

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities in 2019-2020

Perth South PHN

ACTION AREA	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p>The Perth South PHN is trialling a range of responses to suicide prevention which are informed by the Alliance Against Depression (AAD) Framework. WA Primary Health Alliance (WAPHA) is working with local community and stakeholders to resource activities, using the four pillars of the AAD framework as guiding principles for new activities, these consist of:</p> <ul style="list-style-type: none"> • Primary care and mental healthcare • General public depression awareness campaign • Patients, high risk groups and relatives • Community facilitators and stakeholders. <p>Stakeholders from across Perth South will continue to be supported to address the needs of Youth. Perth South PHN has formed a network of partners, community members and stakeholders to work as an advisory committee to the Trial Site activities in the Peel and Rockingham-Kwinana region (PaRK). This Community Response Steering Group (PaRK CRSG), formerly the Community Working Reference Group, 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 • Feedback on the impact and effectiveness of the SPTS activities. <p>WAPHA will continue to work with this group to ensure the Suicide Prevention Trial Site activities remain locally relevant.</p> <p>A comprehensive project plan will be developed with stakeholders in the catchment area looking at sustainability post-trial. This will be structured around the guiding principles of the AAD framework and will continue to guide the activities in 2019/20 including:</p>

Primary care and mental health care

Orygen, The National Centre of Excellence in Youth Mental Health will continue their research into barriers to young people seeking help in primary care. 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 at 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:

Implementation of resources co-designed and created by Orygen, young people and GPs to:

- Increase young people's knowledge prior to accessing a GP practice to discuss their mental health.
- Formulate a proof of concept for a Clinical Decision Support System (CDSS), currently being developed in the UK with the University of Birmingham, that assimilates with current GP software and can help GPs to make informed decisions regarding ongoing methods of care.
- Co-design training for GPs with GPs that can be delivered online or face-to-face.
- Implement a pre-appointment tool to help young people and GPs to prepare for a mental health appointment.
- Trial a medical scribe accompanying GPs in Mental Health presentations, freeing the GP to focus entirely on the young person. The scribe will accurately and thoroughly document medical visits and procedures as they are being performed by the General Practitioner, including but not limited to:
 - Patient medical history and physical exam
 - Procedures and treatments performed by healthcare professionals, including nurses
 - Patient education and explanations of risks and benefits
 - diagnosis, prescriptions and instructions for patient or family members for self-care and follow-up

- Prepare referral letters as directed by the GP.

Further consultations and co-design workshops will evaluate the resources developed to identify their usability, effectiveness and scalability. All information obtained from the consultation processes will inform final versions of best practice resources for GPs for educational and training purposes.

In collaboration with appropriate agencies and services, the Suicide Prevention Trial Project Coordinator will continue to 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.

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

- 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.
- Explore knowledge, understanding and/or awareness of the signs of depression and suicidal intent in young people.
- Explore the stigma around talking about severe depression and suicide with young people.
- Barriers and enablers that exist in attaining the appropriate help and level of care for young people in their care and/or community.
- What parents/guardians believe professionals can do better.

A synthesis of the findings will be undertaken to inform the development of best practice resources for educational and training purposes.

An online training video for GPs in the detection, treatment and management of depression, distinguishing between melancholic and reactive depression was developed in 2018. The video attracts CPD points as self-directed learning and will continue to be promoted to GPs throughout 19/20.

Mental Health Clinicians have already been trained in the National LGBTI Alliance 'Equal not the Same' workshop and will be completing the follow-up Practice Wisdom two-day course. More opportunities to complete both courses are to be offered over the course of the year.

Advanced Training in Suicide Prevention will be offered to GPs and mental health professionals across the Trial Site.

General public depression awareness campaign

A broad media campaign to educate the public through a coordinated depression awareness exercise aims to destigmatise depression and challenge commonly held misconceptions around suicidality.

Two of the three campaigns have been completed in 2018/19 and a general public depression awareness campaign will mirror and build upon these in 2019/20, including regional specific elements. The timing will be agreed in consultation with the PaRK CRSG.

The Suicide Prevention Trial Site will work collaboratively with Orygen, to provide workshops with Youth on safe ways for Young People to communicate online. Perth South has been identified by Orygen as one of the first areas to pilot the #Chatsafe framework.

Patients, High risk groups and relatives

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. Activity within the site will support training for high risk groups, relatives and community members and will continue to be offered and provided throughout 2019/20 and will include a mix of the following options:

- Youth Mental Health First Aid Training
- ASIST (Applied Suicide Intervention Skills Training) Train the Trainer Training
- Australian Centre for Grief and Bereavement: Supporting Those Bereaved by Suicide Workshop
- safeTALK training
- suicideTALK Training
- Culturally appropriate suicide prevention awareness training for Aboriginal, Torres Strait Island, Maori and Pacific Island people
- Aboriginal Mental Health First Aid Train the Trainer Training
- Mental Health First Aid for the Suicidal Person Training
- QPR online suicide prevention training licenses purchased through Black Dog Institute.
- National Empowerment Program: Empowering Aboriginal and Torres Strait Islander people and communities' through the promotion of cultural, social and emotional wellbeing.

Postvention Response:

In 2019/20, the Peel and Rockingham Kwinana Community Response Steering Group (PaRK CRSG), WA Police and WAPHA will continue to work collaboratively to deliver the Immediate Notification Service, that follows a critical incident involving a sudden loss of life. The Immediate Notification Service triggers a rapid response from support services, allowing them to reach out to the bereaved family in a timely manner. The response includes access to psychosocial, practical and medical supports. In 2018, the Postvention response was enacted when PaRK CRSG members heard of a loss anecdotally through the community. Since the implementation of the Immediate Notification Service, which went live in December 2018, the group have been notified of all suspected suicides in the region and the group have been able to initiate a response to those bereaved. The pilot works in line with The Coroners Act (96) and adheres to strict confidentiality and privacy procedures to protect the identity of those bereaved.

There is no funding allocated to the postvention response other than the training and safeguarding of individuals, as it falls into the core activities of the agencies and services involved. This ensures that the process will be sustainable post trial without being reliant on funding sources. This 12-month pilot will continue until December 2019 and will be evaluated over the next financial year to identify scalability and suitability for further expansion in other communities across WA.

Work will continue to increase community capacity in response to a suspected suicide, ensuring analysis of any gaps, trends and issues, and exploring the practical as well as psychosocial needs of those bereaved by suicide.

Orygen have also been commissioned by the WAPHA to co-develop and design a resource for families in WA entitled 'Coping with Self Harm'. This will provide a valuable resource to assist families across the region. It is anticipated that this will generate new evidence regarding best practice for relatives 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

Youth Mental Health First Aid, Mental Health First Aid and Mental Health First Aid for the Suicidal Person, are being delivered across the Trial Site on an ongoing basis.

Training for mentors with lived experience occurred in November 2017. Participants attended the ASIST train the trainer course, and all now have capacity to deliver ASIST workshops in the community. This has been further adapted to be delivered in a culturally appropriate way to members of the Maori and Pacific Island, and Aboriginal and Torres Strait Islander Communities, and will continue to be delivered to Indigenous communities in 2019/20.

Community facilitators and stakeholders developed a Youth Community Suicide Response Plan in the Rockingham/ Peel/Kwinana Postvention setting in October 2017, this has undergone further development and has been adapted to each community within the Trial Site. Further work in this space includes the training of personnel within the Trial Site who are part of this initial response, as well as developing a culturally appropriate response and identifying practical needs and supports within those first two weeks of being bereaved by suicide; and creating a response with families and peers to those that have attempted suicide. This will continue to be monitored and reviewed in conjunction with the Postvention Pilot throughout 2019/20.

The Trial Site is supporting Roses in the Ocean, a concept utilising person with lived experience. The aim will be to develop a WA branch through commissioning a part-time Coordinator. The Coordinator will bring their lived expertise to meetings, as well as an opportunity to further develop policy, and procedures developed in the Trial Site.

The City of Mandurah, in partnership with Peter Kenyon of the Bank of I.D.E.A.S (Initiatives for the Development of Enterprise Action and Strategies) has completed an Asset Based Community Development Scan and Mapping exercise. The project has helped inform initiatives for the forthcoming year, which include delivering the Mandurah Mental Health Initiative, with the aim of strengthening the community voice at the centre of the trial. Through a number of evidence-based community programs, the initiative will aim to wrap community around young people. Some of the activities identified include:

- Mental health programs in schools
- Youth consultations with The Makers
- Closing the intergenerational gap through the Fathering Project
- Community activities such as repair cafes and one-wave activities.

	<p>The City of Mandurah will support each of the initiatives identified, with the position of a part time project officer to provide the key link between community activities, GPs and other clinical treatment services. This will include working closely with the Peel Health Hub, Peel Youth Medical Services and include the research and resources being implemented by Orygen, the Centre for Excellence in Youth Mental Health.</p> <p>The Community Response Steering Group will continue to support the community as a whole to increase connectedness, hope, links and help seeking from young people and their networks.</p>
<p>Key partners</p>	<p>The PHN will continue to consult with a range of key stakeholders at a state and international level, including:</p> <ul style="list-style-type: none"> • European Alliance Against Depression (EAAD) - WAPHA has become the National Chapter of EAAD within Australia. Membership was granted to the WAPHA by the Board of Directors of EAAD on 17th Jan 2017. • Mental Health Commission WA: the Commission and WAPHA have an agreement to jointly support adoption of the AAD in WA. • Neami - Suicide Prevention Co-ordinators – the WAPHA will continue to work closely with the suicide prevention coordinators funded through the Mental Health Commission WA. • PaRK Community Response Steering Group (CRSG)– the CRSG has formed the community-based network for this region in relation to reducing youth suicide. Local Government Areas included in the CRSG are as follows; Peel, Kwinana & Rockingham – The PaRK CRSG was established in 2015-2016 in response to youth suicides in the region. The PaRK CRSG has a broad membership from community members; with representatives from Peel, Rockingham and Kwinana including those with lived-experience of youth depression and suicide. • The CRSG is an established network of partners and stakeholders. Agreement has been established between the WAPHA and CRSG to act as an advisory committee to the project. Stakeholders include; headspace Rockingham, headspace school support, Department of Education, Anglicare – Active Response Bereavement Outreach (ARBOR) and Children and Young People Responsive Suicide Support (CYPRESS), 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), Helping Minds, Relationships Australia, Shire of Waroona, Shire of Pinjarra, City of Kwinana, Peel Youth Medical Service, Youth Focus, Peel Youth Services, National Centre for Suicide Prevention, School Psychology Services, Child and Adolescent Mental Health Services WA Health, and community representatives (Maori and Aboriginal communities). Terms of Reference have been finalised. The Community Response Steering Group (CRSG) 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.

- **Youth reference groups** are a planned engagement activity. They are planned within identified regions of the trial site to enable youth to contribute their perspective on the trial and commissioning activities. The activities will include collaborative consultations and ongoing development workshops with Orygen. 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.
- **Roses in the Ocean** has been engaged by the WAPHA to provide expertise around utilisation of a lived experience framework for residents within the trial site community and will customise workshops and programs to meet specific needs within communities, service providers and organisations. Lived experience enhances programs by bringing greater meaning, connection and understanding to generic content and achieves attitudinal change far more effectively. Further work with people with lived experience will occur, dependent on the community's readiness.
- **Local GPs** within the Rockingham, Kwinana and Peel regions to become active members of the Community Response Steering Group and Alliances. Further to this involvement, a focus will be given to primary care as one of four pillars within the framework:

	<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 general practices with the capacity for practice nurses. ○ Establish data gathering amongst general practices. ○ Provide opportunity for training: link with CPD, training videos, specific depression and suicide prevention content, enhancing MH care skills and better facilitating pathways. ● WAPHA commissioned services integrating across the site to provide a stepped care approach to mental health to identify high risk individuals. <p>Linking primary care and commissioned services to the other pillars within the framework is critical to effectively reducing suicide. GPs and other community services to be targeted and actively engaged to:</p> <ul style="list-style-type: none"> ● 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 Project Coordinator is working to develop Clinical Pathways for those that have attempted suicide. The pathways are being developed in collaboration with local services and agencies in response to consultations which identified gaps between acute and primary care. The document to be created will navigate the patient’s journey through the health system from tertiary inpatient, through to primary and community care. The process has highlighted systemic changes that will be trialled to help in the reduction of potentially preventable hospitalisations and ensure a ‘no wrong door’ approach to services in the area, including families, relatives and carers. This piece of work will link with the work of HealthPathways and provide a localised response to intentional self-harm in the region.</p>

	<p>The Postvention Response will continue to be developed to support those bereaved by suspected suicide in the region.</p> <p>Education of stakeholders and media outlets in safe reporting of suicide in the media will continue in the 19/20 financial year.</p>
<p>Areas for focussed activity</p>	<p>Through ongoing discussion and feedback from service providers, incorporating the postvention responses that have occurred over the last year; it has become evident that an identified area of need is young men between 16 and 19 years of age. This cohort have been identified as people who are often carrying the burden of responsibility of the problems of others. Strategies are being explored to open the dialogue, examples include:</p> <ul style="list-style-type: none"> • the implementation of the tools and resources developed by Orygen to ensure that GPs recognise signs and symptoms of young men presenting with physical concerns that may indicate underlying mental health issues. • A proof of concept of a Clinical Decision Support System (CDSS) that is compatible with GPs software. • Commissioning of Community development activities that encourage intergenerational interaction e.g. The Fathering Project, Repair Cafes and Dad’s clubs.
<p>Other suicide prevention activity</p>	<p>There is a diverse range of activity in the Suicide Prevention Trial Site, including:</p> <ul style="list-style-type: none"> • WA Primary Health Alliance commission services including ARBOR, CYPRESS, ALIVE, CHOICES and headspace; • Encouraging uptake of ASIST, SafeTALK, SuicideTALK and other gatekeeper programs delivered by Lifeline, LivingWorks and private trainers. • Wesley LifeForce have worked with the Shire of Murray to create a Suicide Prevention Network; • Youth Focus have been delivering the Young Men’s Project in Kwinana.

	<ul style="list-style-type: none"> • Telethon Kids in partnership with a number of organisations, including the WAPHA, are completing the Youth Suicide Modelling Project. • Kwinana Alliance Against Depression WAPHA will provide necessary support to this initiative, however, the scope of this alliance is not restricted to young people and those responsible do not want to be included in any formal trial activity.
Recruitment and workforce	<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> <ul style="list-style-type: none"> • 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. • Perth South Trial Project Coordinator (1FTE) has oversight of the Perth South Suicide Prevention Trial and reports directly to the Suicide Prevention Program Manager. • Project Support Officer (1FTE) provides support across the Trial Sites; commenced in 2019. This position reports directly to the Suicide Prevention Program Manager. • Suicide Prevention Communications Officer provides communications support across the Trial Sites; commenced in 2019. This position reports directly to the Corporate Affairs Manager. • Alliance Against Depression Trainer. (5FTE) will provide support to new community organisations/groups who are willing to initiate and sustain a local response to suicide and/or depression using the principles of the AAD Framework.
Data collection and reporting	<p>Services commissioned by WAPHA to provide face to face programs and activities within the trial regions are required to input data to the Primary Mental Health Care – Minimum Data Set (PMHC-MDS).</p> <p>All activities involving communities will be input into the new Suicide Prevention Trial Stream of the PMHC MDS retrospectively and ongoing until the end of the trial. Some of these include community consultation, training, group activities, media and campaigning to address stigma and to promote help seeking. All activity</p>

	<p>has been recorded to date and collected through observation, collection of documents and records, direct communication with community, focus groups, personal interviews and case study methods. The Project Support Officer will be the contact for PMHC MDS reporting for trial purposes. WAPHA has appointed staff internally to manage the PMHC-MDS rollout and will work with the Project Control Group to ensure compliance amongst participants within the trial.</p> <p>Progress reports will be developed by the Project Coordinator.</p> <p>Delegated responsibility for project is the General Manager- State-wide Commissioning & Clinician Engagement.</p>
<p>Other</p>	<p>The 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. Current activity the WAPHA is engaged with that will support an integrated primary mental health care system includes:</p> <ul style="list-style-type: none"> • <i>The Fifth National MH and Suicide Prevention Plan 2017-2026</i>¹- identifies suicide prevention as number two of eight priorities identified for this period. Action 5 (p.25) specifically states that the Government will support PHNs and Local Hospital Networks (LHNs) to develop suicide prevention actions as part of a joint regional mental health and suicide prevention plan. At a regional level PHNs and LHNs will work together to map providers across the system and develop stronger referral pathways and build community knowledge of the range of available services and how to access them. The Government’s Implementation Plan names the PHNs as having responsibility for jointly developing suicide prevention approaches with the LHNs, informed by the systems-based approach outlined in the World Health Organisation’s Preventing Suicide: A global imperative.

¹ Fifth National MH and Suicide Prevention Plan 2017-2026 <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

- ***PHN Program Performance and Quality Framework (PQF)*** - the WAPHA has developed position papers and commitments to the seven pillars of the PQF including Mental Health, Aboriginal Cultural Competency and Workforce.
- ***WAPHA Mental Health and Suicide Prevention Regional Plan*** - the 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. WAPHA will seek engagement from Aboriginal and Torres Strait Islander community members to ensure WAPHA's approach is a community-based intervention focussed on cultural appropriateness, safety 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.

	<p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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. • Stakeholders - members of all five local governments are associates of the community response steering 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. 	
Transition arrangements	<p>Over the lifecycle of the Suicide Prevention Trial, the desired outcome is to create a self-sustaining, whole of community approach to Suicide Prevention made up of trained suicide prevention facilitators, gatekeepers, primary health and allied health professionals and local governments. We have noted that there is a range of services within the Trial Site area that are already commissioned and equipped to respond to youth at risk and will continue to be funded post-trial.</p>	
Planned expenditure 2019-20	<p>Project management, coordination and administration</p> <p>Individual client services, group and other activities</p> <p>Major items not related to above <i>Please specify</i></p> <p>Other</p> <p>Total (GST exclusive)</p>	<p>\$375,000.00</p> <p>\$1,530,000.00</p> <p>\$</p> <p>\$</p> <p>\$1,905,000.00</p>