

# Midwest - Country WA Primary Health Network

## NATIONAL SUICIDE PREVENTION TRIAL

### Work plan covering activities in 2018-19

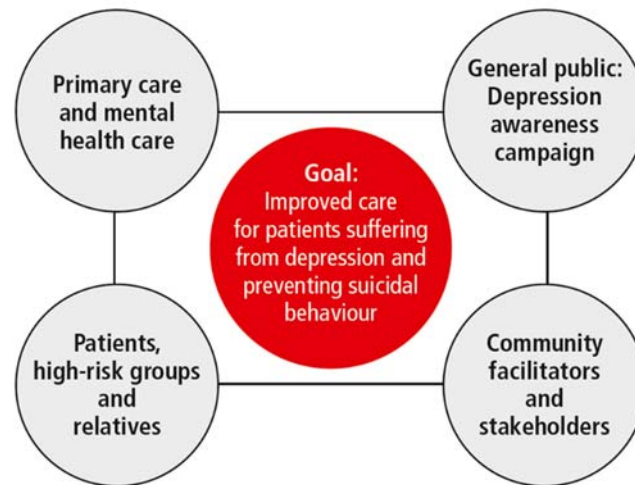
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**SITES ARE EXPECTED TO CONTINUE TO IMPLEMENT TRIAL ACTIVITIES IN 2018-19 AND ALSO TO ENSURE THAT TRANSITION ARRANGEMENTS ARE IN PLACE FOR THE CONTINUING CARE OF AT-RISK INDIVIDUALS POST THE TRIAL**

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><b>Summary of main activities</b></p>	<p>The Midwest National Suicide Prevention Trial are trialling the implementation of the Alliance Against Depression (AAD) framework, with an alignment with the 'Success Factors' findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report.</p> <p>The AAD provides a framework for the WA Primary Health Alliance (WAPHA) to work in partnership with communities to coordinate and integrate approaches to the prevention of suicide and treatment of depression. Embedding the success factors identified in the ATSIPEP Report will ensure its relevance for Aboriginal communities.</p> <p>The AAD 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.</p> <p>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.</p>



*Figure 2: The four level approach of the Alliance Against Depression framework.*

WAPHA will utilise participatory action learning in the design, implementation and evaluation of the framework.

Extensive stakeholder engagement and partnerships will be key features of the trial. Following the AAD process, the trial will involve the formation of a network of cooperation partners, community members and stakeholders to work as local advisory committees/reference groups to the project.

The community working reference groups (CWRGs) are to provide:

- Advice on the planning phase of the project (defining and developing comprehensive community action plans);
- Instruction on activities to be commissioned; and
- Data to formulate a baseline report on activities to be evaluated against over life of project.

This Midwest trial commenced in May 2017. The main activities to date have been preparatory in nature, and have included:

- Mapping services in the trial site region (Midwest) that prevent suicide and influence mental health and well-being;

- Mapping service supply in relation to population health needs, especially services for those who are disadvantaged or vulnerable, including Aboriginal and Torres Strait Islander people.
- Liaison with data analytics personnel and external health, justice and coronial data stakeholders to understand patterns of suicide and self-harm risk (demand)
- Consultation with local communities to provide contextual analysis.
- The preparation of key findings for the region, to inform a detailed workplan premised on the findings and evidence based approaches to suicide prevention, particularly the Alliance Against Depression (AAD) and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Program (ATSISPEP) Framework.
- Liaison with Midwest WACHS for a collaborative approach, with respect to WACHS' suicide prevention coordination in the Midwest.
- The establishment of a Midwest Suicide Prevention Steering Committee.
- Liaison with the Mental Health Commission of WA (MHC), with respect to this State government's commissioning of suicide prevention projects and suicide prevention coordination in the Midwest region.
- A media campaign, in conjunction with the MHC, over the festive season. This was mainly aimed at men and advised the public of services available, if required.

The Midwest trial will have a focus on implementation of the AAD framework, which is itself an approach premised on local circumstances and needs.

The AAD provides the overarching framework and guiding principles for WAPHA to work in partnership with communities to coordinate and integrate approaches to the prevention of suicide and treatment of depression. Operationalising the strategies will consider recommendations from reports such as the ATSISPEP Report, *Solutions that Work: What the Evidence and Our People Tell Us*.

A strength of this approach is the design and implementation of a collective intervention formed by and grounded in local community needs and aspirations, with an integration of the four AAD 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, based on community action plans which will help inform training, partnerships, public awareness and service improvement activities to be undertaken throughout the trial period. The findings of the research conducted about the AAD framework found that all four parts of the AAD needed to be in place and integrated for a reduction in suicide.

The four dimensions of the AAD systems approach has commenced, as follows:

1. Primary care and mental health care
2. Public awareness campaign
3. High risk groups and relatives
4. Community facilitators and stakeholder

A preliminary analysis of the data and anecdotal evidence, suggests that men, including Aboriginal men, will be the target population. This cohort will include farmers, fishers and Fly In/ Fly Out (FIFO) workers, who are situated in numerous towns within the Midwest region.

Both the Carnarvon Medical Service Aboriginal Corporation (CMSAC) and Geraldton Regional Aboriginal Medical Service (GRAMS) have been contracted to conduct community consultations in Aboriginal communities throughout the Gascoyne, Midwest and Murchison areas to provide WAPHA with community action plans for these sites. The contracting of these bodies is to ensure all consultations in these communities and subsequent action plans, are culturally appropriate.

Activities for 2018/19:

The Community Action Plans for Aboriginal communities from the Gascoyne and Murchison should be submitted to WAPHA by CMSAC and GRAMS by August 2018. Following a review of these plans, certain activities, for example Mental Health First Aid training for community members, will be commissioned by October 2018.

	<p>Education for GPs and other mental health professionals has commenced with information on the AAD framework and the recognition and treatment of depression given by Professor Geoff Riley. Further information sessions are to be conducted on 3<sup>rd</sup> August and 12<sup>th</sup> October 2018.</p> <p>Mates in Construction training has been conducted on 16<sup>th</sup> to 18<sup>th</sup> April, via the Master Builders Association in Geraldton, for people working in the building industry in Geraldton and surrounding areas.</p> <p>Upskilling of Shire employees and community members from Mingenew, Morawa, Perenjori, Coorow and Eneabba in Mental Health First Aid will occur 1<sup>st</sup>/2<sup>nd</sup> May. Some of these participants will also complete the Mental Health First Aid train the trainer program in Perth the week of the 21<sup>st</sup> May.</p> <p>The Hope Assistance Local Tradies (HALT) program will be conducted in the Midwest 27<sup>th</sup> to 29<sup>th</sup> June. Jeremy Forbes will address local tradespeople, community members, professionals, Shire workers and sportspeople at various functions in the Midwest. These talks aim to remind men (and their partners) that they are valued by their community and shows people where they can turn to for help.</p> <p>The Tomorrow Man program was showcased on the ABC television series “Man Up” in 2017. This program will be conducted in the farming communities of Mingenew, Morawa, Perenjori, Coorow and Eneabba in July, after seeding has been completed.</p> <p>Various media campaigns will be conducted in partnership with the WA Mental Health Commission, throughout 2018/19. A radio advert was commissioned via Radio Mama, which services the broader Midwest communities, during the Christmas/New Year festive period to remind people that others may be alone. The ads encouraged people to look after each other and made the community aware of where to go for assistance, should the need arise.</p> <p>Other media opportunities being explored are: A Community information sheet on the trial; radio ads featuring people with lived experience; radio information sessions suitable for both Aboriginal and non-Aboriginal communities; drink coasters with the “Being silent isn’t being strong” message; a letter to health providers explaining what is happening in the trial.</p>
<p><b>Key partners</b></p>	<p><b>European Alliance Against Depression (EAAD)</b></p> <p>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.</p>

**Mental Health Commission WA:** The Commission and WAPHA have formed an agreement of understanding supporting the implementation of the AAD. The MHC has a State suicide prevention strategy, under which they have commissioned Suicide Prevention Coordinators for each WA health region. This position in the Midwest, which commenced in May 2017 and is employed by the WACHS, is a critical player in the suicide prevention arena in the region. In the Midwest, the Suicide Prevention Coordinator role is referred to as the Mental Health Promotion Coordinator.

**Community reference working groups (CRWGs),** known as the Midwest Alliance – the CRWG will form the community based network for this activity.

**Other Partners** - Other partners will include a broad range of health, social service, education and justice stakeholders, and lived experience groups and other grass roots groups, including but not limited to:

- Consumers/community groups
- GPs
- WA Country Health Service
- Geraldton Regional Aboriginal Medical Service
- Carnarvon Medical Service Aboriginal Corporation
- Justice
- Community and mental health NGO providers
- Department of Communities
- Mental Health Commission
- Department of the Prime Minister & Cabinet
- Local government authorities
- Community Aboriginal Reference Groups
- Industry groups
- Schools
- Roses in the Ocean.

A Midwest Suicide Prevention Steering Committee has been established with membership from most of the above organisations. This Committee also has representation from people with lived experience.

	<p>Community working reference groups will be established, the composition of which has yet to be decided, and some are likely to be adjunct to existing community reference groups and networks that are already in place. Funding for the conduct of locally-driven suicide prevention activity may be provided, based on locally prepared Community Action Plans for suicide prevention.</p> <p><b>Local Government involvement</b></p> <p>The local community action plans for suicide prevention will involve local government stakeholders. The AAD framework 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><b>Enhanced services for people who have attempted or are at higher risk of suicide</b></p>	<p>A study is currently underway to identify service supply and referral pathways, with a consideration of what the data says, and what anecdotal evidence there is, of suicide and self-harm risk, coupled with the findings of the forthcoming community consultations, to identify targets for service delivery and outcomes.</p> <p>It is anticipated that the delivery and evaluation of a targeted small grants program, for community (suicide prevention) action plan initiatives will enhance PHN activity in the Midwest.</p> <p>It is hoped that collaboration with the Midwest Mental Health Promotion Coordinator, funded by the WA Mental Health Commission, will contribute to joined-up approach to suicide and self-harm prevention in the region.</p>
<p><b>Areas for focussed activity</b></p>	<p>A preliminary analysis of the data and anecdotal evidence, suggests that men, including Aboriginal men, will be the target population. This cohort will include farmers, fishers and Fly In/ Fly Out (FIFO) workers, who are situated in numerous towns within the Midwest region.</p> <p>Towns specifically targeted will be:</p> <p>Geraldton, Carnarvon, Meekatharra, Mt Magnet, Morawa and Mullewa.</p> <p>However, a whole of population approach will be taken for the Suicide Prevention trial, as per the AAD guidelines, as community/peer support and education around depression will be available for everyone in each community.</p> <p>Evidence about the needs of local target populations will be gathered at a local level, as each nominated town has a different target population. The community working reference groups and other community engagement work will</p>



also provide information about local population needs. Strategies to address local needs and services for target areas and population/s will be identified once the current data collection phase is complete.

It is anticipated that community action plans will describe services and plans to be delivered in each target area.

The four main areas of activity will include: primary health, public awareness, a focus on high risk groups, and community catalysts, in accordance with the AAD framework and ATSIPEP and as adapted for each local context and local population.

The main activities to be undertaken are:

1. Preparation, data analysis, planning and engagement, alignment with other suicide prevention initiatives.
2. Community action plan development – community catalysts including establishment of community working reference groups, public awareness, primary health care, focus on high risks groups (prevention, intervention, postvention (see below).
3. Lived experience engagement.
4. Partnerships and commissioning projects for change.
5. Evaluation (formative, summative, outputs and outcomes).

The trial will have a focus on the systems approach as outlined by the AAD Framework, which is an approach premised on local circumstances and needs. The alignment of the work plan with the four dimensions of the AAD systems approach has commenced, as follows:

### **1. Primary care and mental health care**

Cooperation with primary and mental health care, focussing on training for general practitioners to identify and treat depression.

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 the local community and by offering advanced training to improve the quality of treatment to be provided. Train the trainer workshops are planned for this year.

### **2. Public awareness campaign**

A broad media campaign to educate the public through a coordinated depression awareness campaign de-stigmatising 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. Such campaigns will be informed by community engagement.

An interview on ABC radio Midwest has already been conducted to inform the public about the Suicide Prevention trial, the towns to be targeted and where to seek assistance, if needed. This interview has generated interest, with members of the public contacting the trial coordinator expressing interest in becoming part of the Alliance.

WAPHA has information on their website directing interested members of the community to the correct person.

### **3. High risk groups and relatives**

Training for stakeholders who are engaged with high-risk groups and vulnerable populations. Developing strategies to ensure high-risk groups have equitable access to primary care and receive the right treatment at the right time.

Forming better health pathways between primary care, community stakeholders and high-risk groups.

Country WA PHN (Midwest) will be implementing a 'community leadership program', aimed at equipping a diversity of community facilitators with tools, skills and knowledge to assist them within their own communities to identify depressive symptoms and reduce suicide and self-harm.

People identifying as LGBTIQ will be part of the Alliance with champions being recruited and trained. It is acknowledged that in the larger towns of Geraldton and Carnarvon it may be easier to recruit interested people, rather than in the smaller communities where stigma may be an issue.

Postvention services are being mapped to identify gaps and to re-establish the Midwest postvention group.

### **4. Community facilitators and stakeholder**

	<p>Coordinating 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.</p>
<p><b>Other suicide prevention activity</b></p>	<p>WACHS and the WA Mental Health Commission are undertaking suicide prevention activities in the region. Information regarding the MH Commission project has only recently been made available to WAPHA.</p> <p>The strength of The Alliance framework focuses on collective interventions contextualised to community; with the integration of the four elements through a coordinated approach.</p>
<p><b>Recruitment and workforce</b></p>	<p>No issues are identified that may affect recruitment and/or commissioning of services to progress activities. Current workforce is made up of the following:</p> <p>Project coordinator for the Midwest. The project coordinator has qualifications and experience in community nursing, stakeholder and community engagement.</p> <p>WAPHA's Suicide Prevention Program Manager has oversight of the Suicide Prevention Trial in three regions: Perth South, Mid-West and Kimberley and reports to the Portfolio Manager.</p> <p>Project Support Officer (1FTE) will provide support across the Trial Sites.</p>
<p><b>Data collection and reporting</b></p>	<p>Country WA PHN has recently completed the commissioning of Integrated Primary Mental Health Services in the Midwest region. The contract has been awarded and the contract holder has been advised of requirements about the MDS and of support available through to PHN to assist them with their data collection. Providers commissioned under the Aboriginal and Torres Strait Islander Mental Health stream are also aware of MDS reporting requirements.</p> <p>Where appropriate the PHN will ensure services funded as part of the SP Trial are able to upload MDS data as required.</p> <p>However, it needs to be noted that much of the activity is not able to be collected in MDS due to the nature of activities. Some of these include community consultation, training, group activities, media and campaigning to address stigma and promote help seeking. All activity that is not inputted into MDS is collected through observation, collection of documents and records, direct communication with community, focus groups, personal interviews and case study methods.</p>

	<p>Data about suicide and self-harm in the Midwest has recently been obtained and is currently being analysed. The data has been provided by the Department of Health WA (Health Tracks) under a strict confidentiality agreement. Further data from hospitals has been requested.</p> <p>A meeting has been held with the Midwest police to ascertain the availability of data and to listen to anecdotal information to gain more localised information of suicide and self-harm behaviours in the Midwest.</p> <p>Utilisation of the expertise of the Black Dog Institute will be sought to try to access any further data.</p> <p>The target population for the trial in the Midwest and strategies to address local needs and services for target areas and population/s will be primarily men aged 25 to 54 years. This cohort will include Aboriginal men, farmers, fishers and Fly In/Fly Out workers located in the Midwest region.</p> <p>The following will inform strategies for service activities to be undertaken in relation to prevention, intervention and postvention services:</p> <ul style="list-style-type: none"> <li>• Service mapping – assessment of services conducted by Curtin University on behalf of the PHN.</li> <li>• Information being gathered about services available, referral pathways, and service strengths, gaps and deficits. Referral pathways for relevant suicide prevention, intervention and postvention services - process and data collation template drafted.</li> </ul> <p>Community consultations and the community action plans will also inform strategies.</p>
<b>Other</b>	Non-applicable.
<b>Transition arrangements</b>	<p>Over the lifecycle of the Trial, the desired outcome is to create a self-sustaining, whole of community Alliance made up of trained suicide prevention facilitators, gatekeepers, primary health and allied health professionals, local governments with ongoing funding/commissioning capabilities, ongoing, evidence-based strategies and activities adopted by local agencies and services with barriers to access removed.</p>