

## Planning Workshop – April 2016

- Aims:
  - To highlight the urgent need for this region to seriously address the issue of suicide
  - To actively engage community and services in suicide prevention
  - To provide a forum for people with personal experience of suicide AND people working in a variety of services to sit alongside each other
  - To begin identifying local needs from multiple perspectives
  - To introduce an evidence-based framework that will guide our region's efforts





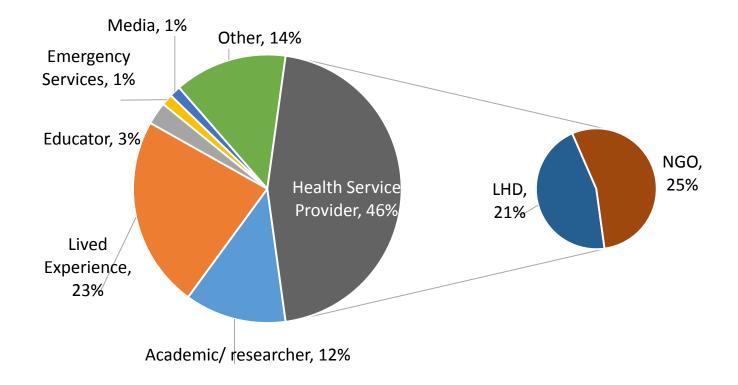
#### SUICIDE PREVENTION COLLABORATIVE

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- 73 people attended
- 20+ organisations represented

Discussion themes:

- Emergency Services
- School-based strategies
- Psychosocial treatments
- Role of General Practice
- Aftercare
- Community Awareness Campaigns & Training





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## Key priorities

### **Emergency Services**

- 24/7 face-to-face psychosocial crisis support
- Increased involvement of and support for family/friends

### School-based strategies

- Parents skills, education, support
- Cross sector involvement
- Cohort specific strategies (e.g. LGBTIQ)



# Key priorities

### Psychosocial treatments

- Specific strategies for specific groups (e.g. men, Aboriginal, LGBTIQ, older people, young people, refugees, etc.)
- Improve service design more holistic, no wrong door, ensure treatment fidelity
- Improved communication, both with other providers and general public (e.g. more case conferencing)





# Key priorities

## Role of General Practice

- Engage with GPs around genuine desire to work better with people who have mental illness
- Developing *HealthPathways* for mental health, with input from consumers inter-operability with IT systems
- Invest more in team-based care with all General Practice staff, including admin staff

#### Aftercare

- Overlaying an assertive follow-up program focusing on a sense of connection and support to other services
- Develop peer workforce to support people discharged
- Explore options to identify and flag people at risk



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## Key priorities

### Community Awareness Campaigns & Training

- Mental Health First Aid training should be mandatory and include suicide prevention component
- Ongoing funding and resources for local initiatives of awareness and support (e.g. locally-delivered gatekeeper training)
- Broader media campaigns addressing mental health issues



# Ongoing consultations

- Aboriginal communities
- LGBTI communities
- People with lived experience of suicide and/or mental health, including family and friends
- Education representatives
- Young people (school-age)
- Older people
- Ambulance services

