

Kimberley - Country WA Primary Health Network

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities in 2018-19

Version 2.0, published 18 May 2018

SITES ARE EXPECTED TO CONTINUE TO IMPLEMENT TRIAL ACTIVITIES IN 2018-19 AND ALSO TO ENSURE THAT TRANSITION ARRANGEMENTS ARE IN PLACE FOR THE CONTINUING CARE OF AT-RISK INDIVIDUALS POST THE TRIAL

All sites participating in the National Suicide Prevention Trial are required to:

- Promote the development and trialling of strategies in communities with higher risk of suicide due to economic hardship or other circumstances.
- Focus on activities at a local level.
- Develop a systems-based approach to the delivery of suicide prevention services.
- Provide enhanced services for people who have attempted or are considered at higher risk of suicide, which builds upon base activities being undertaken by Primary Health Networks where appropriate.
- Trial strategies for preventing suicide attempts and deaths among one or more of four high risk populations:
 - Aboriginal and Torres Strait Islander peoples
 - Men, particularly in the very high risk age range of 25 to 54 years
 - Young people
 - Veterans.
- Gather evidence and participate in a comprehensive evaluation of their activity.
- Work plans are to identify major activities in all stages of the trial that relate to these objectives.
- Activities should be restricted to those undertaken in the 2018-19 financial year, irrespective of whether these are in part of the year only or extend beyond the financial year.
- All work plans are to be assessed to ensure that activities are in line with the parameters of the National Suicide Prevention Trial as specified in the *National Suicide Prevention Trial: Background and overview*.

ACTION AREA	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p>The focus of work in 2016-2017 was to establish participatory decision-making forum for the trial, to ensure:</p> <ul style="list-style-type: none"> • Aboriginal-led governance principles, and arrangements for inter-sector and inter-governmental collaboration, are in place at the outset. • The capacity to provide for the participation of, and leadership by, Aboriginal communities in the Kimberley Suicide Prevention trial. <p>The main activities during the early phase of the Trial included:</p> <ul style="list-style-type: none"> • Establishment of, and secretariat support for, the Kimberley Suicide Prevention Working Group (referred to as “the Working Group”), including its terms of reference and an indicative plan of work. • Presentations about evidence to inform suicide prevention trial activities and process, including the use of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Framework and the European Alliance Against Depression (EAAD) Framework. Appointment of the Program Manager, Suicide Prevention Trials (Country), to oversee and progress the initial work of the Kimberley and Midwest Trials. • Establishment of, and project and secretariat support for, the Kimberley Suicide Prevention Steering Group (Steering Group established accordance with a decision made by the Working Group, 1st May 2017). • Preparation of commissioning arrangements for a Project Coordinator position, through the Kimberley Aboriginal Medical Service (KAMS), The Project Coordinator position has been appointed. • Development of a ‘first steps’ capacity development plan to address the main priorities of the Working Group prior to the commencement of the Project Coordinator. • A meeting with the WA Country Health Service’s suicide prevention officer and KAMS to begin planning for a cojoined State-Commonwealth and Aboriginal controlled approach to suicide prevention practice in the Kimberley. <p>Liaison with data analytics personnel and external health, justice and coronial data stakeholders to understand patterns of suicide and self-harm risk (demand)</p>

Summary of activities planned for 2018-2019

All community projects and activities under the trial are within the ATISPEP framework.

PRIMORDIAL INTERVENTION

- Activities will occur in response to findings of KALACC cultural mapping. Activities will have cultural elements – building identity, SEWB, healing, return to Country. Commissioning of these activities will commence in September 2018.

PRIMARY PREVENTION

- GP Training end of 2018
- Kimberley wide awareness raising campaign to commence August 2018
- Responsible suicide reporting by media – Mindframe to provide training to local media services by end of 2018
- Gatekeeper training – already identified in some of the community consultations underway

SELECTIVE AT RISK GROUP – will be identified in some of the Community Suicide Prevention Projects

- Deliver peer to peer suicide prevention training for young people in East and West Kimberley

INDICATED AT RISK INDIVIDUALS

- Clinical Elements
- Co-design high quality and culturally appropriate treatments – July - September
- Co-design implemented – November 2018

Postvention

	<ul style="list-style-type: none"> • Codesign of postvention approach for the Kimberley along with United Synergies and Thirrili – February 2018 – June 2018 • Implementation July 2018 <p>COMMON ELEMENTS</p> <ul style="list-style-type: none"> • Community Leadership/cultural framework. • Kimberley Aboriginal Medical Service (KAMS) leadership and project coordination – commissioning commenced August 2017 – June 2019. • Employment of community liaison officers – Positions to be advertised in April 2018. • Paid participant fees for elders and youth in each community will occur from July 2018 – June 2019. • Community Suicide Prevention Projects completed by July 2018. • Community Suicide Prevention Projects to be implement and evaluated July 2019. Commissioning to commence July 2018.
<p>Key partners</p>	<p>A key partnership with the KAMS is in place with the preparation of collaboration principles to underpin the partnership arrangements; funding for the project coordinator; and the initial stages of the capacity development phase to inform the project workplan. Reflecting the agreement by the Working Group, KAMS has been commissioned to employ the Project Coordinator and undertake the initial community engagement. As there are very few private general practitioners in the Kimberley, much of the GP related primary care is usually through either the Aboriginal Community Controlled Health Organisations (ACCHOs) or WACHS. KAMS, as the umbrella body for ACCHOs in the Kimberley, and WACHS are members of both the Working Group and the Steering Committee. Opportunities to involve and inform General Practitioners of initiatives associated with the further development of the trial, and GP training, will be explored on both a local and regional basis.</p> <p>The Deputy CEO of KAMS has been invited by the Hon Minister to co-chair the Working Group. The PHN is also working collaboratively with the members of the Working Group and Steering Committee. The Working Group includes representation from all critical partner agencies within the region and has representation from the major Kimberley towns. It is considered to provide the ideal foundation for partnership development and maintenance. Individual agreements with some partner agencies may be required, whether formal or informal, and will be progressed through</p>

the Working Group and Steering Committee. Smaller sub-committees to the Steering Committee may also bring in additional relevant agencies as work progresses. E.g. an MOU has been signed between WAPHA and WACHS, an MOU with KAMS is in development. A data group has been established, as a sub-committee of the Steering Committee.

Aboriginal people of the Kimberley are key partners in the SP Trial. The ATSIPEP Report, *Solutions that Work: What the Evidence and Our People Tell Us*, states 'A common success factor in community-led interventions or responses to Indigenous suicide is their development and implementation through Indigenous leadership and in partnership with Indigenous communities'. The report considers the involvement and empowerment of communities to be an outcome, indicating such community ownership and investment is more likely to ensure sustainability of responses.

- Stakeholder Engagement within the Kimberley Trial Site has included several meetings arranged by key stakeholders in the Kimberley prior to commencement of the trial, including: Engagement undertaken by the Kimberley Aboriginal Medical Service to inform the trial. The Report of these consultations was provided to the Working Group and to the PHN as reference documents;
- Engagement undertaken by KALACC and Aanja with Aboriginal stakeholders. The principles developed through such engagements have informed the Working Group; and
- A Kimberley Roundtable on Aboriginal Suicide conducted by ATSIPEP to inform their report *Solutions that Work: what the evidence and our people tell us*. These consultations have provided a foundation upon which the Trial activities can build. Critical to the engagement of relevant communities has been the establishment of the Working Group and the subsequent engagement with key organisations identified as potential participants. The Working group grew from an initial round table chaired by the (former) Minister for Health. This round table meeting was attended by approximately 60 people with an interest in the trial. The Working Group, chaired by the Minister for Indigenous Health, Hon Ken Wyatt (on behalf of the Minister for Health), includes members from relevant stakeholder organisations and communities. Members are:
 - Senator Pat Dodson
 - Department of Health (DOH) Canberra and WA representatives
 - Department of the Prime Minister and Cabinet (Broome Office)
 - WA Primary Health Alliance, Country WA PHN
 - Kimberley Aboriginal Medical Services (KAMS)
 - Aarnja

- Kimberley Aboriginal Law and Cultural Centre
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- WA Country Health Service (Kimberley Office)
- Kimberley Mental Health and Drug Service (KMHDS)
- Department of Aboriginal Affairs
- WA Mental Health Commission
- WA Police Service
- WA Department of Education
- WA Catholic Education Office
- Regional Services Reform Unit
- Empowered Communities
- West and East Kimberley community representatives from six key towns.

The formation of a Steering Committee was recommended at the May meeting of the Working Group. The Kimberley Suicide Prevention Trial Steering Committee includes representation from:

- KAMS – chair
- NACCHO
- Poche Centre for Indigenous Health (WA)
- DOH
- WACHS
- WAPHA
- KALACC.

The Steering Committee has approved a ‘first steps’ capacity development Plan to address the main priorities of the Working Group prior to the commencement of the Project Coordinator. The Project Coordinator position has commenced with KAMS. The initial priorities were to:

1. Establish community networks in 6 major communities (completed); Obtain reliable and credible data, and establish data sharing protocols, with respect to suicide prevention and self-harm data (commenced).

2. Identify areas with high prevalence of suicide and self-harm areas, and services and gaps (including culturally based activities) provided on country has commenced.
 3. Develop the framework for practice and evaluation with the ATSIPEP framework and align with evidence based approaches such as the EAAD (commenced).
- The 'first steps' capacity development plan is, essentially, the initial phase of a community engagement process as it will deliver:
 - Community workshops in each of the main towns and communities, original proposal was for six but further consultation has indicated a need for nine
 - Service provider forum
 - Think Tank session.

The community workshops, planned from July to August 2017 have been delayed due to the extensive planning needed for them to occur and the resignation of the original project coordinator. These community workshops will be open to Elders and Aboriginal community people, including those with a lived experience of suicide, and will aim to identify (in terms of suicide and self-harm prevention and harm reduction):

- What is already working well.
- What is not working well and the gaps.
- Suggestions for what needs to happen in each of the communities.
- Suggestions and recommendations about people who would be good to involve in public awareness prevention, harm reduction training, promotion etc.
- A core group of community members and service providers to form town based suicide prevention networks (noting they already exist in Derby and soon will be established in Halls Creek) with representation from outlying communities.
- A process to publicly announce the community's intention to tackle suicide. The Service Providers Forum held a one day consultation session in Broome in mid-July 2017, with representatives from the government and non-government providers of suicide and self-harm prevention, intervention and postvention (including the SEWB

	<p>across the East and West Kimberley). This will include representation from both the government and private school sectors. The service consultations will aim to identify:</p> <ul style="list-style-type: none"> ○ Services and cultural activities available, and what’s working well ○ What services need further development, and gaps ○ Referral pathways ○ Data and data sharing protocols ○ Suggestions for what needs to happen in each of the communities ○ Source all previous Community Action Plans.
<p>Enhanced services for people who have attempted or are at higher risk of suicide</p>	<p>The PHN has commissioned services under the mental health flexible fund, the Aboriginal and Torres Strait Islander mental health flexible fund, the Drug and Alcohol treatment flexible fund, the Aboriginal and Torres Strait Islander flexible fund and the core /flexible fund. In commissioning of these services, the needs of people at risk of suicide were considered.</p> <p>The PHN quarantined the funding of services which were determined to be targeting those at risk of suicide. Such funding was not included in the general funding pool when expressions of interest were called for. These included:</p> <ul style="list-style-type: none"> ● The Yiriman Project – culturally based suicide prevention program previously funded under the NSPP ● Kimberley Sexual Assault Service – providing trauma informed counselling and support to people who have experienced sexual violence. The continuation of this service acknowledges the lifelong risk associated with child sexual abuse, which is 40 times higher for females and 14 times higher for males, compared with those who have not experienced sexual abuse¹. <p>Commissioned mental health services also have a focus on the provision of services to people at risk of Suicide and there has been an increased level of funding provided into communities with higher risk, for example Fitzroy Crossing where a consortium of four Aboriginal organisations has been commissioned to provide wrap-around community support services. This service will operate in close collaboration with the provider of the Integrated Primary Mental Health Service to ensure appropriate clinical governance and easy transition of clients where necessary.</p>

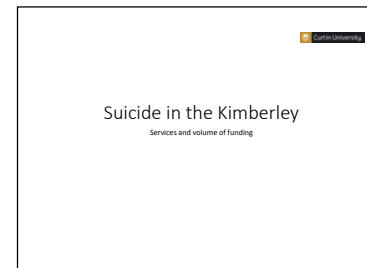
¹ ATSIPEP Report. Solutions that Work: What the Evidence and Our People Tell Us, 2016

Alcohol and other drug services commissioned in the Kimberley also have a mental health element to ensure people with comorbid drug and alcohol and mental health issues receive an appropriate service. *Suicide Prevention 2020: Together we can save lives*² notes that the risk of suicide among illicit drug users is between four and 14 times that of the general population, with cannabis users estimated to have a 10 times higher risk of suicide than non-users. The document also indicates that risk is exacerbated for people with co-occurring mental illness as services have historically not provided holistic treatment.

Research also indicates the risk of suicide is greater in countries/communities where binge drinking occurs and that suicide rates can be decreased by as much as 5% as alcohol consumption decreases by one litre per capita.³

The following work is proposed to be undertaken in the early phase of the SP Trial. This foundational work will inform strategies for service activities to be undertaken in relation to prevention, Intervention and postvention:

- Service mapping – assessment of services conducted by Curtin University in conjunction with the PHN has informed the mapping. See attached Power Point presentation below. The publication of state commissioned measurement



of outcomes and expenditure, *Resilient Families, Strong Communities*⁴ will also inform localised strategies.

- The ‘first steps’ capacity development work to elicit service provider and community knowledge of and perceptions about services available, referral pathways, and service strengths, gaps and deficits.

² Government of WA, Mental Health Commission

³ Government of WA, Mental Health Commission. *Suicide Prevention 2020: Together we can save lives*.

⁴ Seivwright, A., Callis, Z., Flatau, P. and Isaachsen, P. *Resilient Families, Strong Communities. Overcoming Indigenous disadvantage across the regions: Mapping service expenditure and outcomes in the Pilbara and the Kimberley*. Regional Services Reform Unit, Department of Communities, Government of Western Australia: Perth, 2017.

	<ul style="list-style-type: none"> • The initiation and/or further development of community suicide prevention action plans in the six main towns in the Kimberley, which are: Broome; Derby; Fitzroy Crossing; Halls Creek; Kununurra; Wyndham and the three additional communities identified. • The delivery and evaluation of a small grants program, for community suicide prevention action plan initiatives in the above main towns in the Kimberley.
<p>Areas for focussed activity</p>	<p>The PHN approach to, and commissioning of services through, its base funding is detailed in the section <i>Enhanced services for people who have attempted or are at higher risk of suicide</i>.</p> <p>These are not specifically designed to enhance the Suicide Prevention trial activities, rather they provide the baseline services.</p> <p>The main target population(s):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Aboriginal and Torres Strait Islander peoples <input type="checkbox"/> Men <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <p>There will be a focus on the priority areas identified by the Minister for Indigenous Health in his communication with the Steering Committee. These priorities will be taken to the communities for consideration and their advice regarding the ordering of the priorities as different communities may wish to initiate different activities. The Working Group has highlighted areas of focus, in addition to the overall need for a reduction of suicide in Aboriginal communities. Groups seen to be at particular risk being Aboriginal youth and LGBTQI people.</p> <p>The Kimberley Suicide Prevention Trial will take place in the Kimberley Region of WA. The focus of the Trial will be on the following areas (note the increase from six to nine):</p> <ul style="list-style-type: none"> • Broome • Bidyadanga • Dampier Peninsula (including Beagle Bay, Lomoadina/Djarindjin and One Arm Point) • Derby

- Fitzroy Crossing
- Halls Creek (including Warmun)
- Kununurra
- Wyndham
- The Kutjunka region (including Balgo, Billiluna, Mulan).

The Working Group includes representation from each of these towns, and community engagement activities will be undertaken to ensure community members from these towns and their surrounding communities can participate in the planning and decision-making processes. Community suicide prevention plans will be developed (or further supported in the case of Derby, where a plan has been drafted) in each of these towns. Following the previous Commonwealth/WA meeting, efforts were made to locate and analyse previous Community Action Plans which could provide some guidance for the development/review to create the ongoing action plans. This has taken longer than expected.

Supporting evidence of local target population needs:

This trial is specifically to focus on Aboriginal and Torres Strait Islander peoples of the Kimberley. Significant research exists to support this. A comprehensive list of research documents is being compiled as part of the early stage work by the PHN Project Manager and members of the Steering Committee. KAMS and KALACC, represented on the Steering Group, have undertaken considerable work in this area and the report by ATSIPEP report, *Solutions that Work: What the Evidence and Our People Tell Us* provides a summary of the evidence base for what works in Aboriginal community-led suicide prevention. To inform this report a series of round tables were held, including one in the Kimberley.

The ATSIPEP Report provides a summary of Indigenous and non-Indigenous suicide by jurisdiction and indicates Western Australia had the highest suicide rate in Australia between 2008 and 2012. It also indicated that Indigenous children and young people are significantly more vulnerable to suicide than their non-Indigenous counterparts. When examining suicide deaths among people under the age of 18 years (between 2007 – 2011), Indigenous children and young people accounted for 30% of the suicide deaths despite comprising only 3 – 4% of the population of the age group. The Report also notes the likely under-reporting/recording of self-harm among Indigenous young people.

	<p>The ATSIPEP LGBTQI Roundtable highlighted the intersection of Indigenous and LGBTQI status, both known risk factors for suicide and suggested this group is particularly vulnerable.</p> <p>Summary information on service criteria, assessment of need, main services being offered, and strategies to encourage use of services or participation in other activities for each target population:</p> <p>Not yet determined – this will be planned to follow the completion of the ‘first step’s capacity development component as outlined previously. It is proposed to commission community champions to support engagement and planning.</p> <p>Services/interventions to be delivered for each target area/population:</p> <p>Not yet determined – this will be planned to follow the completion of the ‘first step’s capacity development component as outlined previously. The Community Action Plans will advise on the local responses required.</p> <p>The main aims of activities for each target population and for differing sites if relevant is still to be determined in collaboration with the working group.</p> <p>The PHN has commissioned the Poche Centre to develop and deliver a series of community and service provider workshops across THE Kimberley on the implementation of the ATSIPEP report and the use of the recommended tools. Workshops will be delivered in the Kimberley and will be aligned with other activities to avoid duplication of effort.</p> <p>Given the size of the Country WA PHN and the limited funding available for mental health and suicide prevention the PHN is unable to commit additional funds (over and above the regional allocation) for Kimberley specific initiatives to enhance the trial activities.</p>
<p>Other suicide prevention activity</p>	<p>The implementation of a key component of the WA suicide prevention strategy ‘<i>Suicide Prevention 2020: Together We Can Save Lives</i>’ has commenced in the Kimberley through the appointment of the Suicide Prevention Coordinator with WACHS. Meetings with KAMS and WAPHA and the Suicide Prevention (SP) Coordinator, WACHS Kimberley, occur on a regular basis to ensure a collaborative working relationship, for results optimisation. The Suicide Prevention Lead, WAPHA, also met with all State SP Coordinators in May 2017. An MOU between the organisations has been signed.</p> <p>The Steering Committee has been advised by the Commonwealth of the funding to Wesley Mission for Suicide Prevention Networks in Halls Creek, Wyndham and Kununurra, in addition to the network in Derby. It will be essential</p>

	<p>to gain an early understanding of the proposed work of this organisation to determine whether it is in line with the intent of the Kimberley SP Trial.</p> <p>The National Critical Response Project (NCRP), funded by the Minister for Indigenous Affairs could potentially be working at odds with the intent of the Kimberley Trial. The Kimberley Aboriginal Health Planning Forum has indicated it would not support this project being implemented in the Kimberley. WAPHA also provided feedback to the Critical Response Project that suicide prevention activity as part of that project was not supported in the trial site regions.</p>
<p>Recruitment and workforce</p>	<p>No issues are identified that may affect recruitment and/or commissioning of services. The current workforce is made up of the following:</p> <ul style="list-style-type: none"> • Project Coordinator employed by KAMS – 1 full time position • Working Group • Steering Committee • Data Group • The Steering Committee has agreed to commission KAMS for nine community positions, engagement with elders and youth engagement and empowerment. Progression of this is currently underway.
<p>Data collection and reporting</p>	<ul style="list-style-type: none"> • Data sharing and management protocols are currently under development. A data group has been developed to guide this. If mental health treatment services are commissioned as part of the trial, the Primary Mental Health Care Data Minimum Data Set (PMHC MDS) will be used. • Data analytics and information management health and welfare representatives from: NACCHO, Kimberley Aboriginal Medical Services, Australian Institute of Health and Welfare, Health Department of WA, Department of Health, Telethon Kids Institute, Curtin University (under contract to WAPHA) and the Black Dog Institute. • A cultural mapping representative from the Kimberley Aboriginal Law and Cultural Centre (KALACC) • Representative from the Education sectors: • Prof Pat Dudgeon, Centre for Best Practice in Aboriginal Suicide Prevention /ATSISPEP chairs the data group and expert guests may be invited as required. • An agreed set of minimum data to be collected as part of the non-treatment community awareness and support activities will be explored at the community consultation forum.

	<ul style="list-style-type: none"> • Issues impacting on the collection and reporting of such data will be investigated and a data set will be included as part of the service evaluation plans developed in conjunction with any commissioned service providers. • The Steering Committee has agreed for KALACC to undertake a mapping and gap analysis of service provision. This will include: <ul style="list-style-type: none"> ○ Identifying and describing what culturally based services are currently provided in the Kimberley. This will include 4-6 schools ○ Identifying and describing a range of community interests and identify gaps which exist between community aspirations and current services provided ○ Identify and describe opportunities for enhanced delivery of culturally based services.
<p>Other</p>	<p>Many of those involved with the Working Group have a lived experience and their contributions are considered as part of the planning and decision-making process. Input from people with lived experience was developed with Mental Health Commission in 2012-2013.</p> <p>The need to take into consideration the cultural, social and environmental context of communities was also highlighted by the Working Group and it was considered that any initiatives would require Aboriginal leadership and this would involve people with lived experience. In developing strategies, the Working Group would also be mindful of the stigma associated with suicide and the need to acknowledge the highly disruptive effects of suicide on families, friends and communities who are bereaved. Bereavement through suicide is complicated by its traumatic nature, issues of stigma and the frequency of suicide as a cause of death for Aboriginal people.⁵</p> <p>It is also anticipated the community engagement processes (such as the community gatherings mentioned previously) will capture the stories and views of those with lived experience.</p> <p>Working Group members who will be leading the community engagement within their towns will be able to feed relevant information back to the Working Group. Community based Working Group members will also be supported to have an ongoing role within their communities as leaders in the development and implementation of localised plans.</p>

⁵ <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-2-chapt-9-final.pdf>

	<p>WAPHA is currently considering the Black Dog Lived Experience Framework and Roses in the Ocean, and the Consumers of Mental Health WA's position on the value of peer support in suicide prevention.</p>
Transition arrangements	<p>Over the Lifecycle of the Trial, the aim is to build on existing capacity and strengths of existing communities. Consultation with community and a community based approach is being utilised as a strategy to assist with longer term impact in the identified communities. Empowerment of communities is considered an outcome. Community investment and ownership will assist with sustainability.</p>