

Illawarra Shoalhaven Suicide Prevention Collaborative

Breakfast Meeting Minutes – 9 June 2016

8:00am – 9:00am

Venue: IHMRI Level 3.301

Attendees:

Dr Vida Bliokas	(VB)	ISSPC Executive
Prof Brin Grenyer	(BG)	ISSPC Executive
Dr Alex Hains	(AH)	ISSPC Executive
Mr Tim Heffernan	(TH)	ISSPC Executive
Ms Julie Booker	(JB)	CEO, Illawarra AMS
Dr Mitch Byrne	(MB)	School of Psychology, UOW; Mind the Gap
Mr Ron de Jongh	(RdJ)	CEO, Grand Pacific Health
Prof Frank Deane	(FD)	Director, Illawarra Institute of Mental Health; UOW
Ms Marilyn Dunn	(MD)	First Floor Program Coordinator, Salvation Army
Mr Grahame Gould	(GG)	Director, Lifeline South Coast
Mr Greg Hand	(GH)	Learning and Wellbeing Coordinator, Dept of Education
Ms Erin Hiesley	(EH)	Manager, Partners in Recovery
Ms Dianne Kitcher	(DK)	CEO, Coordinaire
Ms Julie-Ann Loft	(JL)	Salvation Army
Ms Deborah Murphy	(DM)	CEO, Illawarra Business Chamber
Ms Bethany Pye-Respondek	(BPR)	Research Development Administrator, IHMRI
Ms Leanne Woodley	(LW)	Special Education Consultant, Association of Independent Schools

1. Preliminary Business

1.1 Apologies:

Prof David Adams	Executive Director, IHMRI
Mr Peter Brown	Chair, Illawarra Suicide Prevention Awareness Network (ISPAN)
Ms Kimberly Chiswell	Senior Social Worker, Waminda
Insp David Cockram	Duty Officer, Shoalhaven LAC, NSW Police Force
Ms Wendi Hobbs	Shoalhaven Suicide Prevention Awareness Network
Mr Tim Hudman	Shoalhaven Suicide Prevention Awareness Network
Ms Lynn Langhorn	Operations Manager, Mental Health, ISLHD
Ms Linda Livingstone	ISSPC Executive
Ms Cynthia McCammon	Senior Professional Officer, Catholic Education Office
Ms Sally McNeill	Research Development Officer, IHMRI
Prof Lorna Moxham	Mental Health Nursing, School of Medicine UOW
Mr Phil O'Neil	Duty Officer, Wollongong LAC, NSW Police Force

2. General Business

2.1 Welcome and Introduction

VB welcomed attendees and confirmed the minutes from the last meeting.

Black Dog Institute (BDI) EOI was submitted on May 20, with thanks to the hard work of LL, AH and many Collaborative members. It was a fantastic effort from all who contributed. The EOI will be discussed in more detail today, as we have received correspondence from BDI.

We received thanks from the consultants working on the Scoping Study discussed at the last meeting. A few of us sat with them to go through the details. Their main objective was to establish how much funding should come to each region, and how much should stay centrally administered. As you know, we were invited to be involved because of the progress of the Collaborative and the success of our planning day. No feedback has been received, but we do not expect this.

BG will address the summary of the Planning Day. I note there have been a number of media releases issued in relation to the planning day, with the contribution of ConNetica. The visit of Richard Branson which was brought up at the last meeting did not occur, but this is something to consider for the future.

BG added his thanks to Coordinare for pulling together the EOI and commented the number of letters of support was amazing.

2.2 ISSPC Planning Day Report – Review

BG: It was mentioned in the last meeting that we should present a summary report for the planning day. This document was included in the EOI, which you will have all seen. The workshop gave a great overview of what is needed in the region. 7 key strategies were identified:

- Engaging emergency services
- School based strategies
- Psycho-social treatments
 - There is “no wrong door” through which to access help
 - Collaborative has the opportunity to link groups to ensure they are working together as effectively as possible
- General Practice support and GP education
- Supporting people who have been discharged from ED or mental health wards
 - For example: SSPAN transport initiative working with peer support groups
- Community awareness campaigns and training
 - These must be sustained initiatives
- “Other”
 - This includes ‘blue sky’ ideas about how to better equip the community, be more vocal with government, activate the community, make Suicide Prevention everyone’s business

There is a lot to build on to form a systematic plan moving forward. Thoughts and comments from members?

TH: Regarding point 5: note acute care wards also. There is a research opportunity here – the last study I’m aware of into peer support work in follow up on discharge was in 2005 and established there are significant savings when implemented.

AH: The gaps identified are genuine gaps, but we must note that there were some groups missing, so other opinions need to be captured before this is settled. Specifically – emergency workers, SC AMS, other indigenous groups, business groups – those that are not involved in suicide prevention at all can tell us what the community knows about existing strategies and services. Keep in mind these 7 points are not necessarily the final strategies we will address.

BG: Some funding was left over from the planning day, so this will be used to reach those groups mentioned.

VB: We will first address the missing groups, then formalize the work plan and communicate it out to all involved.

FD: How does the BDI funding intersect with this plan? How will this be linked?

VB: This is addressed in the last agenda item, but can move it up?

2.3 Black Dog Institute Tender and Pilot – Update

DK: Received an email from BDI asking if we would be prepared to sign contracts before the “process” begins, if we were chosen as a pilot site? As mentioned at previous meetings, the 4 sites will not start concurrently, but will be rolled out with 3 or 4 months gap between them, the first in October 16 and the last in October 17. The request was really to sign the contracts before we know what position we’ll be in the roll-out.

This would mean we cannot start working with the BDI system until our official start date. It is recognized by the BDI that our region has already engaged with the systems based approach and that we are well placed to be one of the pilot sites. I have had assurance from BDI that there is no intention to interrupt any existing plans and the region would operate as ‘business as usual’ until the start date. Once we are in the research project, the BDI may wish to redirect our work based on the evidence they’ve gathered around implementing each of the 9 strategies and according to expert opinion of best work practice. Prior to our start date, we will have no support or resources from BDI other than what is currently available publically.

AH: to clarify for FD’s question, we will carry on with deciding our direction based on the outcomes from the planning day and further conversations with relevant groups. We won’t get any additional support or resources from BDI until we hit their set implementation date.

DK: Important to be randomized. There is equal chance of being the first site, but no guarantee of it.

RdJ: Clarify that the being chosen as a trial site is merit based, but the date of the roll out is randomized?

AH: yes, that’s correct. The good news is, we don’t have to wait – it is best practice to align with the systems approach, so that when we hit the implementation date, it won’t be a significant change for the region.

TH: Note the systems approach will guide all PHNs from this point out. The difference will be the resources available to the pilot sites.

AH: No access to scoping report until implementation?

VB: That’s my understanding

DK: No access to funding or resources until the commencement date. We can benefit from the mapping exercise, as we already had access to that information, but there will be no feedback available on the outcomes.

I need to advise BDI if we are happy to sign under those conditions (note, all 4 sites must agree). I recommend this action – we will continue on as if we are not one of the pilot sites, recognizing that we may have to adjust direction at implementation. Does the Collaborative agree?

GG: See no other option, the only way to be involved is to accept their conditions.

TH: Consider that there are advantages to coming in later

FD: Main risk is loss of momentum? Is the Project Coordinator position funded through to the end of the pilot period?

VB: Position is funded ongoing.

BG: Executive group recommendation is to sign. Great resources will be made available through this; there is a lot to benefit from.

All in agreement, DK to take forward

2.4 ISSPC Executive – Membership Review

BG: As the Collaborative is progressing in business so quickly, it is timely to consider if the current Executive group is made up of the most appropriate representatives. AH is now an employee of the Collaborative, in a sense, and so should step aside as an Executive representative. Consider the need for a Shoalhaven representative?

RdJ: AH was representing GPH on the Executive. Appropriate for GPH to nominate a replacement?

AH: Representing NGO sector, not specifically GPH.

BG: To clarify the difference between the Executive group and the Collaborative:

- The Collaborative is the whole group, with members representing approximately 40 organisations across the Illawarra and Shoalhaven.
- The Executive group pushes things forward between meetings, and is made up of 5 representatives from the Collaborative – ISLHD, UOW, NGOs, PHN and Lived Experience

Suggestions of Lifeline and AMS were put forward as representatives from the NGO sector.

BG: All ideas appreciated, there is no need to decide immediately.

AH: Perhaps circulate a call for nominations to the membership? These can then be presented to the Collaborative to consider. Invite members to email through suggestions.

2.5 Illawarra Pilot Joint Organisation (IPJO) - Update

AH: Through personal connections and discussion at the Planning Day, GG arranged with Lord Mayor Gordon Bradbury (Chair of the IPJO) to present at an IPJO meeting to discuss what has been happening with the ISSPC.

The presentation was 30 minutes and included details of lived experience, rates of suicide in the region, an introduction to the systems approach and suggestions of how the IPJO could be involved. They have large staffing in terms of media, and access to the business community and the general community.

All board delegates were very supportive. The group sent a letter of support to the BDI. Have requested a senior representative be identified from the councils to attend these meetings and made opportunities where their assistance is needed clearer. Councils can identify hotspots and so on. Very helpful to know what influences the decisions of councilors and what mechanisms they work within when it comes to decision making.

VB: Meeting close. Upcoming meeting dates:

- 7 July at 8am
- 4 August at 8am
- 1 September at 8am