



Country WA PHN Activity Work Plan

National Suicide Prevention Trial Sites

**Summary View
2022/2023 – 2025/2026**

**Presented to the Australian Government Department of Health
and Aged Care**

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NSPT 1000 - National Suicide Prevention- Kimberley

Funding Schedule

Primary Mental Health Care

Activity Title

National Suicide Prevention Kimberley

Activity Number

1000

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity

To implement local suicide prevention activities in accordance with the Department of Health's *'Building on the work of the National Suicide Prevention Trial'* guidance, whilst also addressing the needs of the local regional and remote communities within the Kimberley region.

Activities planned for the period 2022/23 will support the continuation and enhancement of essential suicide prevention and awareness activities that target Aboriginal people, all of whom are at high-risk of suicide.

All activities will be informed by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Framework as a tool for decision making, to support community driven suicide prevention initiatives.

Description of Activity

Activities implemented during the Suicide Prevention trial period to achieve activity objectives are coordinated by the Kimberley Aboriginal Medical Services (KAMS). Post-trial, the positive relationships formed are planned to continue as a legacy of the collaboration across the region.

Project Coordinator – Kimberley Aboriginal Medical Service (KAMS)

This activity provides 1.0 full time equivalent (FTE) for a Kimberley Aboriginal Suicide Prevention Trial (KASPT) Coordinator and Capacity Building Officer (CBO) position, of which 0.5 FTE will provide high level secretariat, administrative, project and logistical support to the No Wrong Door Leadership Group (NWD LG), listed below.

As the trial progress through the transition phase towards the implementation of the recommendations from the Kimberley Aboriginal Suicide Prevention Plan (2021 – 2025), KAMS has continued to engage and contract Aboriginal Community Controlled Organisations (ACCO's) to coordinate the current projects and activities. In addition to this, the transition period of the KASPT continues to be governed by the Aboriginal Regional Governance Group (ARGG) of the Kimberley Aboriginal Regional Body. This activity has been extended through to December 2024.

Development of Traditional Healers Model (Kimberley Aboriginal Law and Cultural Centre, KALACC)

The traditional healers model incorporates the use of western medicine and culturally sensitive traditional healing methods. This project will be evaluated to ascertain efficacy, model integrity and patient outcomes, with the view to source funding to continue to implement the model (dependent on evaluation findings). This pilot project was originally named Yiriman Women Leading Traditional Healing Practices and now Jalngangurru. This project has been extended to December 2024.

Empowered Young Leaders Project

This activity enables young people to work with key stakeholders to inform a strategy for youth mental health in the region.

It aims to support the implementation of recommendations from the 2019 Empowered Young Leaders (EPL) Report from young emerging Kimberley Aboriginal leaders. The focus of the initiative for young leaders is:

- Strengths Based - need to move away from continuing to focus on suicide and problems towards building on strengths and solutions – creating a new and different future whilst acknowledging the past. Changing the story about Aboriginal young people. This includes the story young people have about themselves and the dominant discourse in the wider community.
- Empowerment – ensuring that the project activities invest in and support the Kimberley young leaders to be able to take action. Ideas like ensuring they can walk away with resources, media and communication tools for their own communities.

The EYL project will use participatory action-based research methods and will be comprehensively monitored and evaluated.

This project has been extended through to June 2023. Post-trial, the WA Department of the Premier and Cabinet indicated that they would consider funding the program in the future.

No Wrong Door Approach

A consultant is engaged to establish referral pathways and Memorandum of Understanding between key stakeholders of mental health and alcohol and other

drugs services.

The No Wrong Door project is an initiative with the collective commitment to work together to meet the needs of community, including young people, through cultural and clinical healing and coordinated partnerships to prevent deliberate self-harm and suicidal behaviour in the Kimberley region.

The No Wrong Door project was identified as a key systemic priority at the October 2018 Kimberley Aboriginal Suicide Prevention Trial Working Group (KASPT-WG) workshop by community and organisational leaders, with the intent that there would be 'no wrong door' for those seeking support to achieve a reduction of deliberate self-harm and suicidal behaviour.

With the recommencement of the *No Wrong Door Leadership Group*, 2022 will see the completion of the review of the *Kimberley Service Map* tool ensuring the information regarding support services available is adequately updated and accurate. After which the tool will be modified to enable it to be accessed via mobile phones and other small devices.

Post-trial, this activity will transition to the Kimberley Drug and Alcohol Mental Health Sub-Committee. This project has been extended through to June 2023.

Aboriginal Community Liaison Officers

This activity enables community representatives to work with key stakeholders to inform community led responses to suicide prevention. This activity has been extended to December 2024.

Post-trial the WA Department of the Premier and Cabinet and the National Indigenous Australians Agency indicated that they would consider funding the program in the future.

Wirnan Creative Project and Intergenerational Knowledge

This project created better connectedness of the regional Art Centre, using a communities of practice approach. The program enabled intergenerational exchange of cultural learning between Elders and young people. The Art Centre's sustainability is not reliant on additional PHN funding. This project has been extended through to June 2023.

Dampier Peninsula Community Project

This activity enhances community connections and pride through monthly cultural knowledge and exchange programs at both Lombadina and Beagle Bay communities. This activity will be enhanced by other trial activities including Social and Emotional Well Being workshops and the Wot Na Wot Kine campaign being delivered by Kimberley Aboriginal Medical Services.

This activity has been extended through to December 2024.

Indicated At Risk Individuals – Youth and Clinical Elements

The Liyan Natural Helpers - Young Mob program is an initiative of the Kimberley Aboriginal Suicide Prevention Trial to build the confidence, capacity and capabilities of young people across the Kimberley region to act as Natural Helpers.

This activity ends on 30 June 2023.

Cultural Wellbeing Activities KAMS

Cultural wellbeing activities foster a supportive and respectful environment for people to heal, share experiences, and support one another. KAMS Suicide Prevention staff and services (including CLO's) will arrange sub-regional on-Country camps to encourage Cultural Wellbeing activities and support the continuation of current cultural wellbeing activities

The impact of COVID-19 on key activity and plans to address the impact

Some activities experienced a temporary closure of engagement due to limited access to remote areas. The Australian Government Department of Health and Aged Care approved an extension until the 31 December 2022 to enable Suicide Prevention Trial activities to be completed, including carry forward of unspent budget.

WA Primary Health Alliance will continue to use the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Framework as a tool for decision making, to support community driven suicide prevention initiatives.

The trial will continue with the existing Working Group, and to ensure Aboriginal-led governance principles, and arrangements for inter-sector and inter-governmental collaboration continue.

Transitioning the activity

WA Primary Health Alliance established a Steering Committee in partnership with the WA Mental Health Commission during the period of transition. If any trial site activity is deemed to be in scope, the Mental Health Commission will work with relevant partners to review continuity options and/or referral options into other State-based funded programs.

State Government Departments, regional Aboriginal Medical Services and other regional service providers will play an essential role in supporting the transition and sustainability of any appropriate activity. The Mental Health Commission will also be retaining the Suicide Prevention Coordinator role in the region and that will enable coordination and facilitation of specific suicide prevention meetings for the purpose of helping shape future strategies and plans, such as the Western Australian Mental Health Alcohol and Other Drugs Services Plan 2015-2025 - Better Choices Better Lives; WA State priorities 2020-2024; and Western Australian Suicide Prevention Framework 2021-2025.

To support the transition and sustainability of Suicide Prevention Trial activities at the conclusion of this Activity Work Plan, focus will occur on:

- Community-led suicide prevention activities.
- Continued work with the young leaders in the region.
- Intergenerational knowledge and learning.
- Continued work to support general practitioners.
- Continued work with traditional healers and integration with primary practice.
- Suicide Prevention Trial evaluation.
- Governance structures transition.

Some stakeholders will continue to deliver services post the trial period and all of those listed above will influence future strategies and planning across the Kimberley region.

As a cornerstone to primary health care, general practitioners will also be an essential component of the transition.

Country WA PHN Needs Assessment

Priorities

Page reference

| | |
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| Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. | 43 |
| Improve access to coordinated culturally appropriate primary care for Aboriginal people. | 15 |

Target Population Cohort

Aboriginal communities

Indigenous Specific

These services are directly targeting Aboriginal people both as clients and as workers, especially in the more remote Aboriginal communities. The Governance has been led by Aboriginal agency representatives using specific Aboriginal Evaluation principles to guide service design, practice and reporting.

Consultation

State Government agencies and non-government-organisations have been active participants in the governance of the trial. Those organisations include:

- Mental Health Commission
- WA Department of Health

- headspace
- WA Department of the Premier and Cabinet
- Australian Government Department of Health
- Kimberley Aboriginal Medical Services
- Kimberley Aboriginal Law and Cultural Centre
- Edith Cowan University – Centre for Best Practice
- Aboriginal Community Controlled Health Organisations
- Department of Communities

Collaboration

- Waringarri Arts Centre
- Kimberley Aboriginal Medical Services
- Mental Health Commission
- Kimberley Aboriginal Law and Cultural Centre

Coverage

Kimberley region within Country WA PHN

Activity Start Date

1 January 2017

Activity End Date

31 December 2022

Activity Planned Expenditure

| Funding Stream | FY 22 23 | FY 23 24 | FY 24 25 |
|--|--------------|----------|----------|
| National Suicide Prevention Trial Site Funding | \$727,421.80 | \$0.00 | \$0.00 |

NSPT 1000 - National Suicide Prevention- Midwest

Funding Schedule

Primary Mental Health Care

Activity Title

National Suicide Prevention Midwest

Activity Number

1000

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity

To implement local suicide prevention activities in accordance with the Australian Department of Health's '*Building on the work of the National Suicide Prevention Trial*' guidance, whilst also addressing the needs of the local regional and remote communities within the Midwest region.

Activities planned for the period 2022/23 will support the continuation and enhancement of essential suicide prevention and awareness activities targeted to middle-aged men aged 25 to 54 years, farmers, fishers and fly-in-fly-out (FIFO) workers, men in Aboriginal communities and their families, all of whom are at high-risk of suicide. Activities align to the pillars of the European Alliance Against Depression (EAAD) framework and have been adapted for local context.

The EAAD systems-based approach uses a four-pillar framework to improve the identification and treatment of depression and prevent suicidal behaviour. The four pillars of the EAAD framework and their aims are:

Pillar 1 – Increase the capacity and capability of primary mental health care practitioners (specifically general practitioners) with the aim to improve diagnosis and treatment of depression and prevent suicidal behaviour.

Pillar 2 – Implement a general public awareness campaign with the aim to destigmatise depression, using key messaging developed by the European Alliance Against Depression (EAAD).

Pillar 3- Upskilling community gatekeepers with the aim to recognise, respond and refer consumers to primary mental health care.

Pillar 4 – Improved support for high-risk patients, carers and relatives, through the provision of aftercare supports, postvention supports, support groups and improved referral pathways to primary mental health care.

Description of Activity

Over the lifecycle of the Suicide Prevention Trial 2017-2021, the objective has been 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 (LGs).

Existing and new activities rely on working closely with medical and primary health services, general practitioners (GP), local communities and identified community champions. Community capacity building initiatives are key to the EAAD approach with LG tailoring activities to suit the local community.

To achieve sustainable outcomes, the following activities continue to be implemented.

Community Upskilling.

Community and Primary Health Network (PHN) funded Mental Health First Aid and QPR Gatekeeper facilitators are engaged to support community and stakeholder upskilling. People living in regional areas were identified to participate in facilitator training, to ensure ongoing community upskilling in regional locations beyond the funding period. Following community feedback, education and community upskilling activities have been expanded to the Wheatbelt, Goldfields and Pilbara regions.

Significant collaborative engagement continues to occur with male-dominated industries such as fishing, fly-in-fly-out (FIFO), drive-in-drive-out and farming, with a primary focus on depression and anxiety, including health promotion events, training and workshops.

Primary Care Education

Significant consultation occurred with a number of stakeholders', including general practitioners, WA Country Health Service, Midwest Gascoyne Health Professionals Network, Black Dog Institute, pharmacies and allied health practitioners who identified specific training needs of the Midwest primary care network.

Primary care upskilling and education activities identified as most relevant were Clinical Case Review and Scenario Education small group learnings with Associate Professor Mat Coleman and Black Dog Institute Training. An invaluable component of the

upskilling and education activities was the discussion with general practitioners to better understand gaps in knowledge and areas of training needs to support the ongoing development and planning of primary care education in each region.

Local Government (LG) community grants

LGs in the Midwest region were provided with funding of up to \$100,000 to implement activities that aligned to one of the 4 EAAD pillars. The LGs formalised community grants to local organisations, partnering with grassroots projects and programs enhancing engagement and outputs, and/or utilising a portion of the grant for internal workforce capacity building.

Community grants of the same value were also made available to LGs in the Goldfields and Pilbara regions of Country WA PHN. In total 12 LG community grants were allocated within Country WA PHN, to fund local initiatives. These community grant allocations totaled \$1.2million to support community led grassroots projects in Western Australia's north.

All community grants were expended, and activities completed. The outcome of these grants was the successful establishment of local collaboratives such as the Goldfields Suicide Prevention Alliance that incorporates four LGs. This Alliance intends to partner with the larger suicide prevention collaborative within the region, to strengthen the link between suicide prevention activities and the communities of the four LGs.

North Midlands Project

The North Midlands Project implemented the EAAD framework in six regional LG areas of the Midwest, including the Shires of Carnamah, Coorow, Mingenew, Morawa, Perenjori and Three Springs. Activities implemented were focused on at-risk populations such as farmers, fishers and fly-in-fly-out workers, as well as any new areas of emerging need.

Objectives of the North Midlands Project included:

1. Engaging a Project Coordinator to manage the activities, engagement, interventions and coordination of the Alliances, activities including:
 - a) Raising awareness of suicide prevention and depression.
 - b) Identifying gatekeepers and community leaders.
 - c) Identifying activities to support 'at risk' groups.
 - d) Planning training for the primary mental health sector, community facilitators, media and community.
 - e) Securing grants and sponsorship opportunities.
 - f) Collating relevant data and information demonstrating the effectiveness of the Alliance.

2. Delivering public events to raise community awareness of depression and suicide to reduce the associated stigma.
3. Facilitating localised training for health professionals, including general practitioners.

This project was completed with the group meeting the objectives.

Red Dust Healing

Geraldton Regional Aboriginal Medical Service (GRAMS) conducted ten (10) community Red Dust Healing workshops in the priority locations of Carnarvon, Mt Magnet and Geraldton utilising local facilitators.

Red Dust Healing is a group program for Indigenous men and women that examines the intergenerational effects of colonisation on the mental, physical and spiritual wellbeing of Indigenous families and encourages individuals to confront and deal with the problems, hurt and anger in their lives.

Red Dust Healing is written from an Indigenous perspective for Indigenous Men and their families. The program is targeted at the heart and not the head. Red Dust Healing targets a multifaceted approach covering four main areas:

- Healing
- Pro-Social Modelling
- Professional Development
- Cultural Awareness

Red Dust Healing addresses significant key areas such as: identity, family roles and structure, relationships, Elders, men's business, Indigenous history and the impacts of colonialism, drug and alcohol issues, family violence, grievance and loss, stress and mental health issues, anger management, education and employment, housing issues, meetings and community contribution and governance.

The 10 sessions were delivered and well received by the communities.

Holyoake – Wheatbelt

As a recommendation made by all 43 local governments in the Wheatbelt region, Holyoake was commissioned to work in partnership with community organisations to enhance suicide prevention projects and initiatives. Holyoake offers community grants to support grassroots suicide prevention initiatives to raise awareness of depression by reducing stigma associated with depression and suicide in the Wheatbelt region.

This activity led to the establishment of the Wheatbelt Suicide Prevention Project and collaborative. This project includes trialing a locally developed Aftercare model that will inform the WA Aftercare model being developed by the WA Mental Health Commission.

Busselton Dunsborough Alliance Against Depression

Enhancing the work of other established Alliances, this activity supports the Busselton Alliance to implement local activities that align to the EAAD four-pillar framework. This activity raises awareness of depression by reducing stigma associated with depression and suicide in the Southwest region, by enabling the Alliance to work in partnership with the community.

This Alliance continues to grow and implement activities post activity end date. The Alliance has met all obligations relating to the activity funding requirements and has also been successful in obtaining an independent grant to sustain the Alliance within the region.

Supporting priority activity on a longer-term basis

WA Primary Health Alliance (WAPHA) established a Steering Committee in partnership with WA Mental Health Commission during the period of transition. If any trial site activity is deemed to be in scope, the Mental Health Commission will work with relevant partners to review continuity options and/or referral options into other state based funded programs.

State Government agencies and non-government-organisations have been active participants in the governance of the trial. Those organisations include:

- Department of Communities
- WA Police
- WA Country Health Service
- Geraldton Regional Aboriginal Medical Service

Transitioning the activity

The investment throughout the trial in each of the four pillars of the EAAD model is supportive of transition, sustainability, and integration of suicide prevention trial site capacity into core suicide prevention activities.

WAPHA works in partnership with the governance groups to communicate the cessation of the trial activities by delivering key messages to the community and enhance community awareness through quality campaigns.

- WA State Government Departments, regional Aboriginal Medical Services and other regional service providers will play an essential role in supporting the transition and sustainability of any appropriate activity.
- WAPHA commissioned mental health services' such as PORTS, and local face-to-face services and headspace will accept referrals from GPs and other providers on an ongoing basis.
- Local governments who have and/or will adopt the EAAD model will play a vital role in its sustainability.

- WAPHA will strengthen the partnership with WA Local Government Association (WALGA) to leverage off existing infrastructure to enhance the prospects of sustainability across the network.
- Mental Health Commission will retain the Suicide Prevention Coordinator role in the region, enabling coordination and facilitation of specific suicide prevention meetings for the purpose of helping shape future strategies and plans i.e., Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025: Better Choices Better Lives, WA State priorities 2020-2024 and Suicide Prevention 2020: Together we can save lives.
- General practitioners will be essential in the transition, being the primary component of the EAAD pillars.
- PHN staff will continue to provide support to general practices to facilitate communities of practice and retain the model integrity of the EAAD framework.

Country WA PHN Needs Assessment

| Priorities | Page reference |
|--|-----------------------|
| Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. | 63 |
| Improve access to mental health services in the Midwest. | 63 |

Target Population Cohort

Men aged 25 to 54 years, particularly farmers, fishers and FIFO-workers, men in Aboriginal communities and their families within the Midwest-Gascoyne Region.

Consultation

- General practitioners
- WA Country Health Service
- Midwest Mental Health and Community Alcohol and Drugs
- Midwest Gascoyne Health Professionals Network
- Geraldton Suicide Prevention Action Group
- Midwest GP Network
- Black Dog Institute
- Pharmacy
- Allied Health Practitioners
- Mental Health Commission
- Suicide Prevention Coordinator group
- WA Local Government Association
- Wheatbelt Local Governments

Collaboration

- Associate Professor Mat Coleman
- MHFA facilitators
- Community organizations
- NPS Medicine Wise
- Guild Representative
- UWA Pharmacy Liaison
- ASIST
- Black Dog Institute
- Mental Health Commission
- FIFO Mental Health Guy
- Australian Dads Network
- Midwest Yellow Ribbon
- Blue Ocean Mental Health
- Shire of Wiluna
- Shire of Leonora
- City of Kalgoorlie-Boulder
- Shire of Coolgardie
- Shire of Dundas
- Shire of Esperance
- Shire of Laverton
- Shire of Menzies
- Town of Port Hedland
- City of Greater Geraldton
- Shire of Meekatharra
- Shire of Carnarvon
- WA Local Government Association

Coverage

Wheatbelt, Goldfields, Pilbara Midwest Gascoyne, Shires of Carnamah, Coorow, Mingenew, Morawa, Perenjori and Three Springs, Carnarvon, Mt Magnet & Geraldton

Activity Start Date

1 January 2017

Activity End Date

31 December 2022

Activity Planned Expenditure

| Funding Stream | FY 22 23 | FY 23 24 | FY 24 25 |
|--|--------------|----------|----------|
| National Suicide Prevention Trial Site Funding | \$925,280.89 | \$0.00 | \$0.00 |

END

