

Perth South Primary Health Network

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities in 2018-19

Version 2.0, published 18 May 2018

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

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

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

ACTION AREA	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p>The Perth South PHN will be trialling the implementation of the Alliance Against Depression (AAD); 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 AAD 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 AAD 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), Murray (SA2) Pinjarra (SA2) and Waroona (SA2) <p>Following the methods of the Nuremberg model (which is also called the EAAD Framework), Perth South PHN has formed a network of cooperation partners, community members and stakeholders to work as an advisory committee to the project. This Community Working Reference Group (CWRG) provides:</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 <p>Provision of resources and data to formulate a baseline report on activities to be evaluated against over the life of the project</p> <p>The AAD 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>

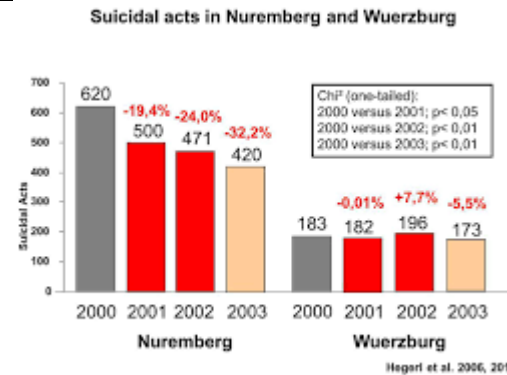


Fig. 1: Suicidal acts in Nuremberg compared to Wuerzburg¹

The AAD 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 AAD approach focuses on the collective intervention formed within community and the integration of the four elements through a coordinated approach.

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.

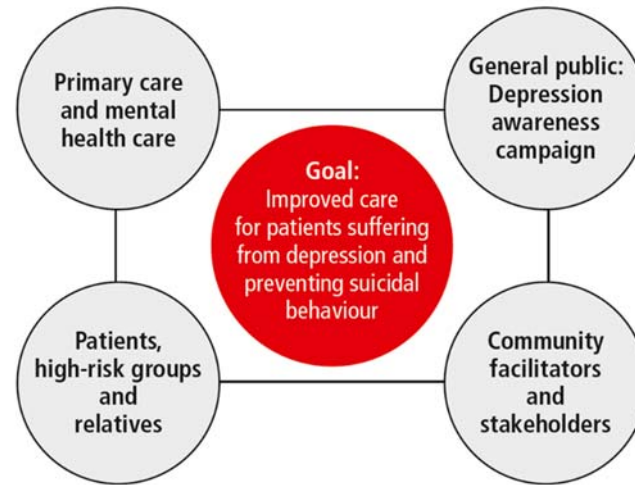


Figure 2: the four level approach of the European Alliance Against Depression

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 AAD 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 AAD requires ‘integration’ between all four elements through the role of a coordinator within community.

The following will underpin trial activities under four categories within the AAD framework.

Primary care and mental health care

The aim of the primary and mental health care section of this trial 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. To explore this, WAPHA have commissioned Orygen to complete the following:

Orygen, The National Centre of Excellence in Youth Mental Health will look at barriers for 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:

Consultation April - September 2018 with Youth (focus groups) to:

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 specific to depression and suicidality
3. What important things a professional should consider when talking to a young person about depression, self-harm and suicidal ideation
4. How professionals can approach disclosures of depression, self-harm and suicidal ideation in a manner that makes a young person feel respected; and
5. What young people believe professionals could do better.

Consultation April – September 2018 with GPs (face to face) to:

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 when engaging with a young person showing signs of depression, have self-harmed or has suicidal ideation;
3. Knowledge and use of assessment measures;
4. Barriers to care; and
5. Perceived needs in terms of education and training.

The results of the focus groups will be incorporated into the co-design and co-development of training resources for GPs, Further consultations and co-design workshops to evaluate the resources developed will cover the content look, feel and accessibility of resources. All information obtained from the consultation process will inform final versions of best practice resources for GPs for educational and training purposes. Train the trainer workshops are planned for this year.

In collaboration with appropriate agencies and services, the Suicide Prevention Trial Project Officer will conduct consultations with the wider community to conduct a gap analysis and inform best practice in integrating the community and professionals into the care of the youth.

Consultation with Parents and Guardians (face to face) to:

1. Explore knowledge, understanding and/or awareness of how a parent/guardian can talk to a young person disclosing that they are depressed and/or suicidal;
2. Explore knowledge, understanding and/or awareness of the signs of depression and suicidal intent in young people;
3. Explore the stigma around talking about severe depression and suicide with young people;
4. Barriers and enablers that exist in attaining the appropriate help and level of care for young people in their care and/or community; and
5. What parents/guardians believe professionals can do better.

After this consultation, a synthesis of the findings will be undertaken to inform the development of best practice resources for educational and training purposes.

Public awareness campaign

A broad media campaign to educate the public through a coordinated depression awareness campaign aims to destigmatise depression and challenge commonly held misconceptions around suicidality, although the campaign will not address suicide directly and will adhere to Mindframe Guidelines. These campaigns will be regionally based and tailored to meet the need of the community and target groups within the trial region. They will work in conjunction with the WA Mental Health Commission around trial site messaging and media campaigning. A media strategy plan has been formulated and is currently at sign off stage.

Orygen, The National Centre of Excellence in Youth Mental Health, have been commissioned by the Commonwealth 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.

Three Public Relations campaigns are planned for the Perth South Trial Site.

- Public Relations Campaign 1 will promote raising awareness of depression and promote the alliance. This will assist the establishment of regional alliances.

- Public Relations Campaign 2 and 3 will mirror the first public campaign and include regional specific elements.

An alliance Membership Pack will also be published to support the trial.

Regional alliances will work to utilise elements of My Community directory to improve integration and coordination.

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 and champions; 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
- safe TALK 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 of suicide, intervene with those at risk and refer them to appropriate resources.

Orygen have also been commissioned by WAPHA to co-develop and 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.

Community facilitators and stakeholders

- 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

	<p>training and resourcing to recognise and refer persons with depression or suicidal intent into the correct treatment path.</p> <ul style="list-style-type: none"> • WAPHA hosted a lunch in September 2017 for Indigenous key note speaker with community. • WAPHA allocated a place to Cate Seghezzi, School Psychologist, to attend Youth Aware of Mental Health (YAM) training that is currently being trialled in NSW, Cate is also the recipient of The Anika Foundation Youth Depression Awareness Scholarship for Western Australia 2017 and will be researching and trialling the facilitation of the program in the Trial Site mid-2018. Youth Aware of Mental Health (YAM) program, is a culturally sensitive and adaptable, evidence based program for 14 – 16 year olds and the trial will investigate potential for application and training in Western Australian schools. The approach, which has been extensively researched in Europe; allows participants to explore, using role-play, how to understand and what motivates their choices whilst exploring different outcomes depending on their actions. The program is also inclusive of parents and community members through briefings prior to workshops taking place. • Youth Mental Health First Aid was offered to community November 2017. • Training for mentors with lived experience occurred in November 2017. Participants attended the ASSIST train the trainer course and all now have capacity to deliver ASSIST workshops in the community. • Community facilitators and stakeholders developed a Youth Community Suicide Response Plan in the Rockingham/Peel/Kwinana Postvention setting in October 2017. • EOIs for participation for community members with lived Experience have been released to attend training with Roses in the Ocean facilitators, occurring in March 2018. <p>The Community Response Working Group is continually supporting community to support youth which increases connectedness, hope, links and promotes help seeking.</p>
<p>Key partners</p>	<p>European Alliance Against Depression (EAAD)</p> <p>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.</p> <p>WAPHA will be the coordinating organisation of the Western Australian Alliance Against Depression (The Alliance). Three regional Alliances will be established in line with funding of suicide prevention trial sites:</p> <ul style="list-style-type: none"> • Alliance • Mid-West Alliance

- Kimberley Suicide Prevention Working Group.

Community members, organisation representatives, civic leaders, etc will all be invited into the Alliance with regular meetings held continuing to monitor, evaluate and update the project plan for the region

Key WA Partners

- **Mental Health Commission WA:** The Commission and WAPHA have an agreement to jointly support implementation of The Alliance.
- **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.
- **Community Response Working Group (CRWG)**– the CRWG has formed the community based network for this region in relation to reducing youth suicide. Local Government Areas included in the CRWG are as follows; Peel, 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, Peel Rockingham and Kwinana Mental Health Service (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 partners and stakeholders working together as an advisory committee to the project. Agreement has been established between WAPHA and CRWG to act as an advisory committee to the project. Terms of Reference are in the process of being finalised.

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.

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, including the collaborative consultations and development workshops with Orygen throughout 2018/19.

The PaRK Alliance has a broad membership from community members; with representatives from Peel, Rockingham and Kwinana including those with a lived-experience of youth depression and suicide.

WAPHA has engaged Roses in the Ocean to provide expertise around utilisation of a lived experience framework for residents within the trial site community.

In March 2018, Roses in the Ocean will be working further with community members that participated in the training in November 2017 and identifying more interested participants 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.

Further work with people with lived experience will be developed depending on the community's readiness.

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:

- 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.
- Integrate with current WAPHA commissioned services providing a stepped care approach to mental health to identify high risk individuals in the trial site.

Potential strategies to be formulated in conjunction with the community working group, young people; including the Rockingham headspace Youth Reference Group 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.

<p>Enhanced services for people who have attempted or are at higher risk of suicide</p>	<p>The third element within the Alliance 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. As gaps in service provision or a need arises, programs or services will 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 continue to 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>
<p>Areas for focussed activity</p>	<p> <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples <input type="checkbox"/> Men <input checked="" type="checkbox"/> Youth <input type="checkbox"/> Veterans </p> <p>As mentioned above-in the 4 elements of AAD framework. Further project planning, research and consultation is required prior to commencing commissioning activities within the 4 elements, however activities have been identified by the CRWG and commissioned by WAPHA to build community capacity.</p>
<p>Other suicide prevention activity</p>	<p>WA State Health Department- WA Mental Health Commission have commissioned Suicide Prevention Coordinators throughout the state. 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 and attend the working group to provide assistance and participate as an Alliance member; the coordinators are also developing a Postvention plan for the bereaved of suicide that will be applied metro-wide.</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>
<p>Recruitment and workforce</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>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>Perth South Trial Project Officer has been employed. This role is locally coordinating the Perth South trial and reporting directly to the Suicide Prevention Program Manager.</p> <p>Project Support Officer (1FTE) will provide support across the Trial Sites (start date tbc).</p>
<p>Data collection and reporting</p>	<p>Services providing face to face programs and activities within the trial regions and commissioned by WAPHA, 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 PMHC MDS will be collected.</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>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 Primary Mental Health Care Minimum Data Set (PMHCMDS).</p> <p>A crucial element of the AAD 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>

	<p>The Commonwealth are currently developing an evaluation framework to be utilised by all Trial Sites and is due to be released to organisations early this year (2018)</p> <p>Project Officer Chloé Merna will be the contact for PMHC MDS reporting for trial purposes. WAPHA have appointed staff internally to manage the MDS rollout and will work with the Project Control Group to ensure compliance amongst participants within trial. The AAD Advisor will work closely with delegated WAPHA staff on issues pertaining to PMHC MDS and trial site activity.</p> <p>Progress reports will be developed by the Project Officer. Delegated responsibility for project- General Manager- State-wide Commissioning & Clinician Engagement.</p> <p>Project Officer – Chloé Merna: chloe.merna@wapha.org.au Program Manager- Sharleen Delane: Sharleen.delane@wapha.org.au Portfolio manager – Ian McCabe: ian.mccabe@wapha.org.au General Manager - Bernadette Kenny: Bernadette.kenny@wapha.org.au.</p>
<p>Other</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 AAD 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 AAD 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 AAD 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 has recruited a dedicated AAD Advisor to focus on the implementation, research and practical impacts of the framework; adapting it to the Western Australian context and will seek a potential collaboration with the Mental Health Commission in Canada to gain insight into their work with Canadas first nation peoples.</p>

WAPHA will seek engagement from Aboriginal and Torres Strait Islander community members on adapting the AAD model to ensure WAPHA's approach is a community-based intervention focussed on cultural appropriateness and suitability. The strategy will also focus on addressing specific community challenges, poverty and social determinants of health.

- **Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services.** The AAD 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.
- **Mental Health 2020: Making it personal and everybody's business.** Three key reform agendas are considered fundamental principles of the AAD model:
 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.
- **Suicide Prevention 2020: Together we can save lives.** This policy framework of the WA government is also consistent with the AAD 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.

Members of all three Local governments are associates of the community working group. AAD 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.

Timeline for main trial related activities:

The following has been achieved in FY 2016/17.

- Employment of Project Manager – completed
- Formation of National Chapter AAD – completed and officially launched
- Commencement of Stakeholder engagement – commenced and ongoing
- Commencement of AAD training and establishment - commenced and ongoing
- Formation of Community Working Reference Group – completed and open to new community members

	<ul style="list-style-type: none"> • Commencement of project planning – completed and ongoing.
Transition arrangements	<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 for young people. We have noted that there are plenty of services within the trial site area that are already commissioned and equipped to respond to youth at risk, who will continue to be funded post-trial, and if successful, uptake and capacity of these services will be increased because of resources, strategies and activities implemented and adopted through the period of the trial.</p>