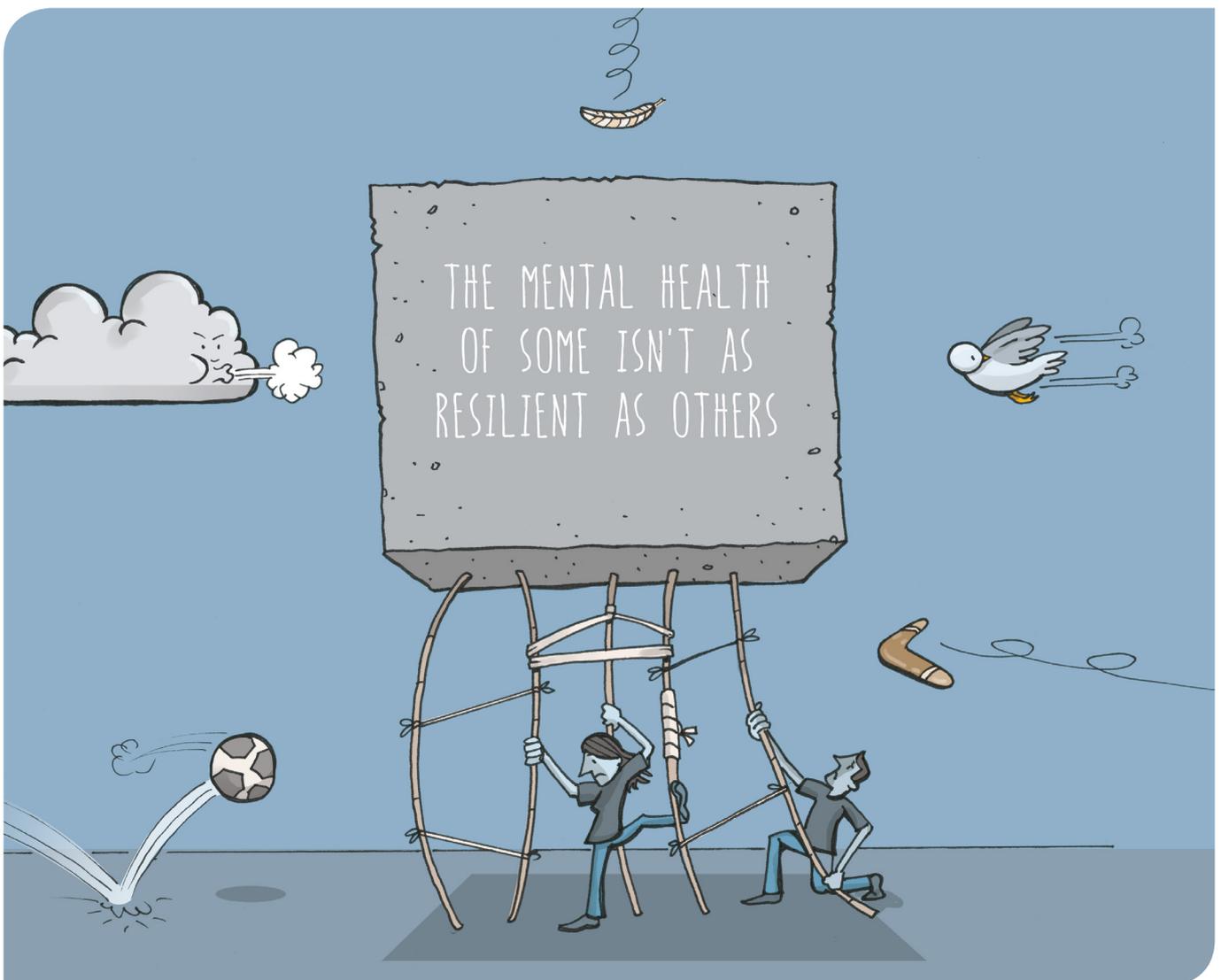
Community consultation occurred with nine sites across the Kimberley. Community readiness varied and this had to be considered in planning the community action plans, who the community wanted to auspice the funds to, and the right amount of supports put in place to support the community to implement community action plans with the Community Liaison Officers to facilitate and guide.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

We have plans to commission the ATISPEP approach as a whole and trial activities. A data and evaluation group has been established and a scoped proposal of evaluation is near completion and ready to be sent to the Steering Group for decision.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

A systems approach to suicide prevention takes time to build and integrate. Multiple strategies that work together are needed that build onto other system platforms (not just health). However even before you start this work communities need to be ready with the skills and support. Establishing a decision-making framework in which community and people with lived experience is crucial. This is a dynamic process and sometimes you can take two steps forward and one step back, but we have to keep moving forward and look after each other when we have to steps back.



Mid-West WA (Western Australia Primary Health Alliance)

Trial site/PHN Name	WA Primary Health Alliance Suicide Prevention Trial - Midwest
Priority population(s) (if applicable) or main features of your community	Whole of community, but mainly men aged 25 to 54.
Framework (e.g. LifeSpan, ATISPEP EAAD)	EAAD
Lead trial coordinator name + email	Jacki Ward - jacki.ward@wapha.org.au
Website (if one)	

What are some of the key accomplishments of your suicide prevention trial to date?

WAPHA have a successful partnership with the WA Mental Health Commission (MHC) and the WA Country Health Service (WACHS).

The Mental Health Coordinator position (Suicide Prevention), funded by the MHC, is part of the WACHS Midwest mental health team. As this position and the Midwest Trial coordinators position commenced at roughly the same time, it was decided that working together to promote suicide prevention in the Midwest made sense.

The Trial and WACHS activities concentrate on a whole of community approach to suicide prevention for both Aboriginal and non-Aboriginal communities. Within the Trial however, our main target group is men aged 25 to 54, with WACHS having a youth focus.

Both the coordinators travel throughout the Midwest region as a team to promote suicide prevention activities, raise awareness and deliver Question, Persuade, Refer (QPR) workshops. To date, 10 workshops have been completed for community members in Exmouth, Denham and Carnarvon. The Shire of Carnarvon promoted this event for their workers, with over 40 attending.

Further workshops are scheduled for May for the Shire of Shark Bay workers and discussion is being held with the Shire of Exmouth.

Describe a challenge you have faced during the trial and how you overcame it.

As part of the Trial, Standard Mental Health First Aid is offered to communities within the Midwest. The biggest challenge is finding suitable dates for community members to attend, as activities such as seeding, harvest and maintenance of equipment need to be taken into consideration. Also, shift work for Fly In/Fly Out (FIFO) workers, the fishing season, school holiday dates and possible community mourning following a death, need to be considered.

Dates are proposed with assistance from locals and then put out to the community. If there is minimal up-take for the workshop, new dates are proposed until enough numbers are reached.

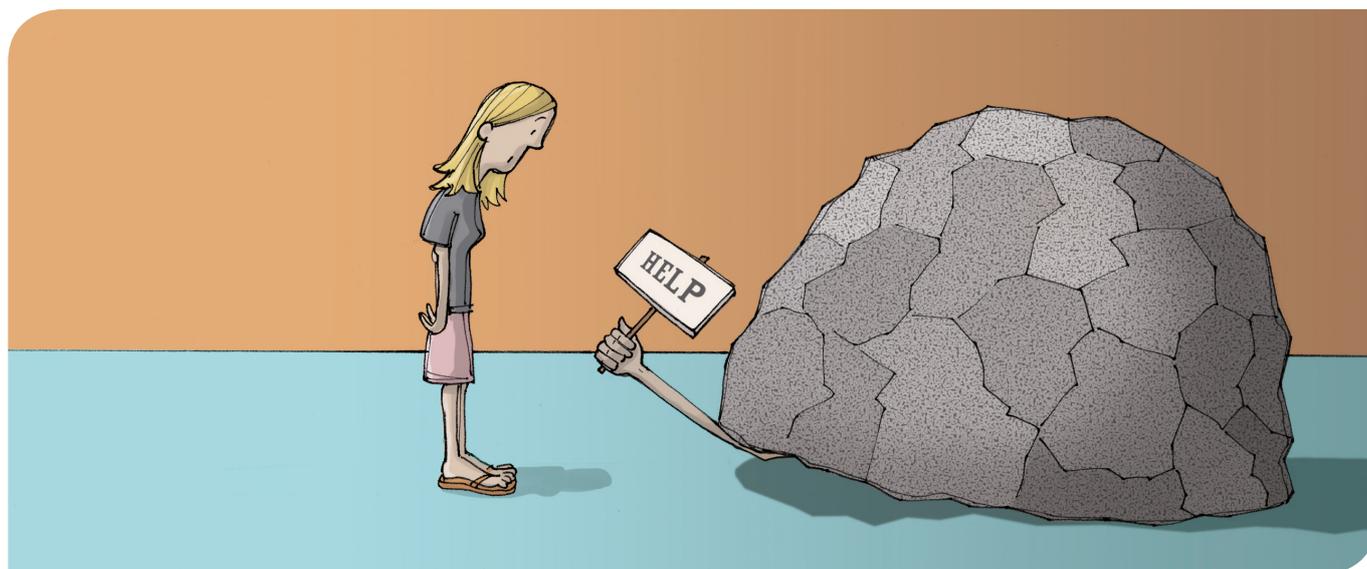
Often, dates for a workshop can be proposed three or four times before a workshop is scheduled and delivered.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

The University of Melbourne will evaluate the Midwest Trial. It is envisaged that a more granular evaluation will help inform future activities in the Midwest after the trial.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Ensure a whole of community approach is taken, with people willing to participate in any activities to promote suicide prevention.



Perth South (Western Australian Primary Health Alliance)

Trial site/PHN Name	Perth South
Priority population(s) (if applicable) or main features of your community	Youth 16-24
Framework (e.g. LifeSpan, ATISSEPE EAAD)	Alliance Against Depression
Lead trial coordinator name + email	Chloé Merna - chloe.merna@wapha.org.au
Website (if one)	www.wapha.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

The Community Response Steering Group, local advisors to the Perth South Trial, have worked in complete collaboration to create a Postvention Response that spans all 5 Local Government Areas in the trial. The Postvention Response includes an Australian First, where we have formalised a notification system with the WA Police in which we are alerted to a suspected suicide immediately. This prompts an immediate response from a locally placed mental health clinician to offer supports and enact an emergency response team that will identify the circles of vulnerability and offer community-wide psychosocial and practical supports. Since commencing last year, the postvention plan has supported a number of families, along with friends and community members with support coming from locally placed agencies.

The addition of the immediate notification service and the rapid response now means we have capacity and capability to respond earlier and more often to offer support in the critical period immediately following a sudden loss. During the trial in 2018 the group supported people in the community through an unfortunate series of losses through anecdotal notifications, however the WA Police component has ensured that we are receiving notification of all suspected suicides in the region.

There has been an extensive amount of work involving Police and other joint agencies around this trial to ensure that the pilot is compliant with the Coroners Act (1996) and legislation regarding confidentiality and sharing of information. The importance of this work is highlighted by evidence indicating that without a referral or information detailing the support available, it can take over four and a half years for those bereaved by suicide to access support.¹

¹Teaside pilot: Evaluation of a pilot police-led suicide early alert surveillance strategy in the UK. McGeechan GJ, Richardson C, Weir K, Wilson L, O'Neill G, Newbury-Birch D. <https://www.ncbi.nlm.nih.gov/pubmed/28724551>

Describe a challenge you have faced during the trial and how you overcame it.

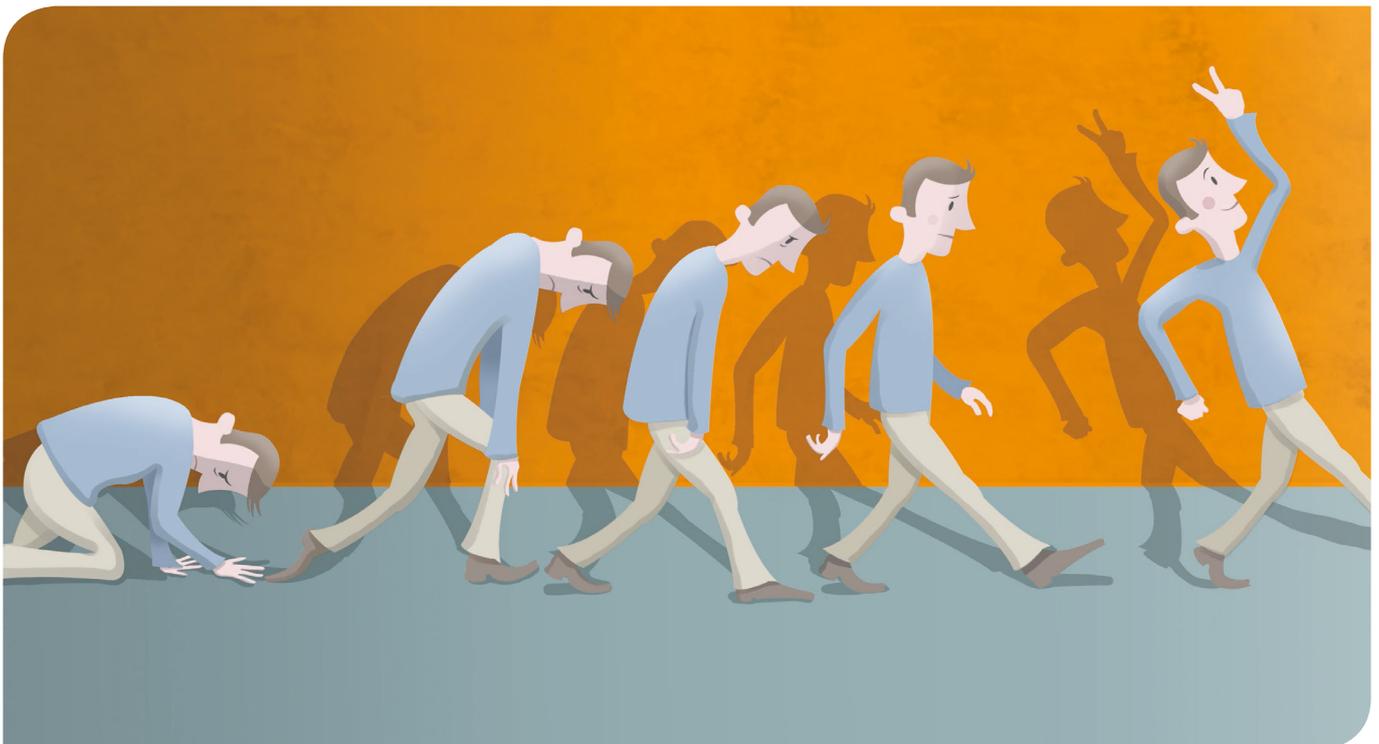
Contextualising the Alliance Against Depression to WA is complex due to the disparate nature of the health system. Navigating the Federal, State and Local Government priorities and competing needs to align to a singular aim has been challenging, however we are seeing success in collaboration across each of the areas. Systems change learnings from this include: gaining investment from organisations, services and agencies as a whole and engaging the position not the person, as staff retention and turnover can affect progress. Developing partnerships and working from an ecological systems base ensures that the Alliance is working to the needs of the individual, their relatives and the wider community; promoting the collaborative approach whilst complimenting the existing work of each organisation involved. Learnings have also included considering the scalability and sustainability of an Alliance, and that the needs of each place-based Alliance are very different, they cannot be manufactured, although it is key to have certain positions coordinating the framework, with centralised support from the PHN in GP engagement and communications.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

We have plans to commission an independent evaluator for the postvention response, Mandurah Mental Health Initiative, EAAD implementation and post-implementation planning.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Ensure that the approach is flexible, adaptable and responsive to community needs, with a steering group representing members from across the community that can keep the momentum going. Have a clear common goal that everyone can invest in, dedicate their services/ organisations to and commit over a sustainable period. Consider all of your touch points within community and strive to involve Lived Experience in a safe manner. Ensure that your key members are supported professionally to avoid burn-out, vicarious trauma and compassion fatigue.



Sunshine Coast (CQWBSC PHN)

Trial site/PHN Name	Central Queensland, Wide Bay, Sunshine Coast PHN
Priority population(s) (if applicable) or main features of your community	Men, Aboriginal and Torres Strait Islander
Framework (e.g. LifeSpan, ATSIPEP EAAD)	LifeSpan
Lead trial coordinator name + email	Erica Mackay - emackay@ourphn.org.au
Website (if one)	www.ourphn.org.au/preventsuicide/

What are some of the key accomplishments of your suicide prevention trial to date?

We had a successful launch of our Gympie Suicide Prevention Action Plan in September 2018, which was attended by over 80 leaders in local business and NGOs with an interest in addressing the issue of suicide in their local community. Our local MP opened the event and made a call-to-action for local businesses to step up as leaders in their community and make a difference.

In less than 9 months we have had over 500 people access our free QPR training licenses through word of mouth advertising with flyers and local network groups. We have seen participation across 84 different organisations so far, inclusive of mining sites, schools, general practice, AOD services, rotary clubs, cafes, neighbourhood centres, universities, Councils.

Our approach to engage the Aboriginal and Torres Strait Islander community in the North Burnett has been through existing or newly established Men's Groups led by local Aboriginal men. In December 2018 we arranged a Men's Camp on country in Cania Gorge QLD where the Men's Group elected their president and treasurer, and talked about their plans and aims. Within this, we had a local Aboriginal man trained in ASIST and SafeTALK attend and start the conversation about addressing suicide in their community. This was a really meaningful way to engage and we are now looking at ways to build training and engagement into this groups work, as well as other locally led ATSI programs such as Rites of Passage programs in Maryborough.

Describe a challenge you have faced during the trial and how you overcame it.

We have had difficulties in engaging the private business sector in our trial areas. We are currently looking to leveraging network connections to local Chambers of Commerce and consider sponsoring a business award related to Suicide Prevention and/or mental wellbeing to incentivise engagement with training and activities.

As a PHN it was challenging to come into some of the smaller rural communities and begin activity. After some community feedback, we decided to put out an EOI for a local coordinator position in these areas that would be filled by a staff member at an existing organisation in their community.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

It can't be led by one organisation, it takes many to achieve all aspects e.g.:

- To **engage and train the community**; tap into what already exists – local community meetings, networks, clubs, local businesses groups and make the aspect of engaging and training in suicide prevention part of the work they're already doing
- To equip **GPs and primary care**; they want to learn from their PEERS (aka a fellow GP). Ask your local PHN to help you engage with this group as they often know all the local practices in their area and how to incentivise participation and influence more of a focus on certain issues

Tasmania (Primary Health Tasmania)

Trial site/PHN Name	Primary Health Tasmania
Priority population(s) (if applicable) or main features of your community	Men 40-65 / People 65+
Framework (e.g. LifeSpan, ATISPEP EAAD)	LifeSpan
Lead trial coordinator name + email	Martina Wyss - mwyss@primaryhealthtas.com.au
Website (if one)	www.primaryhealthtas.com.au/suicide-prevention-trial-tasmania/

What are some of the key accomplishments of your suicide prevention trial to date?

Primary Health Tasmania's main accomplishments to date are:

- Funding community-based suicide prevention trial locations and activities in Break O' Day, Launceston and Burnie, Devonport and Central Coast local government areas to implement the LifeSpan approach
- Supporting trial site communities to identify, design and implement initiatives which respond to their local needs and priorities
- Leading and co-designing activities where Primary Health Tasmania has high input and high influence
 - build capacity of Tasmanian GPs to address suicidality
 - work with Tasmanian pharmacies, pharmacists and pharmacy staff to build suicide prevention awareness
 - make QPR online training available
 - develop and maintain Tasmanian HealthPathways
 - support and fund expert insight forums in relation to the target population of the suicide prevention trial
- Funding University of Tasmania to assess the extent to which the Tasmania trial sites deliver the objectives of the national suicide prevention initiative
- Supporting the University of Melbourne (national evaluator) to analyse information from the local sites to determine what strategies are effective in preventing suicide at a local level and in target populations
- Identifying, applying and refining learning in relation to local suicide prevention strategies, building community capacity and capability, Primary Health Tasmania processes and approaches
- Participating in the Primary Health Tasmania, Department of Health and Tasmanian Health Service Steering Group to facilitate strategic alignment with the Tasmanian Suicide Prevention Strategy (2016-2020)
- Leading the National Suicide Prevention Trial Advisory Group drawn from the membership of the existing Tasmanian Suicide Prevention Community Network
- Promoting internally and externally a shared understand and common language around mental health and suicide prevention - Communication Charter

Describe a challenge you have faced during the trial and how you overcame it.

Major challenges for Primary Health Tasmania

- Understanding our role as funder / partner / resource to trial sites
- Encouraging partners to collaborate in implementing suicide prevention initiatives
- Having flexibility within our internal processes
- Implementing a prescribed (LifeSpan) systems model in communities seeking visible and tangible evidence of change, including a reduction in the incidence of suicide
- Responding to community limitations in regard to local capacity, capability and social capital
- Accommodating diverse approaches, settings, populations and expectations
- Maintaining productive relationships
- Ensuring accountability and data collation

Major challenges for communities

- Understanding and applying a whole-of-community systems (vs service-driven) approach
- Understanding the role of working groups and Primary Health Tasmania
- Encouraging partners to collaborate in implementing suicide prevention initiatives
- Working within Primary Health Tasmania's Systems and processes
- Collaborating and sharing resources and learning between trial sites
- Planning what is achievable vs aspirational
- Having sufficient time for establishment and then for implementation
- Managing community expectations
- Understanding what to map and measure

Strategies we are employing to overcome these challenges

- Maintaining regular dialogue with trial site managers/coordinators
- Participation in working groups
- Reviewing six-monthly action plans
- Consistent messaging re the LifeSpan approach
- Engaging local evaluator to support shared learnings, collaboration and data collection
- Supporting workforce/sector improvement and professional learning

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

The local evaluator will:

- Assess the extent to which the Tasmanian trial sites deliver the objectives of the national suicide prevention initiative, namely:
 - Facilitate the collection of qualitative information to meet the data needs as described in the Evaluation Framework

- Develop a list of recommendations articulating how the findings from the Suicide Prevention Trial should be considered in future suicide prevention program development and funding in the Tasmanian context
- Develop a set of implementation guidelines based on the identified success factors from the trial to support local communities adopting a systems approach to suicide prevention
- Provide recommendations aligned to the LifeSpan framework about activities and initiatives that work at a local level to reduce suicide and self-harm in men 40-64 and men and women 65+
- Evaluate the impact of local Suicide Prevention activities and initiatives on:
 - Increasing the efficiency and effectiveness of medical services for patients; and - Improving coordination of care to ensure patients receive both adequate and timely care
 - Provide advice to PHT on future directions and any priority areas requiring development

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Primary Health Tasmania's advice would highlight the need for:

- Clarifying roles and expectations of all stakeholders early
- Allowing sufficient lead time to identify community leaders to enable them to work with their communities to create a shared vision, understand the LifeSpan systems approach, prioritise local needs and opportunities and develop an achievable plan
- Staying flexible and supportive while ensuring sound processes
- Building community capacity and capability
- Using a participatory action research process to measure change
- Applying learnings from the experience of leading the trial

Townsville (North Queensland PHN)

Trial site/PHN Name	Operation Compass
Priority population(s) (if applicable) or main features of your community	Ex-ADF Members & Families
Framework (e.g. LifeSpan, ATISISPEP EAAD)	Lifespan
Lead trial coordinator name + email	Ray Martin - ray.martin@ngphn.com.au
Website (if one)	www.opcompass.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

Operation Compass (OC) has achieved successful project commencement and implementation of activities within the Townsville community, due to the excellent leadership skills of a strong community-based Steering Committee, chaired by Lieutenant General John Caligari AO, DSC (Retired), along with an experienced community Advisory Group. The multi-faceted implementation approach taken across the Lifespan strategies has proven successful with positive outcomes across a range of projects, which would otherwise not have been possible without the committed buy in of key stakeholders and organisations. Highlights of Operation Compass so far include:

- Community Grants – Ten community grants were awarded to community and Veteran groups to provide wellness and resilience projects across the community. Results from some of the groups include reports of seeing individuals ‘regaining their life’ after months, and even years, of isolation and despair
- #CheckYourMates Campaign – Over the challenging Christmas and New Year period, we created a community awareness and action campaign challenging Veterans and the community to check in on their mates. Since the launch of the campaign on 9 December 2018, the videos reached over 600,000 users on social media
- Suicide Prevention Training – Operation Compass continues to roll out a number of evidence-based suicide prevention training programs including Mindframe Plus training in which Townsville is the only trial site to implement the training in real time situations

Describe a challenge you have faced during the trial and how you overcame it.

One of the biggest challenges that was identified very early was: ‘How do we better connect and engage those who are most isolated?’ This remains a challenge however we believe that individuals from an ADF background respond to the challenge of ‘helping others’. Therefore through the community grants and volunteer programs we have steadily enlisted more isolated individuals to help others in need – thereby reengaging themselves. The ten community grant recipients reach out to hundreds of participants. This encourages social and other interactions, and help-seeking behaviour.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

Yes, Operation Compass intends to commission James Cook University as internal evaluator to provide concurrent evaluation of program implementation between 1st June 2019 and 1st June 2020. The internal evaluation will work collaboratively with OC staff, the North Queensland Primary Health Network (NQPHN) and the external evaluation team from The University of Melbourne. The internal evaluator should clarify OC’s intended mechanisms, document its implementation and support meaningful transition from the current pilot project to Townsville’s ongoing Suicide Prevention Network, key social and services hub The Oasis and other collaborating ex-service organisations (ESOs). Informed by realist evaluation (Pawson & Tilley, 2004), the proposed evaluation framework is a usable tool for coordinators and key stakeholders to reflect on how their strategy is working and for whom in their specific set of circumstances. Synthesis of data

gathered through this approach will be aligned with the authoritative literature. Working collaboratively with OC project officers and in consultation with stakeholders, the evaluation will produce recommendations that support implementation fidelity and efficacy.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

A solid commitment from key stakeholders and organisations across the sectors you are trying to affect change in is essential, as is a strong leadership team through a community-based Steering Committee. Lived Experience is also a key part of strategies and implementation and all activities and projects must be localised to ensure alignment with community needs.



Victorian Place-Based Trials

Overview

The Victorian Budget 2016-17 provided \$27 million over four years to support two flagship initiatives: place-based suicide prevention trials and assertive outreach trials.

For the place-based trials, the Victorian Government has partnered with Primary Health Networks (PHNs) to support local communities develop and implement coordinated place-based approaches to suicide prevention. The trials are being implemented across twelve Victorian locations: Mornington Peninsula/Frankston, Dandenong, Latrobe Valley, Bass Coast, Brimbank/Melton, Macedon Ranges, Whittlesea,

Maroondah, Mildura, Benalla, Ballarat and the Great South Coast. The Black Dog Institute has been contracted to support the implementation of a systems approach to suicide prevention in these trial areas.

Guided by a common agenda, operating model, communications, and evaluation frameworks, these trials are harnessing local skills, expertise and resources to implement tailored, evidence-based initiatives in local communities. At each site, organisations, services and community work together to develop a plan to reduce suicides and to deliver effective suicide prevention at a local level. Evaluation of these trials will inform efforts across the State.

Benalla (Murray PHN)

Trial site/PHN Name	Benalla Place Based Trial (DHHS /PHN)
Priority population(s) (if applicable) or main features of your community	Home of the renowned Benalla Art Gallery, high-speed action at the Winton Motor Raceway, street art, silo art, the nationally significant Winton Wetlands, events, cafes and so much more. Benalla is two hours north of Melbourne, one hour south of Albury via the Hume Highway.
Framework (e.g. LifeSpan, ATSIPEP EAAD)	Life Span
Lead trial coordinator name + email	Bek Nash-Webster - Bnash-webster@murrayphn.org.au
Website (if one)	

What are some of the key accomplishments of your suicide prevention trial to date?

Please see attached timeline.

Describe a challenge you have faced during the trial and how you overcame it.

- Working within an organisation that have never done this before
- Working with a community to understand the evidence base, the community want and local data

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Ensure that you are all on the same page. Do a lot of talking and over communicate your work to the community so that they can come on board and be a part of the change.

Latrobe Valley and Bass Coast (Gippsland PHN)

Trial site/PHN Name	Gippsland PHN Sites: Bass Coast & Latrobe Valley
Priority population(s) (if applicable) or main features of your community	Men , LGBTIQ+, Aboriginal community
Framework (e.g. LifeSpan, ATISPEP EAAD)	LifeSpan
Lead trial coordinator name + email	Brooke Carlesso - Brooke.carlesso@gphn.org.au
Website (if one)	www.gphn.org.au/programs/mental-health-programs/place-based-suicide-prevention-program/

What are some of the key accomplishments of your suicide prevention trial to date?

South Coast Inclusion Network – LGBTQI inclusion videos: Gippsland PHN has commissioned a local LGBTQI advocacy group to develop a series of 6 videos that will be launched locally on IDAHOBIT Day. These storytelling style videos aim to highlight the challenges faced by LGBTQI people in the wider community and when accessing services. The videos also celebrate the diversity and resilience of LGBTQI community members and showcase examples of inclusive practice.

Consultation and commissioning framework: In order to ensure that activity is appropriate for local needs, we have established a framework that outlines the extensive consultation that must occur prior to an activity idea being endorsed by the project Advisory Group. Activity ideas are collected through community and stakeholder consultation, data, lived experience and the advisory group. These ideas are then ‘road tested’ by the range of stakeholders, before being endorsed by our Lived Experience Workforce and Advisory Groups. We are consistently praised for asking people their opinion – community members, mental health clinicians, advocacy groups. One general practitioner said that our consultation with him was the best thing that he’s experienced from the PHN. Everyone is so grateful for the opportunity to be heard and consulted.

AFL Gippsland Mental Health Round and Pride Cup: Each year, Gippsland PHN supports the local AFL and netball association to host a mental health round. A number of clubs receive game day activities, and a few select clubs also receive pre-game education, training and resources. This year, we are working towards a whole of region approach across 8 leagues. One Pride Cup is held per year to celebrate LGBTQI inclusion in sport.

Describe a challenge you have faced during the trial and how you overcame it.

Project worker turnover or absence has been a challenge for this project. An external consultant was enlisted to assist in the development of a high level project plan and structure. This has assisted in fast-tracking activity and raising the profile of the project within the organisation. A second project worker will commence in the position shortly.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

Supporting Lifeline Gippsland to facilitate external evaluation of their delivery of R U OK? sessions in specialist development schools – end 2019.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Taking time to develop strong relationships is very important and takes a lot of time. In order to coordinate, codesign and collaborate, these relationships and networks will (eventually) get you to where you need to go. Codesign across the project is not only a necessary function to ensure a place-based, systems approach – it is also a wonderful engagement tool.

Maroondah (East Melbourne PHN)

Trial site/PHN Name	Maroondah Local Government Area (LGA) Eastern Melbourne PHN
Priority population(s) (if applicable) or main features of your community	A large population with different waves of immigration over time. Culturally less diverse than surrounding areas (nearly 80% English at home). Not highly rated on SEIFA score. Reported average resilience as higher than Victorian average. Economy dominated by retail and small business.
Framework (e.g. LifeSpan, ATSIPEP EAAD)	Lifespan Integrated Wellbeing-Motivational-Action Model (IWMA) of Suicidal Behaviour and Prevention
Lead trial coordinator name + email	Rachel Hughes - rachel.hughes@emphn.org.au
Website (if one)	www.emphn.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

Commissioning of new suicide prevention and postvention service as per Whittlesea summary.

Training for GPs and general practice. Feedback from training provider was that it was *“the highest number of GPs we’ve had attend a workshop in the nearly five years they’ve been running”* and *“Yet another outstanding effort. I think I need you to write a brochure for other PHNs on ‘How to recruit GPs for suicide prevention workshops!’”*.

Steps to achieve this-

1. Through practice knowledge in primary care, EMPHN recommended to deliver the training only to GPs (not including practice nurses)
2. First phase: target the recruitment of GPs in the place-based site via personalised emails and explaining the importance of their role in suicide prevention and the trials
3. Follow up emails and electronic GP Bulletin and Events webpage. Personal emails sent to GPs outside of Whittlesea/Maroondah who indicated interest at a previous promotion event.
4. Flyer emailed to Practice Managers in City of Whittlesea/Maroondah requesting them to forward invitation to Practice GPs
5. Collaborated with training provider to simplify registration (ie. pre-disposing questionnaire done later in process)

Community as part of the change: Men’s Health Lunch. A Men’s Health Lunch was designed to reach out to businessmen to promote health and help seeking behaviours. Two successful lunches with over 100 men

in attendance at the first event and 85 at the second which was co-designed with a local business. A third event has now been co-designed with local council for their BizWeek events to be held 30 May.

Describe a challenge you have faced during the trial and how you overcame it.

A targeted focus on men and suicide was explored for Men’s Health Week, with the plan for PBSP to host a breakfast with Men’s Shed and the local tertiary education sector. Initial indications demonstrated an interest from men’s sheds and TAFE. However, further contact did not result in activity and there was no interest shown by other organisations. Considering this as a trial, and looking at demographics, EMPHN used this as a learning and focussed future activity on the Men’s Health Lunch.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

One of the key learnings has been that it is challenging to adequately address all the wedges in the LifeSpan wheel. Following the suicide prevention consultancy work EMPHN commissioned, a more targeted and achievable approach which determined and informed EMPHN’s request for tender specifications.

Example: Conversation with local council who was utilising Lifespan to engage with a high school about suicide prevention. Advised to consider there are other components of the system working in the wedges, therefore to not duplicate components. The work may incorporate communicating or co-ordinating with other resources and/or systems .

Mildura (Murray PHN)

Trial site/PHN Name	Mildura LGA Place-Based Suicide Prevention Trial
Priority population(s) (if applicable) or main features of your community	Males aged 45-65 and 15-19; young women 15-19; the Aboriginal community; those who attend Mildura Base Hospital Emergency Department seeking treatment for suicidality and self-harm.
Framework (e.g. LifeSpan, ATSIPEP EAAD)	LifeSpan informed by ATSIPEP
Lead trial coordinator name + email	Merryl Whyte - mwhyte@murrayphn.org.au
Website (if one)	www.murrayphn.org.au/suicideprevention

What are some of the key accomplishments of your suicide prevention trial to date?

The research project 'Improving Emergency and Follow Up Care for Suicidal Crisis in Mildura LGA' is a collaboration between La Trobe University and the Monash School of Rural Health Mildura. The research will: identify the system within Mildura LGA for emergency and follow up care; evaluate the relationships between components of the system as currently operating; explore and illustrate how the current system reflects contemporary clinical practice, including the Black Dog Institute's Guidelines for Integrated Suicide-Related Crisis and Follow-up Care in Emergency Departments, consumer centred and culturally/gender aware Australian practice, and intelligence emerging from concurrent research (such as the Victorian HOPE* trials); produce tested recommendations on system interventions towards enhanced functioning.

Work has commenced to support and strengthen the Northern Mallee Postvention Communication Protocol.

Strategic integration and capacity building of lived experience will build towards a lasting resource post trial (supported community suicide prevention network). Based on survey of lived experience recruits re motivations for participation.

We have also raised awareness for Mildura media outlets via Mindframe guidelines and the steering committee upskilling in safely speaking about suicide.

Describe a challenge you have faced during the trial and how you overcame it.

Getting attempt and reliable death data was a challenge. We did not have suicide data for the LGA until almost a year into the trial. Death data came through suicide audits provided by DHHS Victoria in June 2018 - and that really helped decision making. Attempt data (ED admissions) was also included in this audit however at a less granular (ie helpful) level. Via a relationship with our local hospital (the only one in the trial area) we were able to develop a data sharing agreement and now have access which supports better decision making. This data (and the good relationship with the hospital) also impacted decisions at a state level re HOPE trials.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

The above research completion is planned for February 2020. We are also considering commissioning a project to address suicidality in the Aboriginal community which would link to a national evaluation project (already underway). In-trial evaluation work also being done, for example a six month follow up after gatekeeper training to assess change in practice/ perceptions of barriers to practice.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Don't employ consultants to do your scoping and needs analysis. We did this ourselves and ended up with strong relationships across the LGA. Other trials have expressed difficulty in identifying who to engage with - but because we did this ground work it was never an issue.

Whittlesea (East Melbourne PHN)

Trial site/PHN Name	Whittlesea LGA Eastern Melbourne PHN
Priority population(s) (if applicable) or main features of your community	One of the largest and most culturally diverse municipalities in Melbourne. Comprising of both urban and rural areas with rapid population growth, social disadvantage and high demand for services. More than 40% of the population is born overseas from non-English speaking countries.
Framework (e.g. LifeSpan, ATSIPEP EAAD)	Lifespan Integrated Wellbeing-Motivational-Action Model (IWMA) of Suicidal Behaviour and Prevention
Lead trial coordinator name + email	Rachel Hughes - rachel.hughes@emphn.org.au
Website (if one)	www.emphn.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

Commissioning: Eastern Melbourne PHN has utilised the learnings and experiences of the place-based suicide prevention trials to co-commission with the Victorian Department of Health and Human Services a systems-based, regional approach to suicide prevention and postvention. The service specifications have been informed by two models; the Integrated Wellbeing-Motivation-Action Model (Mendoza, Ozols, Donovan & Cross, 2018) and the LifeSpan Model (Black Dog, 2017).

Wellbeing activities for 'at risk' groups: Sons of the West in the North (SOTWIN) – a partnership developed with local stakeholders to have Western Bulldogs Community Foundation to deliver the Sons of the West Program. SOTWIN is a men's health program structured to deliver one hour of physical activity and one hour of health literacy to a group of men over a six week period. Approximately 30 men have attended the program. The Whittlesea program is currently the most culturally diverse with over 50% of men born outside Australia or have a parent born outside Australia. In addition, 16% of men who have attended at least one session are from an Aboriginal and Torres Strait Islander background (compared to 1-2% in the previous programs delivered in Western Victoria). Steps taken:

1. Stakeholder launch of idea leading to establishment of working group
2. Collaboration with local stakeholders in order to recruit and support participants and provide in-kind support
3. Sustainability discussed from beginning to ensure continuation post trial funding.

Describe a challenge you have faced during the trial and how you overcame it.

Recruitment of people with a lived experience for capacity building training and inclusion in governance group has presented a challenge. Despite not being able to gain sufficient numbers to facilitate specific training for people with Lived experience, EMPHN has had people with lived experience participate in general suicide prevention training and the collective impact events. This has resulted in the capacity building training component being postponed and instead embedded in the new service delivery model and governance.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

One of the key learnings has been that it is challenging to adequately address all the wedges in the LifeSpan wheel. Following the suicide prevention consultancy work EMPHN commissioned, a more targeted and achievable approach was determined which informed EMPHN's request for tender specifications.

Example: Conversation with local council who was utilising Lifespan to engage with a high school about suicide prevention. Advised to consider there are other components of the system working in the wedges, therefore to not duplicate components. The work may incorporate communicating or co-ordinating with other resources and/or systems (e.g. Media and Comms- Everymind, BeYou (Beyond Blue- schools).

NSW LifeSpan High-Fidelity Research Trials

Overview

LifeSpan is an innovative, world-class approach to suicide prevention and is the name for the Systems Approach to Suicide Prevention initially developed on behalf of the NSW Mental Health Commission by the NHMRC Centre for Research Excellence in Suicide Prevention (CRESP) and Black Dog Institute. Development involved extensive collaboration and input from partners across the sector and lived experience representatives.

In December 2015, Black Dog Institute received \$14.7 million from the Paul Ramsay Foundation to deliver LifeSpan in four sites in NSW (Newcastle, Illawarra Shoalhaven, Murrumbidgee, Central Coast) and scientifically assess the impact of LifeSpan.

LifeSpan aims to deliver the best possible evidence based research and suicide prevention intervention in NSW.

Working closely within the framework of implementation science, and through a stepped wedge trial design, LifeSpan is based on the following phased approach:

- Phase I – Exploration: LifeSpan planning & establishment
- Phase II – Installation: LifeSpan strategy development & implementation preparation
- Phase III – Early Implementation: measuring readiness & local need
- Phase IV: Full implementation of stepped wedge trial

Based on the most up-to-date evidence available and drawing from positive results of similar, large-scale suicide prevention programs overseas, this integrated systems approach is predicted to prevent 21% of suicide deaths and 30% of suicide attempts.

Newcastle

Trial site/PHN Name	LifeSpan Newcastle
Priority population(s) (if applicable) or main features of your community	None
Framework (e.g. LifeSpan, ATSIPEP EAAD)	LifeSpan NSW trial site
Lead trial coordinator name + email	Tegan Cotterill - Tegan.Cotterill@hnehealth.nsw.gov.au Katherine McGill - Katherine.McGill@hnehealth.nsw.gov.au
Website (if one)	www.everymind.org.au/programs/lifespan-newcastle

What are some of the key accomplishments of your suicide prevention trial to date?

Increasing the capacity and commitment of local stakeholders including decision makers to ongoing local collaborative suicide prevention work on the basis of the work that has occurred as part of the LifeSpan trial.

Describe a challenge you have faced during the trial and how you overcame it.

Stakeholder engagement goes beyond words - You need the right people involved, who are willing to do work outside meetings within specific project/ parameters, as well as a leader to drive the work while maintaining a view of the project as a whole.

Have you commissioned, or have plans to commission, additional evaluations of specific programs or the trial as a whole (outside of the externally funded evaluations)?

No.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Locally identified needs and priorities need to drive the work.

Illawarra Shoalhaven Suicide Prevention Collaborative

Trial site/PHN Name	Illawarra Shoalhaven
Priority population(s) (if applicable) or main features of your community	Whole community
Framework (e.g. LifeSpan, ATISPEP EAAD)	LifeSpan
Lead trial coordinator name + email	Alex Hains - ahains@coordinare.org.au
Website (if one)	www.suicidepreventioncollaborative.org.au

What are some of the key accomplishments of your suicide prevention trial to date?

- Maintaining genuine commitment from Collaborative members to continue working together and resourcing the ‘backbone’ staffing beyond the LifeSpan trial feels like a significant achievement
- Designing and establishing an aftercare service that is now delivered in partnership between Collaborative members
- Education representatives have done a fantastic job of implementing YAM across local schools
- Media campaign promoting suicide prevention training was very successful, with a dramatic increase in people doing QPR online and improved media coverage on suicide
- Lived experience has been central to all the Collaborative’s work and representatives have been weaved throughout all areas of our work
- Creating dashboards to help communicate suicide prevention activity and outcomes

Describe a challenge you have faced during the trial and how you overcame it.

- Managing the dynamics between Collaborative members has been a constant challenge, but particularly when the PHN or governments release funding for competitive tender. I don’t have a particular secret to overcome this challenge, except to say that these periods are a test of the relationships developed
- Ensuring all involved appreciate all the work required to fully implement suicide prevention activities, and then committing to contributing towards this work. To help with this, we’ve developed ‘implementation maps’ that illustrate how all these pieces of work complement each other to achieve the goal

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

It’s a long game –
be patient and learn to tolerate uncertainty.

ACT LifeSpan Research Trial

Overview

In 2017 the ACT Government committed \$1.5 million to Black Dog Institute over three years, to support ACT Health in partnership with Capital Health Network (ACT PHN) in implementing and evaluating LifeSpan in the Territory.

This work commenced in July 2018 and represents a similar high-fidelity research trial model to those already underway through the four Paul Ramsay Foundation funded trials in New South Wales. ACT LifeSpan has enabled the further application of the learnings from the high-fidelity model in a new political, social, demographic and health sector context to further the applicability of LifeSpan to the broad range of settings across Australia.

ACT

Trial site/PHN Name	ACT LifeSpan
Priority population(s) (if applicable) or main features of your community	General population
Framework (e.g. LifeSpan, ATSIPEP EAAD)	LifeSpan
Lead trial coordinator name + email	Ros Garrity - Ros.Garrity@act.gov.au
Website (if one)	www.health.act.gov.au/about-our-health-system/office-mental-health-and-wellbeing/lifespan-integrated-suicide-prevention

What are some of the key accomplishments of your suicide prevention trial to date?

ACT LifeSpan Steering Committee and Suicide Prevention Collaboratives established. QPR, ATSP and CAMS Training commenced. Commenced planning for Youth Aware of Mental Health. Way Back Service established and integrated with LifeSpan. StepCare Program underway with Capital Health Network.

Describe a challenge you have faced during the trial and how you overcame it.

Establishing links with the Aboriginal and Torres Strait Islander community in the ACT has been challenging. An Aboriginal and Torres Strait Islander LifeSpan Project Officer has been appointed to convene a Working Group with the ATSI community to enable community direction of ACT LifeSpan initiatives.

What is the one piece of advice you would give to a community wanting to implement a systems approach to suicide prevention?

Need to be well resourced with a team of staff to enable simultaneous implementation of all 9 strategies, given that components of LifeSpan such as YAM are major pieces of work!



Creating a mentally healthier world.