Australian Government
Department of Health

phn
An Australian Government Initiative

Activity Work Plan 2016-2018:

National Suicide Prevention Trial - Kimberley (WA)

Country WA PHN

Approved to publish 22/12/17

NATIONAL SUICIDE PREVENTION TRIAL – Kimberley (WA)
Work plan covering activities up to June 2018

This work plan focuses on trial activities up until 30 June 2018 as follows:

- **Planning and development activities beginning in 2016-17**
- **Identification of service areas and target populations**
- **Activities to be undertaken in 2017-18, including implementation in all focus areas**
- **Indicative timelines and expenditure.**

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

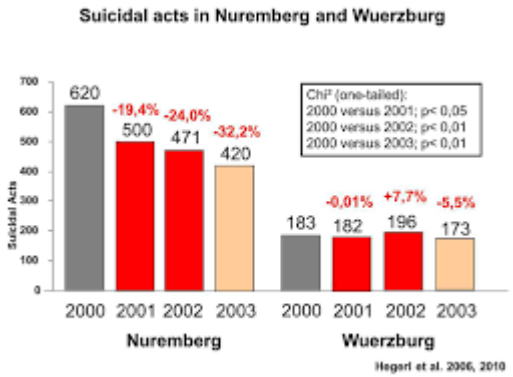
- Promote the development and trialling of strategies in communities with higher risk of suicide due to economic hardship or other circumstances.
- Focus on activities at a local level.
- Develop a systems-based approach to the delivery of suicide prevention services.
- Provide enhanced services for 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 all major activities relating to these objectives that have been undertaken or are planned in the period covered by the work plan, irrespective of whether these were for part of the year only or they will continue beyond the period.

It is acknowledged that sites are at different points in planning and implementation, and may adapt or change activities as the trial progresses, including in response to further consultations and/or to better meet local needs.
Should there be substantive change in the focus or type of activities identified in the work plan, the Department is to be advised in writing and the changes reflected in the next performance report.

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.*

PLANNING AND DEVELOPMENT	INFORMATION REQUIRED
Summary of main activities	The focus of work in 2016-2017 has been to establish participatory decision-making *forum* for the trial, to ensure: • Aboriginal-led governance principles, and arrangements for inter-sector and inter-governmental collaboration, are in place at the outset; and • The capacity to provide for the participation of, and leadership by, Aboriginal communities in the Kimberley Suicide Prevention trial. The main activities during the early phase of the Trial include: • 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 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, whose position has been advertised by KAMS, is expected to commence work in mid-July 2017; • 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 conjoined State-Commonwealth and Aboriginal controlled approach to suicide prevention practice in the Kimberley; and • Liaison with data analytics personnel and external health, justice and coronial data stakeholders to understand patterns of suicide and self-harm risk (demand).

Systems-based approach	WAPHA will be utilising the EAAD framework within its other trial sites in Perth South Primary Health Network (PHN) and the Midwest region of Country WA PHN and is exploring (with the Steering Committee) how this may be implemented in the Kimberley. **European Alliance Against Depression (EAAD)** Membership to the European Alliance Against Depression (EAAD) – WAPHA has become the National Chapter of EAAD within Australia. Membership has been granted to WAPHA by the Board of Directors of EAAD on 17th Jan 2017. Western Australia's Alliance has been named the Alliance Against Depression (AAD). WAPHA will be the Coordinating organisation of the Western Australian Alliance Against Depression & Suicide. Three regional Alliances will be established in line with funding of suicide prevention trial sites: • Rockingham Kwinana Peel Alliance, • Midwest Alliance, and • Kimberley Alliance (should this be considered appropriate). The EAAD is a multilevel approach to the prevention of suicidal behavior developed and evaluated in Nuremberg, Germany where it was initially based. The model evaluated, by the Nuremberg Alliance Against Depression, found a reduction of suicidal acts (-24% in two years) when a four-part approach of locally designed strategies was implemented. These included: co-operation with general practitioners from primary care and specialised mental health professionals; public relations activities destigmatising depression and talking about suicide; co-operation with community facilitators and stakeholders; and, support for high-risk patients and their relatives. 

	The EAAD provides a framework for WAPHA to work in partnership with communities to co-ordinate and integrate approaches to the prevention of suicide and the treatment of depression. The strength of the EAAD approach focuses on the collective intervention formed within community and the integration of the four elements through a coordinated approach. Strong synergistic effects can be expected from taking such a cooperative and comprehensive system based-approach. A better-informed public, being consulted by more qualified and equipped GPs alongside accessible and well-equipped community services can form a synergistic and effective alliance against depression and suicide. The use of the EAAD framework in the Kimberley will be dependent on support from the Working Group and communities. The Working Group discussed the systems approach at its first meeting. At the second meeting, a presentation was given on the EAAD and how a systems approach could be utilised in an Aboriginal context. Work is also being undertaken in conjunction with the ATSISPEP and the Poche Centre for Indigenous Health (University of Western Australia) on the translation of systems approaches. At its third meeting, the group endorsed the ATSISPEP approach as the underpinning framework for the Kimberley trial. WAPHA will continue to work with the University of Western Australia (UWA) to explore common elements between ATSISPEP and EAAD.

Key partners	A key partnership with the Kimberley Aboriginal Medical Service (KAMS) is underway 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. 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, outlined below. The Working Group includes representation from all critical partner agencies within the region and has representation from the six 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 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 and establishing a data group. Aboriginal people of the Kimberley will be key partners in the SP Trial. The ATSISPEP 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.
Community engagement	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 ATSISPEP 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.

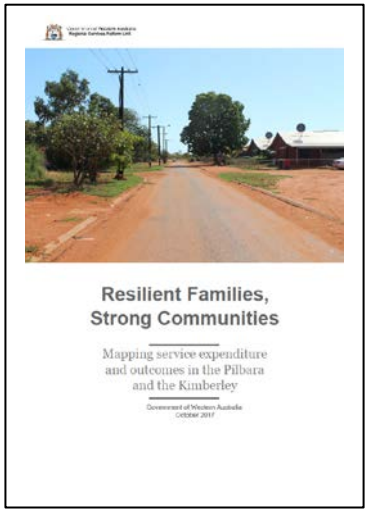
	Critical to the engagement of relevant communities has been the establishment of the Working Group and the subsequent engagement with key organisations identified as potential participants. The Working group grew from an initial round table chaired by the (former) Minister for Health. This round table 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); 2. Obtain reliable and credible data, and establish data sharing protocols, with respect to suicide prevention and self-harm data (commenced); 3. Identify areas with high prevalence of suicide and self-harm areas, and services and gaps (including culturally based activities) provided on country has commenced; and 4. Develop the framework for practice and evaluation with the ATSISPEP 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: 1. Community workshops in each of the six main towns; 2. Service provider forum; and a 3. 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. 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; and • 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 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: • 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; and • Source all previous Community Action Plans.
Input from people with lived experience	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. 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.[1] 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. 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. 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.
State/Territory engagement	WAPHA is committed to developing a robust and integrated primary mental health care system providing equity of access to care for patients with mental health issues. WAPHA has commenced the process of aligning the EAAD framework with current State, Commonwealth and community-based policies and programmes including:

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

	• **WAPHA Mental Health and Suicide Prevention Regional Plan.** WAPHA is committed to aligning all commissioning and reform activities undertaken to the EAAD framework and Mental Health and Suicide Prevention Regional Plan and the **Life Framework**. • **Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report (ATSISPEP).** Indigenous suicide rates in Australia are a cause of great suffering in communities and families. Suicide has emerged in the past half century as a major cause of Indigenous premature mortality and is a contributor to the overall Indigenous health and life expectancy gap. WAPHA is working closely with Aboriginal and Torres Strait Islander people to ensure that the EAAD is adapted in Australia with a full consideration of the findings of the ATSISPEP, and with ways for genuine engagement with communities, and in a manner, that allows for a co-creation of culturally appropriate solutions. As an international network for change, the EAAD also has information and resources about effective strategies carried out in other Indigenous communities to prevent suicide, such as those in Canada, which Australian Indigenous communities can also draw from - in their partnerships with primary health, in the implementation of an alliance against depression (for suicide prevention) approach, such as the EAAD, in a way that would be consistent with the 'success factors' findings of the ATSISPEP. • **Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services**. The current mental health system requires a whole of system integration approach to change from a system that is, as evidenced by the Review, fragmented, inefficient, and poorly coordinated. The EAAD model offers local communities a framework and tools to achieve an improvement in service integration and the ATSISPEP framework speaks to the importance of Aboriginal community led initiatives. • **Mental Health 2020: Making it personal and everybody's business.** The following policy and practice principles of this WA mental health policy are consistent with the some of the Success Factors identified by the ATSISPEP report and fundamental principles of the EAAD model: o A system that is person centred supports people with mental health problems and/or mental illness to increase choice, flexibility and control of the services they receive. More emphasis will be placed on the important role of family, carers and friends in supporting people. o Better connections between; public and private mental health services, the range of formal and informal supports, services, and community organisations will help ensure better support for people. o A more balanced and equitable investment across the mental health system providing a full range of support and services from promotion, prevention and early intervention to treatment and recovery. • **Suicide Prevention 2020: Together we can save lives.** This policy framework of the WA government is also consistent with the ATSISPEP framework and EAAD model, as it also has a focus on: greater public awareness, united action across the community, coordinated and targeted responses for high risk groups, increased suicide prevention training and improved service responses.

	• **Resilient Families, Strong Communities** –The Suicide Prevention Trial is also informed by this State commissioned analysis of expenditure and outcomes[2], see below. 
Local Government involvement	It is intended local governments will be involved in community consultations. For example, the LGA is an active participant in the Derby Suicide Prevention Network and this network will play a lead role in the engagement relevant to trial site activities. WAPHA provided a small community grant of $15, 000 to assist with the implementation of the Networks Operational Plan. This plan outlines a suite of strategies and initiatives addressing the issue of Youth suicide within Derby. Some of these include: • Development of the Derby Suicide Prevention Operational Plan 2017 that outlines the planning and development of proposed activities to be undertaken within community that focus on the local level. • Increased focus on awareness, education within Aboriginal communities in Derby which includes culturally appropriate marketing strategies specifically targeted at Indigenous Youth within Derby and outlying remote communities • Community Event “Walk for Life” for survivors of suicide in Derby • National Suicide Prevention Community Activities, tree planting and community BBQ • Community Expo promoting education and awareness in Mowanjum community.

[2] 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.

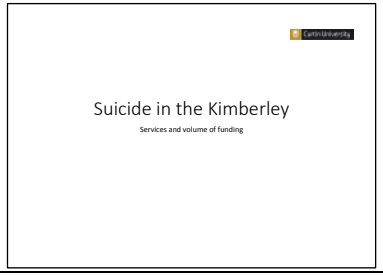
Primary care involvement	There are very few private general practitioners in the Kimberley. Because of this, much of the GP related primary care is usually through either the Aboriginal Medical Services or WACHS. KAMS, as the umbrella body for AMSs in the Kimberley and WACHS are members of both the Working 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. The PHN will also ensure all commissioned mental health, drug and alcohol and suicide prevention services in the Kimberley are aware of trial site activities and could participate. For example, the proposed service provider forum will target such organisations.
Other	

IMPLEMENTATION	INFORMATION REQUIRED
Summary of main trial activities and approach	Planning has commenced for the next phase of the Trial, under the guidance of the Steering Group. The Steering Group meets fortnightly and will oversee implementation of the intent as outlined by the Working Group, chaired by the Hon Ken Wyatt, Minister for Indigenous Health. Planned activities will address the priorities outlined by the Minister in his communication of 19 June 2017, namely: • Culturally based activities; • Support for regional communities; • Indigenous led initiatives; • Prevention and postvention supports, particularly for Indigenous youth; • Support options for those experiencing suicidal ideation; • Involvement of people with lived experience; • Improving access to services; • Integration with state government programs; • Establishing a primary data set, including self-harm data and social and cultural determinants of health' • Enabling best practice management of the trial, ensuring commissioned activity is value for money and invested with the greatest effect; and • Agreement to a work program that can be advocated and actioned by the working group. The indicative operational plan (see the timelines section below) has been developed. Initial consultations were held with a range of stakeholders, such as the State WA Country Health Services Suicide Prevention Coordinator (Kimberley), and a representative of the Derby Suicide Prevention committee, in May 2017, to contextualise workplan preparations. Commissioning arrangements are in place for a 'first steps' capacity development plan to address the main priorities of the Working Group and to inform the work of the Project Coordinator and include a direction to: • Establish community networks in 6 major communities; • Obtain reliable and credible data, and establish data sharing protocols, with respect to suicide prevention and self-harm data; and • Identify suicide and self-harm areas, and services and gaps (including culturally based activities) provided on country. The University of Western Australia (UWA) Centre for Best Practice, (Pat Dudgeon) has been engaged to work with the trial site coordinator on the community engagement/action planning activities in the key communities.

IMPLEMENTATION	INFORMATION REQUIRED
	Collaboration with Black Dog and the Poche Centre for Indigenous Health has commenced for a think tank forum around a framework for practice and evaluation with the ATSISPEP framework aligned with evidence based approaches, such as the EAAD. The initial sole source commissioning arrangement with KAMS includes requirements to: • Conduct the following forums by mid-August 2017: o Six community forums in towns; o Service provider forum; and o Link with and support the think tank forum to be held in conjunction with the Black Dog Institute and the Poche Centre for Indigenous Health (UWA). • The mid-August 2017 goal was unable to be met. A contract variation has occurred due to a late start of coordinator and the complexities of reviewing previous action plans. • Utilise the information captured at the above forums to complete the following: o Community Networks Report - Confirming the number of Elders and other Aboriginal attendees at each town forum, and a description of 'emic', community insider, knowledge of perceptions about strengths, assets, deficits and gaps with respect to suicide prevention and self-harm services, programs and community know-how; - Discussion within each community of ways of increasing 'help-seeking' behaviours, particularly for young Aboriginal people; - As the Working Party Terms of Reference require the Suicide Prevention Trial activities to have a focus on the broad social determinants, the report will also explore social, cultural and environmental factors in each community; - Findings to inform local (town) suicide prevention, plans; and - Findings to inform public awareness plans for towns. o Services and Data - Report on service provider knowledge of and perceptions about services available, and referral pathways, and strengths, gaps and deficits; and - Report about the nature of relevant data collected by services and data sharing protocols. • In collaboration with Black Dog and Poche, to identify 'Kimberley (ATSISPEP) Success factors' and an evaluation framework, with workplan. See Smart Sheet attachment. Activities in 2017-18 will explore the development of a systems based approach to suicide prevention in an Aboriginal context, working with both communities and service providers. See the Planning section of this Work Plan for further information on the EAAD and WAPHA's involvement.

IMPLEMENTATION	INFORMATION REQUIRED
Service areas	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: • Broome • Bidyadanga • Dampier Peninsula (including Beagle Bay, Lomboadina/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.
Enhanced services for people who have attempted or are at higher risk of suicide	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. 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: • 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 abuse[3].

[3] ATSISPEP Report. Solutions that Work: What the Evidence and Our People Tell Us, 2016

IMPLEMENTATION	INFORMATION REQUIRED
	Commissioned mental health services will also have a focus on the provision of services to people at risk of Suicide and there has been in 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. 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*[4] 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.[5] 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 

[4] Government of WA, Mental Health Commission

[5] Government of WA, Mental Health Commission. Suicide Prevention 2020: Together we can save lives.

IMPLEMENTATION	INFORMATION REQUIRED
	measurement of outcomes and expenditure, *Resilient Families, Strong Communities*[6] 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; • 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; and, Wyndham. • The delivery and evaluation of a small grants program, for community suicide prevention action plan initiatives in the above main towns in the Kimberley.
Areas for focussed activity	**The main target population(s):** ☒ Aboriginal and Torres Strait Islander peoples ☐ Men ☐ Youth ☐ Veterans 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 with groups seen to be at particular risk being Aboriginal youth and LBGTQI people. **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 ATSISPEP 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 ATSISPEP 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

[6] 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.

IMPLEMENTATION	INFORMATION REQUIRED
	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. The ATSISPEP LGBTQI Roundtable highlighted the intersection of Indigenous and LGBTQI status, both known risk factors for suicide and suggested this group is particularly vulnerable. **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** 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. **Services/interventions to be delivered for each target area/population:** 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. 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.

IMPLEMENTATION	INFORMATION REQUIRED
Distinguishing activities in focus areas from PHN base activity	The PHN approach to, and commissioning of services through, its base funding is detailed in the section *Enhanced services for people who have attempted or are at higher risk of suicide.* These are not specifically designed to enhance the Suicide Prevention trial activities, rather they provide the baseline services. The PHN has commissioned the Poche Centre to develop and deliver a series of community and service provider workshops across Country WA on the implementation of the ATSISPEP 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. 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.
Related suicide prevention activity	The implementation of a key component of the WA suicide prevention strategy *'Suicide Prevention 2020: Together We Can Save Lives'* 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. 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 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. 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.
Recruitment and workforce	To support the planning and early stages of implementation Country WA PHN has employed a Program Manager across the two Country WA Trials. This position has been established on a casual basis for an initial period of six

IMPLEMENTATION	INFORMATION REQUIRED
	months. The Program Manager is currently working with KAMS on the commissioning of the Project Coordinator role and the provision of funding to enable the initial round of community consultations. The Program Management responsibility for the trial sites will now be transitioned to the WAPHA State-wide Commissioning and engagement team to ensure harmonisation between the three WA trials. **Details of services to be commissioned, including indicative staffing levels and qualifications** The KAMS Project Coordinator position has been advertised and is anticipated to be filled by the mid-July 2017. It is anticipated local community people will be engaged during the trial to work as community champions, involved in the development and implementation of local community suicide prevention plans. All activities require endorsement by the Steering Committee and Working Group. **Issues affecting recruitment or commissioning of services as necessary to progress activities** The establishment of the Steering Committee will help to ensure any delay in the implementation of priority activities is minimised as this group meets on a fortnightly basis. The Steering Committee has been directed by the Working Group to oversee the implementation tasks, including the commissioning of services as it is impractical for this to be done by the Working Group which meets only quarterly. It should be noted that the difficulties in contracting and retaining suitably qualified staff in remote regions are significant. This has already been evidenced by the delay in recruitment of the Coordinator and the unfortunate resignation of the Coordinator (personal/family reasons) and the need to recruit a replacement.
Other	**Other major factors affecting conduct of trial activity, including barriers, not covered above** On Monday 26th June, the WA Coroner initiated the Kimberley Coronial Inquest process. This Inquiry comes almost 10 years after an almost Identical inquiry. It will be one of the largest inquests in Australia in recent years, running over three months with hearings scheduled in five towns and cities. The Coroner will examine the suicide of 13 Aboriginal people from the Kimberley region. Members of the Working Group and the Steering committee are likely to be called as expert witnesses to give testimony and government departments responsible for delivering services will also be called to testify. From early reports, there appear to be mixed feeling about the inquest with some indicating it was an opportunity to renew the fight against suicide rates in the region. Others are less optimistic.

IMPLEMENTATION	INFORMATION REQUIRED
	One of the elements to be examined by the coroner will be the implementation of the 27 recommendations made by Coroner Alistair Hope in the previous inquest.
REPORTING AND DATA COLLECTION	**INFORMATION REQUIRED**
Current data collection	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.
Provisions for trial-specific data	Data sharing and management protocols are currently under development. A data group has been developed to guide this. • 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 WA Police, Kimberley • Representative from the Education sectors • Prof Pat Dudgeon, Centre for Best Practice in Aboriginal Suicide Prevention /ATSISPEP • Expert guests may be invited to the meetings 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. 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.
Reporting responsibility	The PHN will work with the Steering Committee regarding the collection and reporting of data. The PHN Project Manager and the KAMS Project Coordinator will be jointly responsible for compiling performance reports based on any evaluation/performance reports received from commissioned providers. The PHN will submit to the Commonwealth.
Site specific contact(s)	The contact person for the Kimberley Suicide Prevention Trial is Sharleen Delane, Program Manager Suicide Prevention – sharleen.delane@wapha.org.au.
TIMELINE FOR MAIN TRIAL RELATED ACTIVITIES	

IMPLEMENTATION	INFORMATION REQUIRED
Completed in 2016-17	The following activities have been completed in 2016-17: • Kimberley Suicide Prevention Trial Community Roundtable – chaired by former Minister for Health; • Establishment of Working Group, chaired by Minister for Indigenous Health on behalf of the Minister for Health. Two meetings have been held; • Development of Working Group Terms of Reference; • Regular teleconferences between Commonwealth Department of Health (DoH) and Country WA PHN in lead up to Working Group meetings; • Appointment of Country WA Suicide Prevention Program Manager; • WAPHA membership of the EAAD; • Establishment of the Steering Committee as a subcommittee of the Working Group; • Development of Terms of Reference for Steering Committee; • Meetings with Key stakeholders including WACHS and Mental Health Commission on joint planning of initiatives; • Discussions with Black Dog Institute re their support for Kimberley based activities; • Commissioning (through sole source procurement) KAMS to employ the Kimberley based project coordinator and the provision of funds to commence the local community engagement and plan and conduct community fora and a service provider forum; • Liaison meetings have been held with the Mental Health Commission and Curtin University about data, data sharing, evaluation collinearities, and, planned approach to commissioning (reduced risk of duplication, optimising outcomes); and • Meeting held with Kimberley WACHS suicide prevention worker and KAMS to plan a conjoined approach to community engagement, and suicide prevention planning and practice in the Kimberley.
Timeline for 2017-18	The milestones, below, are indicative only, as the Working Group will be considering the project workplan and milestones at its August meeting. It is anticipated that the Steering Committee will be recommending the workplan to the Working Group at the August meeting, and the project workplan is likely to include: • Community working reference groups – formation, community action plans (CAP), initiated in July-early August, and under development by September/Oct 2017 - Revised; • Partnership/intersectoral collaboration and service development priorities, based on CAP priorities from February 2018; • Commissioning on Community Action Plan priorities February 2018; and

IMPLEMENTATION	INFORMATION REQUIRED
	• Subsequent roll out: local public awareness programmes, commissioning CAP projects, service improvement initiatives.

EXPENDITURE		
Planned expenditure to 30 June 2018	2016/2017	$ 46,118
	2017/2018	$1,953,882
	Total (GST exclusive)	**$2,000,000**