

Monthly Meeting Minutes – 14 December 2017
8:30-9:30am, COORDINARE office, Ground floor iCentral building
Squires Way, Innovation Campus, North Wollongong
& video link to GPH Centre, 107 Scenic Dr, Nowra

1. Attendees

WOLLONGONG:

ALEX HAINS	(AH)	Regional Manager, SP Collaborative
CYNTHIA MCCAMMON	(CM)	Catholic Education Office
EMMA RINGLAND	(ER)	Project Coordinator, SP Collaborative
JANET JACKSON	(JJ)	NSW Trainlink
JOHN CASEY	(JC)	ACON
MICHELLE ELLIS	(ME)	iSPAN
PAUL EDWARDS	(PE)	NSW Ambulance
REBECCA SNG	(RS)	SP Collaborative Executive; Grand Pacific Health
ROBYN ZELVIS	(RZ)	Department of Education
SARAH MOXON	(SM)	NSW Ambulance
TIM HEFFERNAN	(THe)	SP Collaborative Executive; Lived Experience Representative
VIDA BLIKAS	(VB)	School of Psychology, UOW

NOWRA:

ALAN BLACKSHAW	(AB)	Shoalhaven City Council
ANN FRANKHAM	(AF)	Lived Experience
FAYE WORNER	(FW)	Waminda
GLENN WLLIAMS	(GW)	SP Collaborative Executive; MIND the GaP
WENDI HOBBS	(WH)	Shoalhaven Suicide Prevention Awareness Network

APOLOGIES:

ARMANDO REVIGLIO	(AR)	Wollongong City Council
CLARE LESLIE	(CL)	Lifeline South Coast
HEATHER MCCARRON	(HM)	TAFE NSW
LINDA LIVINGSTONE	(LLi)	SP Collaborative Executive; COORDINARE
LORNA MOXHAM	(LM)	School of Nursing & Global Challenges, UOW
MICHELLE DICKSON	(MD)	Waminda
NICK GUGGISBERG	(NG)	Kiama Council
ROX JENNINGS	(RJ)	Department of Education

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 WG1 has not met since the last monthly Collaborative meeting, however a lot of work has been happening on the side.

COORDINARE has been working to engage General Practices in the use of a universal screening tool called StepCare. StepCare will screen all adults presenting to General Practices, looking for symptoms of depression and anxiety, drug and alcohol use and suicidality. Treatment recommendations, based on results from the screening, will be sent to the person's doctor. StepCare rollout will start early next year, with 11 General Practices across Illawarra Shoalhaven already expressing interest. AH highlighted the potential of this intervention to have a big impact on suicide prevention by picking up people at risk of suicide who may not have asked for help.

Suicide prevention training for health professionals has also commenced. There has been good attendance as well as great feedback from the participants.

WH enquired about the geographical spread of these initiatives. AH reported a good spread of interest in StepCare across the whole region, with practices from both Shoalhaven (including one practice in Ulladulla) and Illawarra already signed up. Similarly, health professional trainings have been run in Nowra, Wollongong, Windang and Warrawong. AH reinforced that geographical spread will be monitored as the interventions rollout.

RS provided an update on the Next Steps aftercare service, which is a service for patients presenting to an Emergency Department (ED) with a suicide attempt. Referrals to the service started slow however GPH and ISLHD have been working together to improve the flow of referrals, which has been increasing.

RS provided an overview of the demographics of people being referred to the service so far. RS noted that there has not been any referrals for Aboriginal or CALD people and they are working out how to better reach these communities. RS also reported very positive anecdotal feedback from people entering the service as well as the Peer Workers involved. TH reinforced that the Peer Workers involved are excited and engaged in the service.

FW asked whether Aboriginal services can assist with improving referral of Aboriginal people. RS noted the low numbers of Aboriginal people being referred to the service may be in part because the service is yet to launch in Shoalhaven where South Coast Aboriginal Medical Services will be involved, however assistance from the Aboriginal services would be very welcome and highly valued.

ACTION 1: Rebecca to contact Faye about improving engagement of Aboriginal people in Next Steps.

RS

b. WG2 (community interventions)

TH noted WG2 is working on three strategies: gatekeeper training, community awareness campaigns and media, which have started being rolled out with the general population. In 2018, WG2 will be moving towards more strategic targeting of these strategies, using information from the Suicide Audit Report and Dashboard to help identify and plan engagement of target groups.

TH reported the Dashboard will provide useful information such as the number of QPR licenses purchased versus the number of licenses actually used. WG2 will continue to review and sharpen the dashboard as more information becomes available.

TH noted Clare Leslie will be stepping down as co-lead of WG2 and thanked Clare for her massive contribution to date. The group is looking to identify a new co-lead to work with Carrie Lumby in 2018.



CM requested the full name of each working group is put on the agenda rather than just the acronyms so all members know which group is which.

ACTION 2: Emma insert full working group names in future Collaborative meeting agendas

ER

c. WG3 (school interventions)

ER reported WG3 has been working to engage schools in the Youth Aware of Mental Health (YAM) program, which will be run with all year 9 students in Term 1 and 2 of each year, starting in 2018. So far, 25 schools are already booked in and the first YAM sessions will be held on the 6th February 2018.

In preparation for the rollout of YAM, WG3 has been preparing the support networks relevant for young people who may reach out for help. Schools have been strongly encouraged to take up the Question Persuade Refer (QPR) online training for their staff and promote QPR to parents. Relevant local support services, who were identified with help from headspace's Youth Reference Group, have also been contacted and prepared for YAM rollout.

ER noted the YAM program is delivered by a trained YAM Facilitator with assistance from a volunteer YAM Helper. Seventy-two people have expressed interest in being a volunteer YAM Helper, and the YAM Helper training will be held in mid-January.

d. WG4 (data-driven suicide prevention)

AH reported WG4 has reviewed the first full version of the Black Dog Institute's (BDI) Suicide Audit Report, alongside COORDINARE's Suicide Report. AH noted BDI's report currently only contains information from the coroner, but will soon include data from police, ambulance and EDs. The next version, which includes this additional data, is expected in early 2018. WG4 will also work with police, ambulance and ED staff to gain more contextual information about suicide as well as data on suicide attempts.

Once all the data has been collated and reviewed, a summary will be made available on the Collaborative website. AH highlighted the importance of sharing information relating to suicide safely.

e. WG5 (Aboriginal suicide prevention)

GW noted WG5 members are having difficulty finding a meeting time that suits everyone, so they are trying to expand their membership to make sure they have the people needed to keep making progress.

GW reported WG5 is looking at how to strengthen cultural competency of mainstream services working with Aboriginal people as well as the cultural competency of the Collaborative itself. They are also working to adapt the LifeSpan communication resources so that they are more effective with Aboriginal communities.

4. Progress Report

VB brought attention to the [LifeSpan Progress Report](#), which is planned to be developed into an annual Report Card, and welcomed any feedback. AH noted the Report Card is intended to meet the needs of different audiences, including BDI, the Collaborative and the general public. It will be used to meet our contractual reporting requirements with BDI, as well as to document what we have achieved, highlight potential risks and take stock of whether what we are doing is working. It will also be a useful resource to help share the 'bigger picture' of LifeSpan

with others. Due to the complex nature of the LifeSpan project, the Report Card will be inevitably big and wordy, however it will be accompanied by the Dashboard which will give a more visual representation of how we are going.

CM reported it is really helpful for schools to see the 'bigger picture' and how education activities fit in with all the other activities. VB reported it is energising to see how much has happened as it is easy to forget how much progress has been made. TH agreed it is important to acknowledge the progress that has been made and congratulated everyone.

ACTION 3: Collaborative members to send feedback on [LifeSpan Progress Report](#) to Alex (ahains@coordinare.org.au)

All

5. Thank you

AH thanked everyone for their contributions and highlighted some of the Collaborative's achievements from 2017:

- *Aftercare*: a Local Health District, two non-government organisations and an Aboriginal service have been willing to commit and work together to set up a service which supports people after a suicide attempt, addressing a known gap in suicide prevention in our region. The aftercare service has attracted significant funding to the region and is now up and running across two of the region's busiest EDs, with a third to be operational early next year.
- *General Practice*: the Collaborative has talked about improving the way we 'catch' those who might not be openly talking about their thoughts of suicide and now the Primary Health Network (PHN) has engaged 11 General Practices to take up universal screening of all adults presenting to their practices. New initiatives for General Practices typically attract 1-2 EOIs, so this is a great response which reflects not only the great work of the PHN but also the appeal of the StepCare screening tool to help identify those who would not have otherwise accessed support.
- *Schools*: all education systems – public, Catholic and independent – have agreed to rollout the YAM program in schools, and 25 schools are already booked in. To make this happen, all education systems have willingly contributed significant resources and worked together to support the rollout of YAM across the region.
- *Community interventions*: WG2's work through September – October, has driven a shift in the way suicide is discussed, with more stories about suicide prevention, hope and recovery, in all forms of local media than ever before. Over the past few months, over 600 people have registered for QPR online. While this is just one of the gatekeeper training options available, this is a significant number of people who are now learning how to play their role in suicide prevention.
- *Lived experience*: the voice of those with lived experience has been a key part of many of the media articles on suicide prevention, as well as a key part of our conversations within the Collaborative. The Collaborative acknowledges all of those who have come forward willing to share their expertise, gained from personal experience of suicide and recovery.

AH highlighted that all these achievements would not have been possible for any one organisation to achieve on their own and emphasised that everyone should feel very proud of what has been achieved through a collaborative way of working.

AH also highlighted that the Collaborative's efforts are already making a difference, noting reports from individuals who have helped intervene with a suicidal colleague within just an hour of completing the QPR online course, and a General Practitioner who used learnings from the Talking About Suicide in General Practice training to help three people in the week immediately after the training.

AH emphasised the Collaborative's success will be reliant on our ongoing commitment to not leave the table until we have an agreed plan for what we're going to do to address suicide, then do it and check it's working.

6. Additional items

TH highlighted that Peer Work is an emerging field with lots more to learn. TH also noted the great people with lived experience who are now involved with the Collaborative, and emphasised how they are a tremendous resource with so much wisdom to be shared. AF reinforced that telling stories of lived experience makes a real difference and that being involved with the Collaborative has helped to reduce her own self-stigma and attitudes as well as those around her. AF also reported gaining confidence from her experience and feeling validated by knowing what she is saying is being heard and taken on board.

WH noted difficulty setting up videoconferencing in Nowra office and asked whether videoconferencing can be set up by IT in future. RS noted the difficulty was likely due to no batteries in the device remote and was likely a one-off. AH also noted that usually there are a number of people in Nowra who are familiar with setting up the videoconferencing, however they were unavailable today.

ACTION 4: Emma/Alex follow up on videoconferencing in Nowra.

ER/AH

SM reported the ABC's latest series of the '[Tall Tales Untrue](#)' podcast has a mental health focus with some very powerful stories.

ACTION 5: Collaborative members share useful resources or stories with Emma/Alex (suicideprevention@coordinare.org.au) for sharing on the Collaborative website.

All

7. Next meeting

Date: Thurs 8 February 2018
Time: 8:30-9:30am
Venue: COORDINARE office, Ground floor iCentral building
Squires Way, Innovation Campus, North Wollongong
& video link to GPH Centre, 107 Scenic Dr, Nowra

Meeting schedule for 2018 available [here](#). Please put these dates into your diary.