Illawarra Shoalhaven **LifeSpan Project Update – Nov 2017**

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	• GPH-Flourish-SCMSAC received $1.7mil over 3.5 years from NSW Suicide Prevention Fund for *Next Steps Aftercare Service* (Apr 2017) • *Next Steps Aftercare Service* operational at Wollongong Hospital ED (Aug 2017) and Shellharbour ED (Oct 2017) • Aftercare Research Working Group established and research grant received ($11K) to develop research protocol (May 2017) • Successful proposal for Centre for Health Research Illawarra Shoalhaven Population (CHRISP) to support evaluation of the *Next Steps Aftercare Service*, enabling the linkage of service-level data with broader population-level data • PHN working with ISLHD to review data on referral pathways between public MH services (including EDs) and GPs (Oct 2017) • Cohort study signed-off by ISLHD staff (Aug 2017), and LifeSpan ethics approved (Oct 2017)	• Slow initial referral rates to *Next Steps Aftercare Service*, attributed largely to flu season dominating EDs • Evidence-base in crisis care and aftercare continues to emerge, meaning there are not always clearly defined activities to endorse for implementation • Difficulties engaging senior ED staff to discuss potential responses to the Delphi guidelines	• GPH-Flourish-SCMSAC to rollout *Next Steps Aftercare Service* to Shoalhaven Hospital ED (Mar 2018) • Build evaluation framework for *Next Steps Aftercare Service*, using the learnings to continue to improve the supports available to people in crisis • Engage MH CNCs who work within ED to become regular members of WG1 (health Interventions)
	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	• Held two ATSP sessions with multidisciplinary audiences, one in Wollongong (May 2017), one in Nowra (Jun 2017), both with positive feedback from attendees (12) • ATSP session delivered for 21 ISLHD VAN staff (Nov 2017) • GPH committed to Collaborative Assessment & Management of Suicide (CAMS) training for 17 staff (Feb-Mar 2018)	• Difficult to identify ways of sustainably influencing all the providers of psychological therapies, across public, NGO and private sectors • Training programs for evidence-based psychological therapies (e.g. CAMS, DBT) are relatively expensive • Evidence-based treatments sometimes not considered feasible within 'real world' service delivery contexts	• Communicate clear options for evidence-based training programs • Cultivate local, multidisciplinary peer consultation groups to support the ongoing provision of evidence-based care • Gather interest in training and then coordinate across organisations, thereby increasing the number attending and reducing the cost per person
	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	• PHN staff trained on *StepCare* screening by BDI staff (Oct 2017) • EOIs for *StepCare* screening sent to GPs (Nov 2017), with 11 practices signing up within first month • TASGP session delivered at GP Cluster meeting (Nov 2017), with 97% of attendees (11) saying all their learning needs were 'entirely met'	• Effectively competing with the promotion of multiple initiatives aimed at General Practice requires strategic timing and careful planning • PHN has agreement with GPs that protects individual practice data from being made available to third parties, which limits the potential for BDI to analyse data at practice level	• Pilot implementation of *StepCare* screening with small number of practices (Feb 2018) • Move towards staggered rollout of *StepCare* screening across practices (Mar 2018) • Schedule and promote ATSP sessions for multidisciplinary audiences, and TASGP for GPs
	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	• Built good engagement with local Ambulance representative and Shoalhaven LAC (Police) • Shoalhaven LAC identified the potential for evidence-based GKT (e.g. QPR online) to	• Limited evidence for existing targeted frontline staff trainings • Anticipated difficulty influencing large, hierarchical organisations to change embedded training practices	• Engage other Police LACs to discuss training needs • Advocate for BDI to liaise with NSW Police and NSW Ambulance Services to help influence training practices via top-down structures

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			complement existing frontline workforce training		• Involve frontline services in Suicide Audit Focus Groups to overlay data on deaths with local contextual knowledge on attempts
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	• Briefing sessions held (Oct 2017) to provide schools with initial information and an opportunity to ask questions (25 attendees) • List of relevant local support services established for inclusion in back of YAM booklet, and YAM rollout discussed with these services • 7 locally-based non-DoE YAM Facilitators trained • Practice YAM sessions held with TAFE Youth Work students (Oct 2017) • 19/20 public schools, 4/4 Catholic schools scheduled, and 2/9 independent schools scheduled for YAM rollout (Terms 1 & 2, 2018) • YAM Helper EOI released (Nov 2017), with 72 people responding. YAM Helper raining scheduled (Jan 2018)	• Ensuring sufficient YAM Facilitators and YAM Helpers are available for rollout schedule in 2018 • Collaborative effort of organisations supporting YAM Facilitators requires significant generosity towards the common goal	• Facilitate recruitment and training of YAM Helpers (Jan 2018) • Prepare relevant local support services for potential increase in referrals following YAM rollout • Support promotion of time-critical training for school staff and parents of Year 9 students
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)	• QPR online accessible via Collaborative's website (Sep 2017) • 633 QPR online licenses sold, with 466 (74%) purchased by people from within the region • 7/36 Collaborative organisations committed to rolling out QPR online amongst their staff, including 3/4 Local Councils • Developed resources for QPR online rollout in organisations, with very positive response from those who have used them • Lifeline South Coast committed to providing QPR face-to-face (2018) • Lifeline South Coast agreed to embed consistent evaluation across the ASIST programs they facilitate & share attendance information • Identified evidence-based GKT developed in consultation with Shoalhaven Aboriginal communities – the *Shoalhaven Suicide Prevention Project*	• Strength of evidence for GKT programs is limited • Programs that have existing community buy-in are not necessarily the ones with the strongest evidence • QPR face-to-face only available once facilitator training available • Various GKT programs facilitated by a range of providers (including NGOs and private providers) with no central coordination • *Shoalhaven Suicide Prevention Project* no longer actively run	• Promotion of QPR online to major employers across the region, as well as to the general community • Together with the BDI and other LifeSpan trial sites, liaise with organisations behind GKT programs (e.g. Living Works for ASIST) to enable central coordination • Explore potential for organisation to resurrect and facilitate GKT for Aboriginal communities, based on the evidence-based *Shoalhaven Suicide Prevention Project* • Continue to closely monitor emerging evidence for the various GKT programs
	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	• LifeSpan launch on RUOK? Day, with 166 attendees and 89 responses to 'calls to action' • Provided support to 13 other RUOK? Day events across the region, coordinating key messages, providing relevant promotional materials, and linking with media	• Maintaining the momentum across multiple community campaigns • Reaching all cohorts of the population • Significant resources required in the lead-up to community events	• Prioritise small number of key events relevant to high risk cohorts for targeted community campaigns • Look for opportunities to collaborate with other organisations to pool resources and develop complementary messaging

Suicide Prevention Collaborative ILLAWARRA SHOALHAVEN

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			• Spike in QPR online registrations following RUOK? Day (as this was the key 'call to action') • Localised LifeSpan communications 'pack' developed with key messages for all strategies		
	S8. Encouraging safe and purposeful media reporting	• Implement *Mindframe Plus* • Develop a media strategy	• *Mindframe Plus* training delivered (Aug 2017), with journalists (2), organisational spokespeople (9), communications staff (7), and people with lived experience (3) • Broad reaching media coverage (21 online, 8 print, 4 radio, 1 television), with 59% aligned with *Mindframe* guidelines and 68% focused on prevention (not postvention) • Lived experience representatives featured in 8/34 (24%) media articles • Established relationship with Fairfax journalist who is keen to drive series of proactive stories about help-seeking and recovery	• Low numbers of journalists in *Mindframe* training • *Mindframe* training not adapted for non-media professionals or local context (missed opportunity) • Sustainability of media monitoring for evaluation beyond the LifeSpan initiative • Monitoring and recording social media • Print media owned by one organisation, which leads to less motivation for their staff to 'compete' for stories	• Change future delivery of *Mindframe Plus* training to better outreach to journalists within their workplaces • Organise proactive reporting media schedule • Roses in the Oceans training for lived experience spokespeople • Talk to UOW and BDI about sustainable media monitoring & evaluation
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	• *Suicide Audit Report* received from BDI and reviewed by local Working Group (Nov 2017) • Independent community group meeting regularly to address one suicide location, and have attracted funding ($480K) to improve public safety at the site	• 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)	• Broaden concept of means restriction to include improving safety planning conducted by service providers (e.g. to include means restriction in the home) • Summarise key information from *Suicide Audit Report* and *Resource Atlas* to help inform local suicide prevention activities, and communicate this to other Working Groups
Aboriginal suicide prevention			• Established Working Group consisting of representatives from all ACCHOs in the region as well as community leaders • Local Aboriginal communities directly involved in ATSISPEP work, with one continuing to be involved in national conversations about how the recommendations should be implemented • WG reviewing plans across strategies to ensure all suicide prevention activities are aligned with the ATSISPEP recommendations • Aboriginal executive member presented ATSISPEP resources to Collaborative members to practically inform how services should approach supporting Aboriginal communities (Nov 2017) • Waminda to support staff to become YAM Helpers and be involved in YAM rollout within schools with high proportion of Aboriginal Year 9 students	• 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	• Review and distribute resources/training on cultural safety for mainstream services to use • Facilitate local Aboriginal communities reviewing LifeSpan communications resources, and adapting as needed • Promote YAM Helper opportunity amongst Aboriginal communities • Promote opportunities for Aboriginal WG members to attend other WG meetings when relevant
Other	*Research and evaluation*	• Assist with tracking process data (e.g. number of people completing non-QPR GKT, activities occurring	• Lifeline South Coast agreed to embed consistent evaluation across the ASIST programs they facilitate & share attendance information	• Various GKT programs facilitated by a range of providers (including NGOs and private providers) with no central coordination	• Build evaluation framework for *Next Steps Aftercare Service*, using the learnings to continue to better understand referral

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		in means restriction, public campaign activities undertaken) • Facilitate access to data on process and throughput data on aftercare services	• Working collaboratively with Lifeline South Coast on community campaigns and responses to media enquiries	• Currently available GKT programs use various evaluation frameworks of varying quality, and access to this information is currently limited • 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)	pathways for people experiencing a suicidal crisis • Work with UOW and IHMRI to identify opportunities for research that would support sustainable evaluation of suicide prevention activities • Identify funding opportunities to support evaluation of activities beyond the LifeSpan trial
	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	• Ensuring that "suicide prevention activities continue to have involvement of people with lived experience at all levels" has been embedded in the Collaborative's *Terms of Reference* as one of its fundamental roles • Lived experience representation on Collaborative executive (1) and broader Collaborative membership (4), as well as Working Group Leads (3) and Working Group membership (13) • 72% of all Collaborative meetings (executive, monthly & Working Groups) have at least one person with lived experience present (Feb-Nov 2017) • Liaising with existing lived experience groups in the region (i.e. headspace YRGs, ISPIR Consumer & Carer Forum, ISLHD CCC, Salvation Army's etc group) • People with lived experience represented 23% of attendees at the Collaborative Planning Forum (Apr 2016) and 5% at the LifeSpan launch (Sep 2017) • People with lived experience who are involved with the Collaborative are being actively supported by Tim Heffernan (Mental Health Peer Coordinator, PHN) to check that their involvement is a positive experience • *Consumer-Led Research Network* involved in development of *Next Steps Aftercare Service* evaluation framework • Lived experience represented in governance of *Next Steps Aftercare Service*	• Lived experience 'community' is still emerging, and so only a limited number of people are comfortable contributing in certain contexts • LifeSpan *Lived Experience Engagement Framework* not finalised yet by the BDI	• Cultivate larger group of people with lived experience with broader range of perspectives • Facilitate people with lived experience developing the skills and confidence to contribute via *Roses in the Ocean* training and mentoring • Review LifeSpan *Lived Experience Engagement Framework* and ensure we are compliant with its recommendations
	Communications	• Develop and implement a communications plan aligned with the LifeSpan (i.e. Boxing Clever) Communication Strategy and in accordance with *Mindframe* guidelines	• Collaborative website established (Apr 2017), allowing open access to meeting minutes, updates on progress, and opportunities for people to get involved • Since Aug 2017, there have been 1,380 individual people visit the Collaborative website, 28,729 impressions via twitter, and 9,821 people have been reached via Facebook	• Constantly evolving membership requires the key messaging to be regularly revisited • Limited influence over social media • Centrally-developed LifeSpan communication resources not tested with local high risk cohorts (e.g. young people, older people, Aboriginal communities, LGBTI communities, CALD)	• Use LifeSpan *Champions* orientation process to reinforce key messaging amongst Collaborative and Working Group members • Facilitate local Aboriginal communities reviewing LifeSpan communications resources, and adapting as needed

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			• Local key messages developed for all Working Groups and LifeSpan strategies (Sep 2017) • Local key messages and Collaborative website reviewed by *Mindframe* staff for compliance with guidelines (Sep 2017) • Shared LifeSpan communication resources (e.g. animated videos, fact sheets) with Collaborative and Working Group members	• Communication resources all assume English proficiency	• Consider cost of having closed text on animated videos translated into other languages commonly used in the region
	Regional Suicide Response Plan		• Drafted a proposed model for an *After Suicide Response Service* following consultation with Salvation Army's etc group (for people bereaved by suicide), local Police & Ambulance Services, ISPAN, Collaborative members, and the NSW State Coroner's *Support After Suicide Program*	• Currently no funding for this service	• Consult with local Forensic Counselling staff about feasibility of proposed model for an *After Suicide Response Service* • Actively seek funding