Illawarra Shoalhaven **LifeSpan Project Update – 31 December 2018**

Working Group	Strategy	KPIs	Achievements / Milestones	Challenges / Issues	Upcoming next steps
Health interventions	*S1. Improving emergency and follow-up care for suicidal crisis*	• Maintain an evidence-informed aftercare service • Improve care in the emergency department (implement Delphi guidelines) • Facilitate access to Local Health District (LHD) staff who can assist with the cohort study and ethics approval for cohort study	• *Next Steps Aftercare Service* operational at all three main EDs in Illawarra Shoalhaven, with referrals also been received from Community Mental Health, the Mental Health Line and South Coast Aboriginal Medical Service. • *Next Steps* evaluation commenced, with first run of analyses captured in Emergency Department Dashboard. • Working with ISLHD ED to benchmark current practice against ED Delphi guidelines. • Cohort study baseline data collection commenced, with 45 people recruited to the study. • Safe-Space subgroup formed to progress proposal for local alternative to ED for people who are suicidal.	• Establishing and embedding new referral pathways to *Next Steps Aftercare service* across all relevant staff. • Difficulties recruiting people to cohort study.	• GPH-Flourish-SCMSAC to continue to work with ISLHD to increase referral rates to *Next Steps Aftercare Service*. • BDI continue baseline recruitment for cohort study (September 2018 – March 2019). • Promote cohort study to Collaborative members. • Preparing proposals to align with anticipated funding opportunities for Safe-Space.
	S2. Using evidence-based treatment for suicidality	• Implement *Advanced Training in Suicide Prevention* (ATSP) and other improvements to evidence-based psychological care for practitioners • Work to improve multidisciplinary care coordination	• 96 multi-disciplinary health professionals participated in ATSP. • Youth in Distress (youth-specific ATSP) delivered, with 68 school counsellors trained (95% of Government and Catholic school counsellors). • Resource outlining core components of evidence-based psychological care has been developed. • Engaged people with expertise in practice change across systems. • Established communication channel with health professionals via mailing list.	• Difficult to gain understanding of how psychological care is currently being provided and where improvements are needed. • Difficult to identify ways of sustainably influencing all the providers of psychological therapies, across public, NGO and private sectors. • External pressure to rollout training before region's training needs have been identified. • Managing timing of multiple training opportunities.	• Psychological treatment subgroup formed to work out how to compare what is happening now vs core components of effective care. • Identify training needs against core components of evidence-based psychological care. • Gather interest in training and then coordinate across organisations, thereby increasing the number attending and reducing the cost per person. • Identify staff to attend NSW Ministry of Health supported SafeSide training scheduled for 4th April 2019. • Strategically plan training targeted at ensuring health professional practice is aligned with the evidence. • Build on health professional mailing list and promote across the region.
	S3. Equipping primary care to identify and support people in distress	• Implement *StepCare* screening in 24-30 practices (9.5-12% of practices in the region) • Deliver ATSP or *Talking About Suicide in General Practice* (TASGP) training courses to GPs • Facilitate data collection where possible	• 14 practices have signed up to implement *StepCare* screening, with 5 practices currently active. • Total of 24 GPs have attended training (15 ATSP; 9 TASGP). • Preliminary results of *StepCare* screening across all pilot sites captured in Primary Healthcare Dashboard.	• Effectively competing with the promotion of multiple initiatives aimed at General Practice requires strategic timing and careful planning. • Low screening rates within practices currently using StepCare. • Difficulties collaborating between BDI and implementation partners.	• Work with practices already implementing *StepCare* to increase screening rates. • Promote positive experiences of early adopting practices to encourage further rollout of *StepCare* screening across practices. • Schedule and promote ATSP sessions for multidisciplinary audiences, and TASGP for GPs.

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	S4. Improving the competency and confidence of frontline workers to deal with suicidal crisis	• Improve frontline training in accordance with site need • Track training activities and facilitate completion of survey measures	• Local Ambulance representative undertaken QPR online and YAM Helper training. • Presented to local police at Community Safety Precinct meeting. • Local Police spokesperson in Collaborative's media campaign.	• Limited evidence for existing targeted frontline staff trainings. • Anticipated difficulty influencing large, hierarchical organisations to change embedded training practices. • Need for further training has not been established.	• Working with BDI to influence training of frontline workers at state level.
School interventions	*S5. Promoting help-seeking, mental health and resilience in schools*	• Deliver Youth Aware of Mental Health (YAM) into all public schools and as many non-government schools as you can • Discuss research participation with schools and facilitate inclusion in research	Year 1 implementation complete: • 26 schools delivered YAM, including 19 DoE, 4 Catholic and 3 independent schools. • Over 3700 students participated in YAM. • 123 YAM Helpers trained, with 95 involved in delivering YAM. • 1 locally-based Master YAM Facilitator trained. • 7 schools provided QPR for their staff, with 455 licenses purchased. • 68 school counsellors (95% of DoE & Catholic) undertaken Youth in Distress training. Year 1 Evaluation • 1 local school participated in evaluation of YAM. • Qualitative feedback documented in School Dashboard. Planned Year 2 Implementation • 27 schools booked in YAM including 100% of DoE and Catholic schools. • Over 3900 students set to participate in YAM. • 2 new locally-based YAM Instructors trained (29 YAM Instructors allocated to YAM programs) • 106 new YAM Helpers trained, with a total of 200 now in YAM Helper pool. • YAM Helping integrated into TAFE curriculum. • TAFE offering free *Working with Young People* course for YAM Helpers. First course is booked out with 36 YAM Helpers expressing interest. Planned Year 1 Evaluation • 6 schools signed up to be involved in 2019 YAM evaluation.	• Ensuring sufficient YAM Facilitators and YAM Helpers are available for rollout schedule in 2019. • Ensuring consistent, high quality delivery of YAM program. • Engaging independent schools. • Recruiting schools to participate in research. • Establishing governance for YAM across school systems. • Meeting needs of flexible learning schools given YAM is not appropriate for these schools.	• Support delivery of YAM across all systems. • Support YAM Helper training & recruitment. • Continue to support promotion of time-critical training for school staff and parents of Year 9 students. • Follow up with local service providers to see if there has been any change in referrals over the course of YAM rollout. • Support headspace to deliver tailored options for flexible learning schools.
Community interventions	*S6. Training the community to recognise and respond to suicidality*	• 5% (20,000) of population trained in evidence-based gatekeeper training (GKT), with at least 1% (4,000) of population being trained in Question Persuade Refer (QPR)	• 1858 people completed GKT since Aug 2017: ASIST (90), QPR face-to-face (161), QPR online (1607). • 2150 free licenses donated for community members. • 3289 QPR online licenses sold, with 1735 (53%) purchased by organisations within the region.	• Various GKT programs facilitated by a range of providers (including NGOs and private providers) with no central coordination. • Accessing information required to inform strategic planning of GKT. • Only 41% of individuals who purchase QPR are actually completing the training (32% of free and 66% of $10 licenses sold are being used).	• Develop localised GKT evaluation form and local data collection process. • Embedding QPR online into organisational training/orientation. • Establish automatic system to prompt those who have purchased QPR online but not completed the training to do so.

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			• 77% of individuals who signed up to QPR received a free license (1191/1554). • 53% of licenses purchased by organisations (919/1735) and 44% purchased by individuals (688/1554) have been used to complete the training. • 14/40 Collaborative organisations committed to rolling out QPR online amongst their staff. • High profile local sporting club, Illawarra Hawks, delivered QPR face-to-face to team. • Lifeline South Coast have embedded consistent evaluation across programs they facilitate & began sharing participant information with Collaborative to aid regional coordination. • Local Working Group developed model for coordination of GKT and Lifeline South Coast contracted by PHN to implement coordination. • Reach and impact of QPR online captured in Community Training Dashboard. • Developed localised list of available supports to support GKT. • Developed navigational tool to help people choose the training that best meets their needs. • Promotion of QPR online to major employers across the region, as well as to the general community, via media campaign.		
	S7. Engaging the community and providing opportunities to be part of the changes	• Deliver a community campaign using the RUOK branding that promotes help-seeking, local info and uptake of QPR	• 21 stories published over 2 month media campaign (#care2qpr) delivered in collaboration with *Illawarra Mercury, Mindframe, BDI* and *Suicide Prevention Australia.* • Impact of media campaign captured in Community Campaigns Dashboard, with 2953 QPR online signups occurring throughout the campaign. • Partnered with *South Coast Register* and *Milton Ulladulla Times* to publish 12 articles on local suicide prevention. • One year milestone event attended by over 180 people with a good spread across sectors.	• Maintaining the momentum across multiple community campaigns. • Reaching all cohorts of the population. • Significant resources required in the lead-up to community events. • Ensuring events translate into behaviours that reduce suicide deaths and attempts.	• Continue to support local activities and events by providing key messages and resources. • Promote clear evidence-based calls to action e.g. QPR online. • Develop articles and conference presentation in partnership with Newcastle LifeSpan sites to review and share learnings of media campaign.
	S8. Encouraging safe and purposeful media reporting	• Implement *Mindframe Plus* • Develop a media strategy	• 16 organisation spokespeople and 12 people with lived experience interviewed for media campaigns. • 43 articles published print/online, 5 radio interviews and 4 stories on WIN News (August 2017 – December 2018).	• Difficult to systematically capture data on appropriateness of television, radio and social media and its impact. • Maintaining / building on momentum post media campaign with limited resources.	• Work with BDI to improve media monitoring and analysis. • Continue to monitor the quantity and quality of media in a way that is both thorough and feasible.

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			• Involved *Mindframe* in response to unsafe media coverage relating to suicide. • Increase in proportion of local media aligning with the *Mindframe* guidelines (44% compliance improved to 94% compliance), captured in Media Dashboard.		
Data driven suicide prevention	*S9. Improving safety and reducing access to means of suicide*	• Identify means restriction opportunities based on the suicide audit and regional needs • Take steps towards implementation of means restriction activities	• Summarised key information from suicide audit report to help inform local suicide prevention activities and safely communicate key messages to community. • Improvements made at 3 locations where people go to suicide.	• Attracting the significant funds necessary to improve public safety at hotspots. • Gaining initial & long-term commitment from local councils for significant infrastructure projects that they won't be able to publically celebrate (due to evidence of reporting about hotspots increasing suicide deaths). • Limited access to accurate/timely data on suicide deaths and attempts makes it difficult for us to measure and communicate the impact the work we are doing is having on suicide.	• Explore opportunities to work with pharmacists to ensure safe dispensing of medications. • Identify intermediary outcomes and their measures to help capture impact of the work we are doing and reinforce stakeholder engagement.
Aboriginal suicide prevention			• Principal sponsorship of local Battle of the Countries Aboriginal Torres Strait Islander Rugby league knockout event. • Consultation with Aboriginal community men's group to inform funding allocation. • 3 QPR face-to-face trainings organised for Aboriginal community groups with 32 people attending. • 130 QPR online licenses purchased by Waminda and Illawarra AMS for staff and community members. • WG reviewing plans across strategies to ensure all suicide prevention activities are aligned with the ATSISPEP recommendations. • Facilitated local Aboriginal communities reviewing LifeSpan communications resources. • YAM Helper opportunity promoted amongst Aboriginal communities.	• Maintaining consistent attendance of the Aboriginal WG members, as ACCHOs have relatively small number of staff and are asked to contribute to wide range of things. • Connecting the discussions occurring within the Aboriginal WG with those occurring in other WGs.	• Waminda to support staff to become YAM Facilitators and/or Helpers. • Work with ACCHOs to promote suicide prevention messages at Sorry Day events (May 2019).
Other	*Research and evaluation*	• Assist with tracking process data (e.g. number of people completing non-QPR GKT, activities occurring in means restriction, public campaign activities undertaken) • Facilitate access to data on process and throughput data on aftercare services	• Communicating key factors which have led to successes (e.g. collaboration across school systems to implement YAM, and partnership with Illawarra Mercury to plan media campaign). • Reviewed opportunities and challenges to working in alignment with Four counterintuitive principles. • Dashboards developed to i) engage stakeholders, ii) demonstrate value of data	• Organisations delivering services are sometimes limited in what information they can share (e.g. due to contractual obligations) or are reluctant to do so (e.g. due to the competitive marketplace for funding). • Sustaining a collaborative way of working in an environment where stakeholders are competing against each other for funding. • Capturing data that reflects the value of the collaborative way of working.	• Develop localised GKT evaluation form and local data collection process. • Facilitate central coordination and consistent evaluation of local non-QPR GKTs. • Identify funding opportunities to support evaluation of activities beyond the LifeSpan trial.

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			sharing and, iii) facilitate ongoing learning and improvement. • Evaluation of Collaborative network conducted, with ~70% of active members participating via CHAT survey. Overall results were positive.	• Consolidating data from multiple sources and formats into succinct dashboard summary.	
	Lived experience representation	• Include lived experience representatives in key decision-making bodies (collaborative, working groups) • Promote the involvement of lived experience representatives from design through to evaluation in all local LifeSpan activities	• Community members with lived experience now actively reaching out to the Collaborative asking to be involved in local suicide prevention efforts. • 78% of all Collaborative meetings (executive, monthly & Working Groups) have at least one person with lived experience present (Feb 2017 – December 2018). • 9 people with lived experience attended Roses in the Ocean (RITO) *Our Voice* training (March 2018). • Collaborative supported 4 people with lived experience to attend Lived Experience Summit in Brisbane (August 2018). • People with lived experience centrally involved in 100% of key stories throughout media campaign. • COORDINARE's Mental Health Peer Coordinator regularly supporting all people with lived experience participating in the Collaborative. • Lived experience representatives driving Safe-space subgroup.	• Supporting people with lived experience to be ready to contribute safely.	• Continue to cultivate larger group of people with lived experience with broader range of perspectives. • Continue to advocate for the role of lived experience in all suicide prevention activities. • Ensure we are compliant with the recommendations of the LifeSpan *Lived Experience Engagement Framework.* • Work with Roses in the Ocean to provide further training opportunities for people with lived experience.
	Communications	• Develop and implement a communications plan aligned with the LifeSpan (i.e. Boxing Clever) Communication Strategy and in accordance with *Mindframe* guidelines	• Continued collaboration with BDI and *Mindframe* on all external communications. • Since Aug 2017, there have been 10,885 individual people visit the Collaborative website, 7,825 engagements via twitter, and 73,412 people have been reached via Facebook. • Impact of media campaign documented in Community Campaign Dashboard.	• Constantly evolving membership requires the key messaging to be regularly revisited. • Limited influence over social media. • Maintaining communication resources (e.g. website). • Tailored communication resources required for specific cohorts (e.g. Aboriginal communities). • Resourcing communications expertise beyond LifeSpan.	• Review Collaborative website. • Build on health professional mailing list and promote across the region. • Prepare Report Card.
	Regional Suicide Response Plan		• Further consultation with relevant stakeholders (e.g. Forensic Counsellor and *Standby Response*). • Continued to refine draft local After Suicide Response model. • Poster on local After Suicide Response model presented at the National Suicide Prevention Conference (July 2018).	• Currently no funding for this service. • Facilitating systematic sharing of data on suicide deaths.	• Actively seek funding. • Learn from and collaborative with other regions.

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			• Local organisations expressed interest in implementing After Suicide Response, one of whom is developing After Suicide Response model for neighbouring region.		