



Australian Government
Department of Health



An Australian Government Initiative

Activity Work Plan 2016-2018:

National Suicide Prevention Trial – Perth South PHN

Perth South PHN

Approved to publish 22/12/17

NATIONAL SUICIDE PREVENTION TRIAL – Perth South (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
<p>Summary of main activities</p>	<p>Perth South PHN will be trialling the implementation of the European Alliance Against Depression (EAAD); a framework for WA Primary Health Alliance (WAPHA) to work in partnership with communities to co-ordinate and integrate approaches to the prevention of suicide and treatment of depression. This is a multilevel approach to the prevention of suicidal behavior developed and evaluated in Nuremberg, Germany. The EAAD strategy comprises a four-part community-based intervention including; co-operation with general practitioners from primary care and specialised mental health professionals, public relation activities destigmatising depression and talking about suicide, co-operation with community facilitators and stakeholders, and, support for high-risk patients and their relatives.</p> <p>WAPHA will utilise a participatory learning project management methodology to undertake extensive stakeholder engagement in the identified catchment area to implement the EAAD framework.</p> <ul style="list-style-type: none"> • Youth (aged 16-25) with a focus on high school youth • Catchment area- Rockingham (SA3), Mandurah (SA4), Kwinana (SA3), Murray (SA2) and Waroona (SA2) <p>Following the methods of the Nuremberg model (which is also called the EAAD Framework), Perth South PHN will form a network of cooperation partners, community members and stakeholders to work as an advisory committee to the project. This Community Working Reference Group (CWRG) is to provide:</p> <ul style="list-style-type: none"> • Advice on the planning phase of the project (to define and develop a comprehensive project plan) • Instruction on activities to be commissioned • Provision of resources and data to formulate a baseline report on activities to be evaluated against over life of project
<p>Systems-based approach</p>	<p>The EAAD is based on experiences from the model evaluated in the region of Nuremberg (The Nuremberg Alliance Against Depression) which resulted in a reduction of suicidal acts (-24% in two years) by implementing the four-part approach.</p>

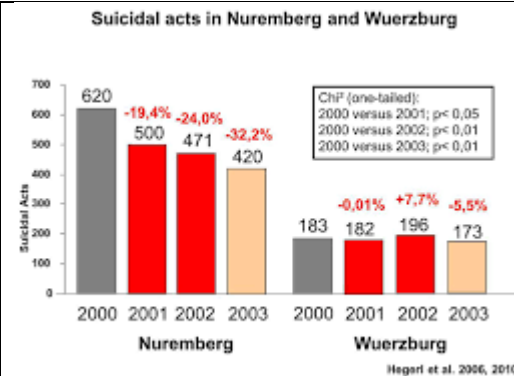


Fig. 1: Suicidal acts in Nuremberg compared to Wuerzburg¹

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 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.

A comprehensive project plan will be co-designed to identify the commissioned activities to be undertaken throughout the trial period. Linking each element of the EAAD framework is a critical element to effectively reducing suicide. Many recent multi-level programmes have failed to link the 'strategy' being implemented to the needs and requirements of the community. Often the focus of these strategies is only on one or two priority areas and fails to adequately address the whole system. The strength of the EAAD requires 'integration' between all four elements through the role of a coordinator within community.

¹ Hegerl U, Wittmann M, Arensman E, Van Audenhove C, Bouleau JH, Van Der Feltz-Cornelis C, Gusmao R, Kopp M, Löhr C, Maxwell M, Meise U, Mirjanic M, Oskarsson H, Sola VP, Pull C, Pycha R, Ricka R, Tuulari J, Värnik A, Pfeiffer-Gerschel T. The 'European Alliance Against Depression (EAAD)': a multifaceted, community-based action programme against depression and suicidality. *World J Biol Psychiatry*. 2008; 9(1):51-8.

Key partners; community engagement

European Alliance Against Depression (EAAD)

Membership to the European Alliance Against Depression (EAAD) – WAPHA has become the National Chapter of EAAD within Australia. Perth South PHN to be the first site to trial the Nuremberg model in Australia. Membership has been granted to WAPHA by the Board of Directors of EAAD on 17th Jan 2017.

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,
- Mid-West Alliance, and
- Kimberley Suicide Prevention Working Group.

Key WA Partners

- **Mental Health Commission WA:** Mental Health Commission and WAPHA together form a conduit for a whole systems approach to suicide prevention using an evidence based systems model. The Commission and WAPHA have formed an agreement of understanding supporting the implementation of the EAAD.
- **Neami - Suicide Prevention Co-ordinators** – WAPHA will continue to build on the working relationship with the newly appointed suicide coordinators funded through the Mental Health Commission WA to approach suicide of community response.
- **Community Response Working Group (CRWG)**– the CRWG will form the community based network for this region in relation to reducing youth suicide. Local Government Areas included in the CRWG are as follows; Peel, Mandurah, Kwinana & Rockingham – This group was formed in 2015-2016 in response to youth suicides in this area.
 - Stakeholders include; Headspace Rockingham, Headspace School Support, Ramsay Health, Department of Education, PARK Health, Peel Health Campus, Town of Rockingham, local Primary Schools, City of Mandurah, GP Down South, Tina TeUrapu (Maori community leader), Peel Youth Medical Service, Youth Focus, National Centre for Suicide Prevention, School Psychology Services, St Vincent De Paul, Passages-Mandurah, CAMHS, and community representatives (Maori and Aboriginal communities).
 - The CRWG is an established network of cooperation partners and stakeholders which work as an advisory committee to the project. Agreement has been established between WAPHA and CRWG to act as an advisory committee to the project.
 - Alongside the cooperation of partners and stakeholders, this trial will form an Alliance to fight depression and suicide. Community members, organisation representatives, civic leaders, etc will all be invited into the Alliance with regular meetings to be held to plan and implement a project plan for the region.

<p>Input from people with lived experience</p>	<p>The Community Response Working Group (CRWG) currently has a member from the local Maori community providing valuable input from this community with recent lived experience. The PHN has also invited a broader group of community representatives including those with lived experiences to the working group.</p> <p>Further engagement is planned with youth reference groups within the identified regions of the trial to involve their perspective on the trial and commissioning plan and activities. This will occur with Orygen throughout 2018 and will include consultation and co-design with youth and families.</p> <p>The Rockingham Peel Kwinana Alliance has a broad membership from community members including those with a lived-experience of youth depression/suicide.</p> <p>WAPHA has engaged Roses in the Ocean to provide expertise around utilisation of a lived experience framework for residents within the trial site community.</p> <p>In early 2018, Roses in the Ocean will be working with the community to identify, train and support people with a lived experience of suicide to be actively involved in the planning and implementation of change. Lived Experience Mentoring and community capacity building workshops will be provided to community members throughout 2018.</p> <p>Further work with people with lived experience will be developed depending on the community's readiness.</p>
<p>State/Territory/ local government engagement</p>	<p>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. Perth South PHN has commenced the process of aligning the EAAD framework with current State, Commonwealth and community-based policies and programmes including:</p> <ul style="list-style-type: none"> • 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. • Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report (ATSISPEP). Indigenous suicide is a significant population health challenge for Australia. 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. <p>The EAAD is an international network which provides WAPHA with the opportunity and resources to learn valuable lessons from other regions that have implemented this framework. WAPHA will seek a potential collaboration with the Mental Health Commission in Canada to gain insight into their work with Canadas first nation peoples.</p> <p>WAPHA will seek engagement from Aboriginal and Torres Strait Islander community members on adapting the EAAD model to ensure WAPHA's approach is a community-based intervention focussed on cultural</p>

	<p>appropriateness and suitability. The strategy will also focus on addressing specific community challenges, poverty and social determinants of health.</p> <ul style="list-style-type: none"> • <i>Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services.</i> The EAAD model provides communities with the framework and tools to achieve integration. The aim being to reduce current fragmentation, inefficiency, duplication and lack of coordinated planning within the mental health system. • <i>Mental Health 2020: Making it personal and everybody's business.</i> Three key reform agendas are considered fundamental principles of the EAAD model: <ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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. • <i>Suicide Prevention 2020: Together we can save lives.</i> This policy framework of the WA government is also consistent with the 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. <p>Members of all three Local governments are associates of the community working group. EAAD provides extensive analysis and information on civic engagement throughout the trial. A focus of this stakeholder relationship is on building collaboration and involvement as an Alliance partner.</p>
<p>Primary care involvement</p>	<p>Perth South plans to proactively seek engagement with local GPs within the Rockingham, Kwinana and Peel regions to become active members of the community reference working group and Alliance. Further to this involvement, a focus will be given to primary care as one of four pillars within the framework:</p> <ul style="list-style-type: none"> • Investigate the capacity within the geographical region of GPs who regularly provide appointments to youth, (including youth friendly GPs). • Investigate GPs who would like to further engage youth within their practices. • Identify practices with the capacity for practice nurses. • Data gathering amongst practices

- Provide opportunity for training: link with CPD, training videos, specific depression and suicide prevention content, enhancing MH care skills, better facilitating pathways.

Potential strategies to be formulated in conjunction with the community working group, young people and GPs relating to providing greater access to GPs for young people.

Linking primary care to the other pillars within the framework is critical to effectively reducing suicide. GPs to be targeted and actively engaged to:

- Link up with a public awareness campaign
- Link to community stakeholders and facilitators
- Link to high risk groups

IMPLEMENTATION	INFORMATION REQUIRED
<p>Summary of main trial activities and approach</p>	<p>The following will underpin trial activities under four categories within the EAAD framework.</p> <p>Primary care and mental health care</p> <ul style="list-style-type: none"> • Cooperation with primary and mental health care, focussing on training for general practitioners to identify and treat depression in young people. • The aim is to improve the identification and treatment of depressed and suicidal persons. This is achieved through forming connections with primary care physicians in local community and by offering advanced training to improve the quality of treatment and tool for identification of risk of suicide and depression • Orygen, The National Centre of Excellence in Youth Mental Health will be commissioned to look at barriers in young people seeking help. These include practical constraints such as limited finances, or accessibility, as well as concerns around confidentiality or perceived attitudes of health care workers. Orygen will specifically be looking around ways to better engage young people in health-care services. The overall aim of the project is to help inform what best practice looks like regarding working with young people at risk of suicide/self-harm and examine the perspective of young people and GP's in the trial site area. Activities will include the following: <p>Consultation early in 2018 with Youth (face to face) to:</p> <ol style="list-style-type: none"> 1. Explore the views of young people regarding best practice in terms of risk assessment, in primary care settings. Such as Language and use of the term 'risk assessment'; 2. Barriers and enablers that exist regarding help-seeking; and 3. What young people believe professionals could do better. <p>After this consultation, a synthesis of the findings will be undertaken to inform the development of best practice resources for educational and training purposes.</p> <p>Consultation with GPs (face to face) to:</p> <ol style="list-style-type: none"> 1. Explore GPs' current practice perceived skills, attitudes and confidence plus their perceived needs (e.g. tools, training, reminders) regarding assessing suicide/self-harm risk in young people; 2. Challenges faced; 3. Knowledge and use of assessment measures; 4. Barriers to care; and 5. Perceived needs in terms of education and training. <p>Training will be adapted to meet the needs of Primary Care in the region and delivered in the regions Primary Practice.</p>

Public awareness campaign

A broad media campaign to educate the public through a coordinated depression awareness campaign destigmatising depression and challenging commonly held misconceptions around suicidality. These campaigns are regionally based and tailored to meet the need of the community and target groups within the trial region. They will work in conjunction with WA Mental Health Commission around trial site messaging and media campaign.

Orygen, The National Centre of Excellence in Youth Mental Health, will be commissioned to provide workshops with Youth on safe ways for Young People to communicate online; with the view to working with regional youth, Orygen, Mindframe and Facebook to co-design a Youth social media framework.

High risk groups and relatives

Training for stakeholders in contact with high-risk groups and vulnerable populations. Developing strategies to ensure high-risk groups have equitable access to primary care and the right treatment at the right time. Forming better health pathways between primary care, community stakeholders and high-risk groups.

Perth South PHN will be implementing a community leadership program, aimed at community leaders; young old, differing ethnicities etc to equip them with tools and knowledge to assist their own communities to identify depressive symptoms and reduce suicide.

Training for high risk groups, relatives and community members has been offered and provided in the form of:

- Youth Mental Health First Aid Training.
- Assist Train the Trainer Training.
- QPR online suicide prevention training licenses purchased through Black Dog Institute. QPR (Question, Persuade and Refer) Gatekeeper Training for Suicide Prevention is a 1-2-hour educational program designed to teach lay and professional 'gatekeepers' the warning signs of a suicide crisis and how to respond. The objectives of the program are to recognize someone at risk for suicide, intervene with those at risk and refer them to appropriate resource.

Orygen have been commissioned to co-design a resource for families in WA who support youth who are self-harming. This will provide a valuable resource to assist families across the region. It is anticipated that this will generate new evidence regarding best practice when supporting family members who are engaging in self-harm. It will also assist families' ability to better respond to young people who self-harm and increase the capacity of the clinical workforce by providing a tangible resource that clinicians can use when working with families.

	<p>Community facilitators and stakeholders</p> <ul style="list-style-type: none"> • The CWRG accepted WAPHA as a member of the Community Working Reference Group in December, 2016 This group provides a community intervention response including community facilitators and stakeholders, focussing on training and resourcing to recognise and refer persons with depression or suicidal intent into the correct treatment path. • WAPHA hosted a lunch in September 2017 for Indigenous key note speaker with community. • Youth Mental Health First Aid to be offered to community November 2017. • Training for mentors with lived experience to occur in November. This will be the ASSIST train the trainer course and will assist to building the capacity of the community. • Community facilitators and stakeholders developed a Youth Community Suicide Response Plan in the Rockingham/Peel/Kwinana Postvention setting in October 2017. • The Community Working Group is supporting community groups to support youth which increases connectedness, hope, links and promotes help seeking.
Service areas	<p>WAPHA will utilise a project management methodology to undertake extensive stakeholder engagement in the identified catchment area to implement the EAAD framework.</p> <ul style="list-style-type: none"> • Target population – Youth (aged 16-25) with a focus on high school youth. • Catchment area- Rockingham (SA3), Mandurah (SA4), Kwinana (SA3), Murray (SA2) and Waroona (SA2).
Enhanced services for people who have attempted or are at higher risk of suicide	<p>The 3rd element within the EAAD framework has a focus on young people, relatives and close friendships to those at high risk of suicide. Services providing frontline and secondary services to these young people have been engaged to attend, contribute and participate in the community working group and will be asked to form crucial elements of the Alliance.</p> <p>A more detailed activity list will be compiled with the assistance of the community working group upon clarification of the needs analysis currently being undertaken by WAPHA in conjunction with Curtin University. Upon these results, if a gap in service provision or a need arises, the EAAD frameworks flexibility allows for programs or services to be commissioned to provide greater access to service for these high risk young people. WAPHA will work in conjunction with Blackdog Institute to evaluate suitable programs that may meet the desired need.</p> <p>One area already identified is the need to provide greater access to GP services for young people. The community working group will look at innovative ways to increase this access including possible replication of the program formed between Headspace Rockingham and the Mandurah Mustangs Football Club; providing access and facilities to GPs for members of the football club before and after training.</p>

Areas for focussed activity	<p><i>Identify the main target population(s)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples <input type="checkbox"/> Men <input checked="" type="checkbox"/> Youth <input type="checkbox"/> Veterans <p>As mentioned previously- 4 elements of EAAD framework. Further project planning is required prior to commencing commissioning activities within the 4 elements.</p>
Distinguishing activities in focus areas from PHN base activity	<p>Mandurah has recently been announced to receive a new Headspace centre by the Health Minister. WAPHA are commissioning this service through an open tender process. The successful organisation will be invited to join the Alliance and working group if not already a participant.</p>
Related suicide prevention activity	<p>WA State Health Department- WA Mental Health Commission have commissioned Suicide Prevention Coordinators throughout the State of WA. Their role will be to liaise with current providers and to coordinate service delivery as required. This is a new role and will be further developed. These Coordinators have been invited to the working group to provide assistance and participate as an Alliance member.</p> <p>WAPHA and WA Mental Health Commission are currently strategically planning how Mental Health, Drug and Alcohol Treatment and Suicide Prevention can be aligned over the coming years through the regional plan due March 2018. This plan will address how the Commission and WAPHA can co-commission and work together to address the mental health needs of WA.</p>
Recruitment and workforce	<p>WAPHA's Project Manager has been employed to oversee the EAAD rollout and to manage the Perth South Suicide Prevention Trial.</p> <p>Perth South Trial Project Officer has been employed. This role will locally coordinate the Perth South trial and report directly to the Suicide Prevention Program Manager.</p> <p>Project Control Group: WAPHA Senior Management along with Program Manager and Project Coordinator will make-up the Project Control Group, responsible for steering the project as required.</p> <p>Within the EAAD framework level 1 (GPs) and level 3 (community stakeholders) are to be providing training where appropriate on the identification and treatment options for people with depression and suicidal behaviour. Training program and materials to be used are to be of 'best practice, peer reviewed' and delivered by trainers with appropriate levels of competency as required.</p>

	Providing training to GPs to include the opportunity to obtain Category 1 RACGP CPD points. This to be coordinated through the Royal College of General Practitioners.
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REPORTING AND DATA COLLECTION	INFORMATION REQUIRED
Current data collection	For services providing face to face service within the trial regions and commissioned by WAPHA, they will be required to provide data to the PMHC MDS. For services that may be commissioned throughout the trial period, if face to face service delivery is required and provided, then PMCH MDS will be collected.
Provisions for trial-specific data	<p>WAPHA through partnership with Curtin University are establishing parameters for evaluation to test the efficacy and success of trial activities. Alliance partners and commissioned services will be asked if appropriate to provide data through the PMHCMDS.</p> <p>A crucial element of the EAAD framework is coordinating the four parts and integrating a systems approach to provide greater access to care and treatment for young people with depression or suicidal intent. WAPHA are working closely with Curtin University and our Alliance partners to establish research protocols and questions to test integration.</p>
Reporting responsibility	<p>Project Manager Craig McAllister will be the contact for PMHCMDS reporting for trial purposes. WAPHA have appointed staff internally to manage the MDS rollout and will work with the Project Manager to ensure compliance amongst participants within trial. The Program Manager will work closely with delegated WAPHA staff on issues pertaining to PMHCMDS and trial site activity.</p> <p>Progress reports will be developed by the Project Coordinator. Delegated responsibility for project- General Manager- State-wide Commissioning & Clinician Engagement.</p>
Site specific contact(s)	<p>Program Manager- Sharleen Delane: Sharleen.delane@wapha.org.au</p> <p>General Manager - Bernadette Kenny: Bernadette.kenny@wapha.org.au</p>

TIMELINE FOR MAIN TRIAL RELATED ACTIVITIES	
Completed in 2016-17	<p>The following has been achieved in FY 2016/17.</p> <ul style="list-style-type: none"> • Employment of Project Manager - completed

	<ul style="list-style-type: none"> • Formation of National Chapter EAAD – completed and officially launched • Commencement of Stakeholder engagement – commenced and ongoing • Commencement of EAAD training and establishment - commenced and ongoing • Formation of Community Working Reference Group – completed and open to new community members • Commencement of project planning - completed
Timeline for 2017-18	<ul style="list-style-type: none"> • Finalisation of project planning including commissioning timeline - completed • Formation of EAAD chapters within WA - completed • Employment of Project Officer within trial region - completed • Increase participation and stakeholder management - ongoing • Establishment of Rockingham, Peel, Kwinana Alliance Against Suicide and Depression – completed • Commencement of commissioning activities including: <ul style="list-style-type: none"> – GP engagement- identification and treatment of depression and suicide prevention – commenced, in progress – Training community stakeholders and facilitators- suicide prevention, identification and treatment/ access pathways - commenced and in progress – Completion of gaps/ needs analysis - completed – Commencement of PR campaign- project planning and implementation – commenced and in progress – Project planning and implementation of community leadership program – Commenced and in progress • Establishment of research and evaluation parameters including: <ul style="list-style-type: none"> – Attitudes (both public and professional) towards depression and suicide in young people – Access and engagement of young people to primary care – Uptake of care for young people at risk of depression and suicide – Further research questions to be formed <p>Activity has commenced with further progress in the first half of 2018.</p>

EXPENDITURE		
Planned expenditure to 30 June 2018	2016/2017	\$0
	2017/2018	\$1,074,000
	Total (GST exclusive)	\$1,074,000
Indicative expenditure 2018/19	Total (GST exclusive)	\$1,926,000