



Navigating a Systems Approach

Mildura place-based suicide prevention trial

2017 - 2020

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MILDURA LGA: TRIAL PRIORITY GROUPS

- **Males** (45-65 & 15-19)
- **Females** (15-19)
- **Aboriginal and Torres Strait Islander Community**
- Those **attending Mildura Base Hospital ED** for suicidality and self harm
- **CALD** community (extent unknown as data does not identify ethnicity)



Mildura LGA

- Approximately **53,000** people (on Vic side of border)
- **22,330** square kilometres
- **One** hospital with an ED
- Higher than average % **ATSI** people
- Very **culturally diverse** community
- Rates highly on **social distress** indicators – yet also **harmonious**

MILDURA LGA 17/18/19

Improving Emergency and follow up care for suicidal crisis

Using evidence based treatments for suicidality

Improving safety and reducing access to means of suicide

Equipping primary care to identify and support people in distress

Encouraging safe and purposeful media reporting

Improving the competence and confidence of frontline workers to deal with suicidal crisis

Engaging the community and providing opportunities to be part of the change

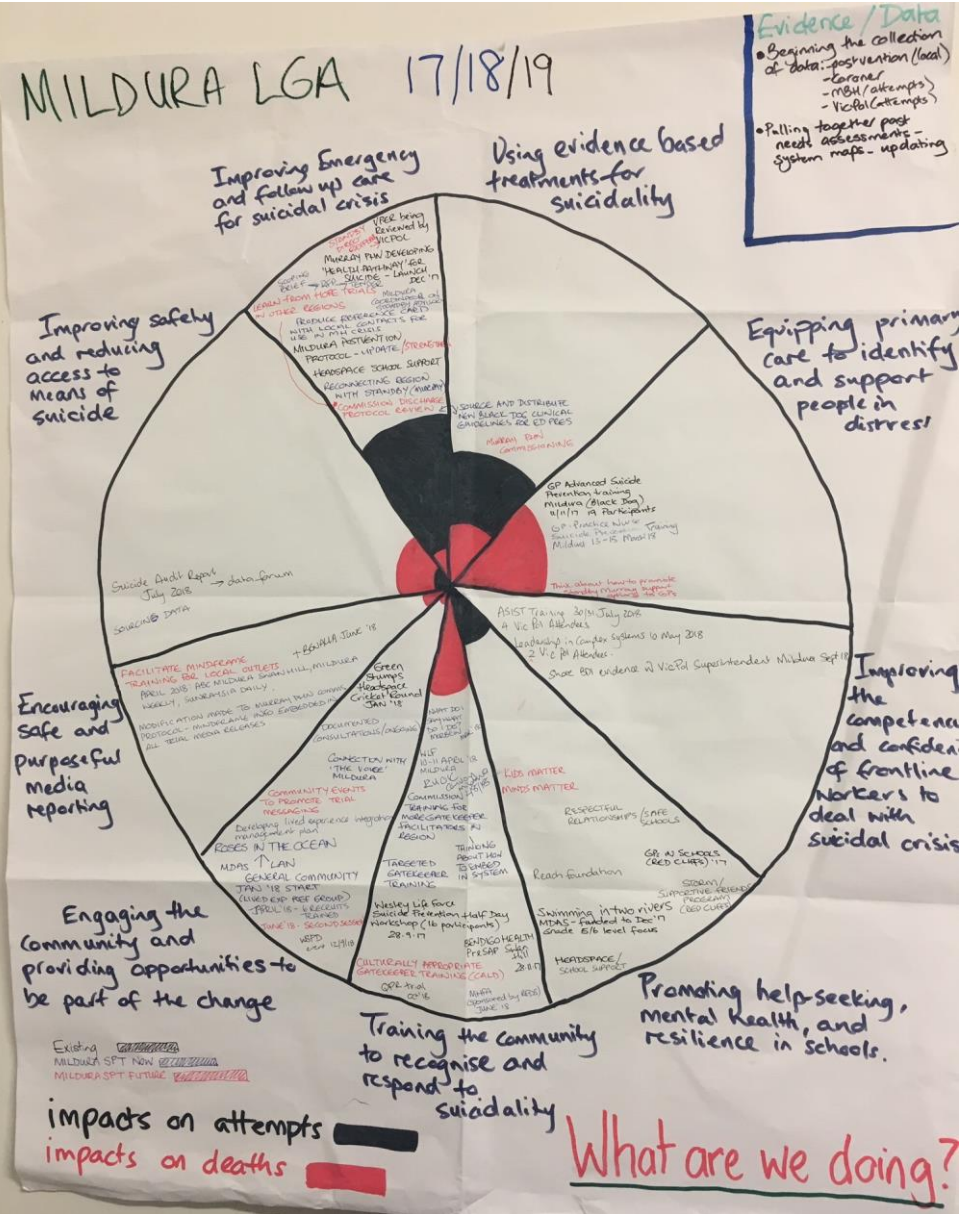
Promoting help-seeking, mental health, and resilience in schools.

Training the community to recognise and respond to suicidality

What are we doing?

Evidence / Data

- Beginning the collection of data - postvention (local)
 - Carones
 - MSH (attempts)
 - VicPol (attempts)
- Pulling together post need assessments - system maps - updating



WHAT ARE WE DOING?

- Using **LifeSpan** as our systems framework
- Using BDI impact **evidence** to guide investments – and **community voice/data**
- Trying to initiate work across **all segments**

So far:

- Improving **emergency and follow up care**;
- **Community training**;
- **Involving community and lived experience** in all levels of trial;
- **Safe and purposeful media reporting**;
- Review of **postvention** protocol
- Developing a shared context of **local data and systems approaches to complex problems** – towards regional leadership and capacity building
- Thinking about **sustainability** and the legacy of the trial (from beginning)

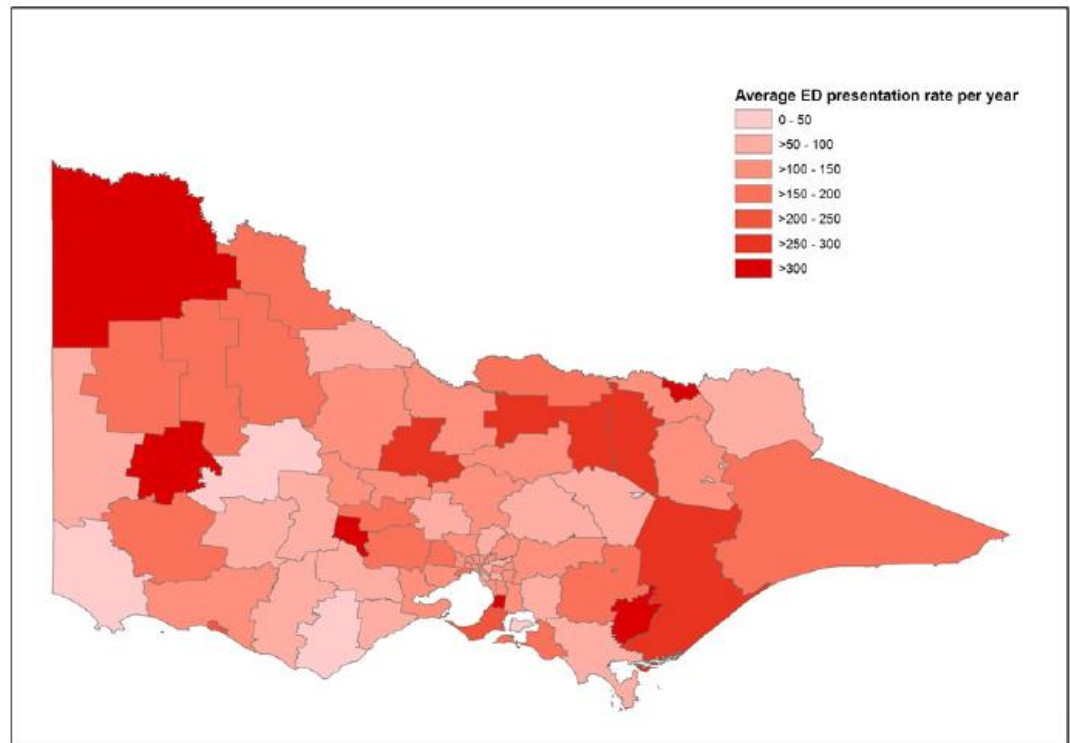
Improving Emergency and Follow-up Care for Suicidal Crisis in Mildura LGA

Emergency Department presentations for suicidality and self-harm

Mildura Trial work:

1. Research La Trobe and Monash Universities October 2018-February 2020
2. Dedicated aftercare service - links with the Victorian Government HOPE trials.

Figure 7: Map of Victoria showing average annual ED presentation rates per 100,000 residents[†] for intentional self-harm injury or poisoning by local government area of residence, Victoria, 2014–2016



[†] Crude age and sex-specific rates

Source: DHHS Suicide Audit Report Mildura LGA 2018

Integrating Lived Experience

Trial approaches:

1. Placed at the heart of the trial;
2. Planned and strategic development of lived exp capacity with dedicated support;
3. Asked them what they need?
4. Set aside resourcing in trial funds;
5. Built capacity within sector steering committee to understand and utilise value of lived experience.



WHAT WE HAVE LEARNT SO FAR...

- **Relationships** are key – things we can only achieve or know through relationships: local data sharing; ethnicity information; connections; emerging issues/opportunities; misconceptions.
- Avoid getting **consultants** to do work which will impact your ability to form relationships;
- Put **ongoing feedback mechanisms** in place – and don't set your plan in stone too far ahead;
- There is a lot going on already in **schools**;
- Keep the **system in mind** – this helps (a little) when there are deaths in community.
- Get your organisation to arrange **external supervision** (if you haven't already got it).
- The **role of a trial coordinator is complex** and involves high level skills and capabilities.

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