

Monthly Meeting Minutes – 13 December 2018
8:30-9:30am, COORDINARE office, Ground floor The Central building
Squires Way, Innovation Campus, North Wollongong
& video link to GPH Centre, 107 Scenic Dr, Nowra

1. Attendees

WOLLONGONG:

ALEX HAINS	(AH)	SP Collaborative
ANDREA ARNDT-JACKMAN	(AAJ)	Neami National
CARLIE SCHOFIELD	(CS)	Illawarra AMS
CARRIE MILLER	(CM)	Lived Experience
COREY DE BRUIN	(CdB)	Lived Experience
DANIEL ERAK	(DE)	APM employment services
EMMA RINGLAND	(ER)	SP Collaborative
GIULIANA MORANDIN	(GM)	South Coast Private
IRENA PRESCOTT	(IP)	Lived Experience
MARK WILDER	(MW)	Lived Experience
NICK GUGGISBERG	(NG)	Kiama Municipal Council
TIFFANY WESTON	(TW)	UOW
TIM HEFFERNAN	(TH)	SP Collaborative Executive; Lived Experience Representative

NOWRA:

ANN FRANKHAM	(AF)	Lived Experience
GLENN WLLIAMS	(GW)	SP Collaborative Executive; MIND the GaP
KIM KELLY	(KK)	COORDINARE
SHARLENE CRUICKSHANK	(SC)	South Coast Medical Service Aboriginal Corporation

PHONE:

RACHEL NORRIS	(RN)	Lifeline South Coast
WADE NORRIE	(WN)	ISLHD

APOLOGIES:

ADAM BRYANT	(ABr)	ISLHD
AMY BERTAKIS	(AB)	Wellways
BRIAN BOULTON	(BB)	Citylife Community Initiatives
CLARE LESLIE	(CL)	Lifeline South Coast
HEATHER MCCARRON	(HM)	TAFE NSW
KIM KELLY	(KK)	COORDINARE
MELISSA CAMERON	(MC)	Department of Education
MICHELLE DICKSON	(MD)	Waminda
NICKY SLOSS	(NS)	Association of Independent Schools
REBECCA SNG	(RS)	SP Collaborative Executive; Grand Pacific Health
RON DE JONGH	(RdJ)	Grand Pacific Health
SANDRA BOLACK	(SB)	iSPAN
TOM MCCOLL	(TM)	Shellharbour City Council
VIDA BLIKAS	(VB)	SP Collaborative Executive; School of Psychology, UOW

2. Welcome and introduction

TH welcomed attendees and did Acknowledgement of Country and Acknowledgement of people with lived experience.

3. Working Group (WG) updates

a. WG1 (health interventions)

AH reported that WG1 met recently to progress the Collaborative's agreed priority of improving care. The group identified two initiatives which may help improve care in the region and sub-groups were formed to help progress these pieces of work. One sub-group is looking at the [Recovery Camp](#).

GM noted that Recovery Camp is a 5 day education program for current/emerging health professionals and people with lived experience of mental illness. The Recovery Camp sub-group has discussed how to enable more health professionals to participate in the camps, particularly those working within local health services. ISLHD Community Mental Health and South Coast Private are looking at whether they can send 30-35 staff each year.

AH highlighted that evaluation of Recovery Camp has shown a reduction in stigmatising attitudes in health students who attended Recovery Camp versus those undertaking traditional placements. TH noted that Recovery Camp has also been found to have benefits for the participants with lived experience of mental illness.

AH noted that the other health interventions sub-group is looking at setting up a non-clinical support for suicidal people (currently being called a 'Safe-space').

CM reported that the Safe-space sub-group has started by discussing initial ideas about what the Safe-space would ideally look like and getting on the same page about what it is we are actually trying to achieve. Group has agreed on a few core principles:

1. The 'safe-space' is open to anyone who wants to go there
2. Each person will decide what support they need and when
3. It will be a stationary building which is separate to the hospital
4. The space itself needs to be warm/homey rather than clinical/hospital-like.

CM noted that the group is working to prepare a proposal for the Safe-space by the end of February 2019, in anticipation of funding opportunities mid-2019.

AH reported that WG1 also discussed the Black Dog Institute's preliminary resource for health professionals - [Caring for someone who may be suicidal: An evidence summary for health professionals](#). Collaborative members were invited to provide feedback on the summary.

ACTION 1: Collaborative members send feedback on [Caring for someone who may be suicidal: An evidence summary for health professionals](#) to Alex (ahains@coordinare.org.au)

All

b. WG2 (community interventions)

ER reported WG2 has been working to develop a one page resource that provides a succinct list of the supports available locally. Once WG2 is happy with the draft resource it will distributed to the broader Collaborative for feedback.

ACTION 2: Emma distribute draft support services resource to Collaborative members for input once prepared by WG2.

ER

ER noted that the Illawarra Hawks recently participated in a Question Persuade Refer (QPR) face-to-face training and highlighted the important role that sporting clubs play in the community. The training gained a lot of media exposure and will be something the Collaborative can refer to when trying to engage other sporting clubs. AH noted that Lifeline South Coast has also started delivering free QPR face-to-face trainings and directed Collaborative members to the [Lifeline South Coast website](#) for more details.

ER reported that WG2 has also been continuing to work on strategies to increase uptake of community suicide prevention training and has recently developed a [QPR online](#) ad for Movember ([click here to view ad](#)). The ad was published in three local papers and resulted in a noticeable increase in QPR signups. There are still over 600 free QPR online licenses remaining. Collaborative members were encouraged to use the ad to promote QPR in their internal and external communications.

ACTION 3: Emma distribute [QPR Movember Ad](#) to Collaborative members

ER

ACTION 4: Collaborative members use [QPR Movember Ad](#) to promote QPR in their internal and external communications.

All

AH reported a group of students from Kiama High School have recently donated \$1300, collected from fundraising events, to the Collaborative. The donation will go towards making more free QPR online licenses available for community members.

c. WG3 (school interventions)

ER reported WG3 has started preparing for the second year rollout of the [Youth Aware of Mental Health \(YAM\) program](#). This preparation has involved:

- Booking in schools: 25 government, catholic and independent schools already booked in for 2019.
- Preparing list of supports available for young people that will be printed in the back of the YAM student booklets
- Recruiting and training volunteer YAM Helpers

ER noted that the next YAM Helper training has been scheduled as per the details below:

Date: Friday 1st February 2019

Time: 9am – 12pm

Venue: TBC (likely TAFE Wollongong Campus)

ER emphasised that with more schools signing up to YAM for 2019, we will need as many YAM Helpers as we can get. WG3 has been exploring ways to embed YAM Helping into tertiary education courses so that we are able to recruit a large number of reliable, high quality YAM Helpers in an ongoing way. Local TAFE will be offering YAM

Helping as a placement option to students in their youth work and community services courses. TW noted that UOW Psychology students need to complete community placement hours and would likely be keen to get involved as well. AH highlighted that helping with YAM is one concrete way that people can get involved. Collaborative members were asked to distribute the YAM Helper EOI to any groups they think would be interested.

ACTION 5: Emma send the [YAM Helper EOI](#) to Collaborative members

ER

ACTION 6: Collaborative members disseminate [YAM Helper EOI](#) throughout their networks

All

ER also reported that local TAFE is also offering YAM Helpers free additional training. The short course being offered is called 'Working with young people' and aims to help increase YAM Helper skills and confidence in the classroom.

d. **WG4 (data-driven suicide prevention)**

AH reported that the Black Dog Institute is continuing to work with the coroner, police and ambulance to improve access to suicide data at a state level. In the meantime, WG4 has been looking at intermediary outcomes and how to measure them. Intermediary outcomes are the intended result/s of our activities i.e.

A	leads to	B	=	C
(what we are doing)		(intermediary outcome)		(reduced suicide)

For example by engaging the community in suicide prevention training, we can increase the likelihood that someone who is suicidal is connected with the help they need (intermediary outcome) which can in turn prevent suicide. AH highlighted that it is important that the Collaborative is able to communicate the impact of the work we are doing to its members as well as funders.

a. **WG5 (Aboriginal suicide prevention)**

GW reported that the [Illawarra Titans Aboriginal Rugby League Club](#) will be hosting the first Annual Battle of Countries, rugby league knockout comp, in Wollongong on the 19th and 20th January. The event aims to raise awareness for suicide prevention and mental health in Aboriginal communities.

The Collaborative is keen to support this event and will be providing sponsorship. This sponsorship gives us the opportunity to not only hold a stall and speak at the event, but also gain access to the Illawarra Titans Rugby team for future initiatives e.g. get their help to engage other men or sporting clubs.

DE noted that APM is also sponsoring the event and encouraged Collaborative members to get in touch with the organiser if they would like to be involved.

ACTION 7: Emma disseminate Battle of the Country details to Collaborative members to consider sponsoring the event.

ER

4. **What does effective care actually look like?**

AH reminded members that at the last meeting it was agreed that our top priority moving forward will be to improve the care provided to people who may be suicidal. In order to progress this work, we first need to unpack what we

mean by this and understand what effective care actually looks like. We can then see who is interested in getting involved and start working on it. AH highlighted that the Collaborative went through this same process with the Aftercare strategy, which has since resulted in the setting up of the *NextSteps* aftercare service. AH proposed we use this same process for improving psychological care.

AH noted that although the evidence-based treatments for suicidality are well known, there has been little clarity on what specific components of treatment are effective. Recently, national & international models identifying these evidence-based components, have been released. AH provided an overview of the 6 core components:

- Comprehensive psychosocial assessment
- Risk formulation
- Safety Planning
- Feedback loop of outcomes to clinician and client
- Involving whole care team (including family, friends and GPs)
- Transition of care

AH noted that other factors, such as a clinician’s compassion and empathy, can also be important but are harder to influence. The Recovery Camp (see [item 3a](#)) is one way we are trying to do this.

AH reported that the Collaborative needs to look at what existing providers are currently doing and gauge how they are going against the core components. AH suggested that a new working group is formed to progress this work. Collaborative members were asked who would like to be involved and who would ideally be involved in the group. AH highlighted that the group will need representation from people with lived experience, people caring for someone who is suicidal, and the big mental health service providers in the region. Group identified organisations/representatives to be involved:

- GPH (Rebecca Sng has already expressed interest)
- ARAFMI
- ISLHD Community Health
- headspace
- South Coast Private
- Neami National
- Lived experience – CdB expressed interest

ACTION 8: Alex follow up with Kelly Parish from ARAFMI to identify representative for psychological care working group.	AH
ACTION 9: Emma follow up with Jenny Valdivia from headspace to identify representative for psychological care working group.	ER
ACTION 10: Wade, Giuilana and Andrea let Alex (ahains@coordinare.org.au) know who from their organisations will be joining psychological care working group.	WN GM AAJ
ACTION 11: Alex / Emma organise psychological care working group meeting	AH/ER



AH reported that there will be training on some of the core components available in March – April next year. AH reinforced that we first need to gauge where we're at to understand what the training needs are. AH emphasised that we will also need to work with organisations to ensure their systems support clinicians to align their practice with these core components.

5. Other

TH acknowledged all the work of everyone involved with the Collaborative this year. TH wished everyone a relaxing, safe Christmas and New Year, and reminded everyone to look out for one another.

6. Next meeting

Date: Thurs 14 February 2019
Time: 8:30-9:30am
Venue: COORDINARE office, Ground floor The Central building
Squires Way, Innovation Campus, North Wollongong
& video link to GPH Centre, 107 Scenic Dr, Nowra

Meeting schedule for 2019 available [here](#). Please put these dates into your diary.