



Suicide Prevention
Collaborative
ILLAWARRA SHOALHAVEN

REPORT CARD 2019

We would also like to acknowledge and thank all of those who have come forward to share their expertise, gained from personal experience of suicide and recovery. We simply could not be effective without you. We can't underestimate the power of having a voice, and that voice being heard. We hope that this report card helps in some small way to instil hope that the whole of the community is committed to making genuine change happen.



Some photos and quotes included in this report card are reproduced from the Illawarra Mercury with permission. We thank them for their continued contribution to the Collaborative.

 HERE FOR HEALTH				
				
				
				
				
				
				
				



"The Collaborative isn't just some separate entity - we're a part of it, and it's all of us."
- Sharlene

Welcome



Collaborative executive members: Glenn Williams, Emma Paterson, Julie Carter, Vida Bliokas, Sharlene Cruickshank, and Alex Hains. (Absent: Linda Livingstone, Rebecca Sng and Tim Heffernan)

Welcome to the first report card for the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative). We want to provide an overview of all that we've been working on and an indication of what we're looking to achieve in the coming years.

Ever since the very first Collaborative meeting in 2015, it has been an absolute privilege to see how enthusiastically our communities have contributed to this work. Together, we have implemented the most comprehensive suicide prevention effort ever undertaken in Australia. This multi-pronged, systems-approach has involved schools, councils, hospitals, businesses, media and community services. Thousands of people across the community have been involved, and much has been achieved.

We'd like to say a heartfelt thank you to everyone who has kindly contributed their time, energy and resources so far. We can all feel very proud of what we've created.

Of course, there is still much to be done and lots of really exciting activities are planned for the next phase of the Collaborative. Achieving and sustaining the significant change required to reduce suicide deaths is certainly not easy. It will take time. But we are confident that the commitment of our members to work together will help us succeed.

Alex Hains

Regional Manager, Illawarra Shoalhaven Suicide Prevention Collaborative

Supports are available

If, at any point, you feel you need some support, please check out the back cover of this report for information on what's available locally, online and via phone.

Who is most at risk of suicide?

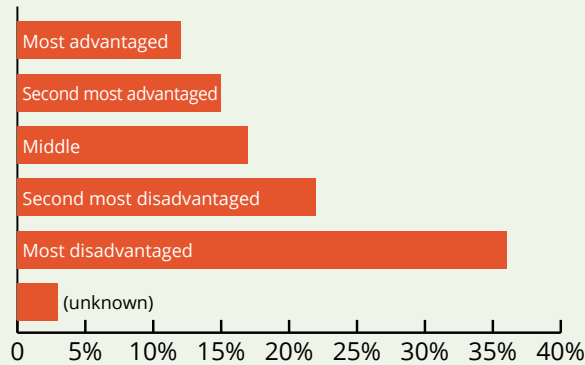
Unfortunately, it's just not that simple. Local data shows that there is no one, unique profile for those who die by suicide. Suicide affects people from all cultural backgrounds, socio-economic categories, age groups, gender identities and sexual orientations.

Suicide affects everyone and we all have a role to play in prevention.

3 OUT OF EVERY 4
SUICIDE DEATHS ARE MALE

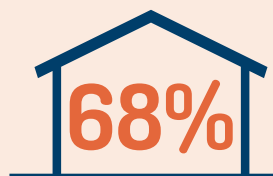


SUICIDE AFFECTS EVERY SOCIAL AND ECONOMIC GROUP



Suicide affects people from all sexual orientations, gender identities, and cultural, religious and language backgrounds

SUICIDE DOES NOT EQUAL MENTAL ILLNESS
More than a third
37%
of people who suicide did not have a mental health condition



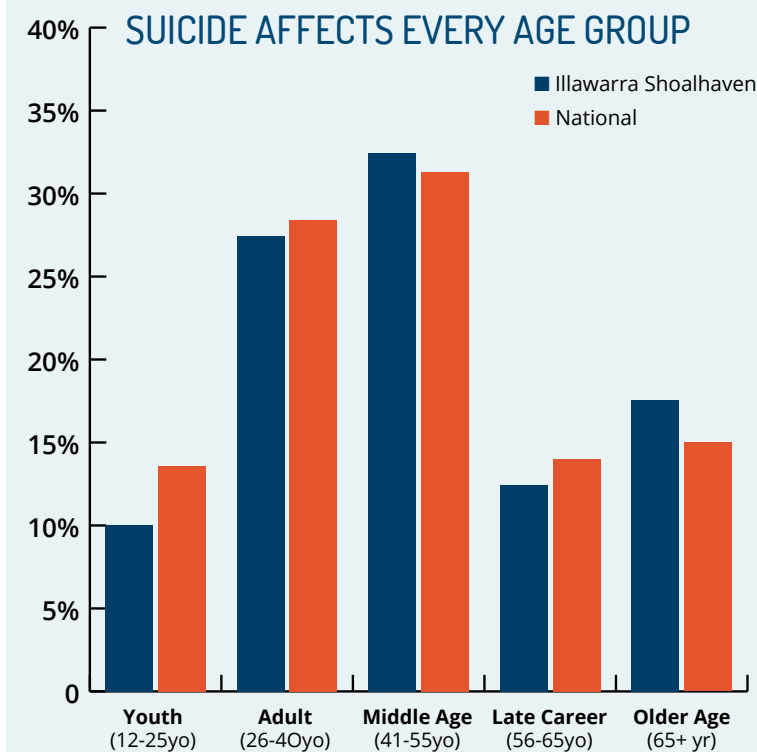
of suicide deaths occur within people's homes. Make your home safer by securing medications and regularly asking the people around you if they are ok.

MORE THAN **2x** AS MANY AUSTRALIANS DIE BY SUICIDE THAN DIE IN CAR ACCIDENTS

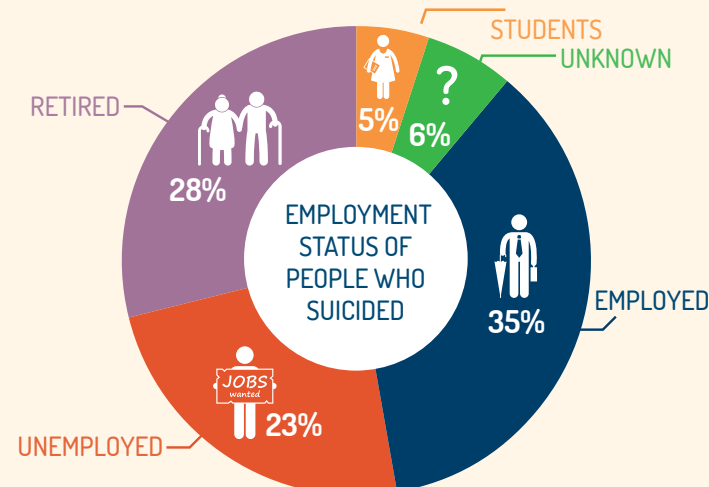
ROAD DEATHS* **1,300**

SUICIDE DEATHS* **3,027**

*IN 2015



SUICIDE AFFECTS EVERYONE, REGARDLESS OF THEIR EMPLOYMENT STATUS



Our story

Ann was living in the Northern suburbs of Wollongong when she attempted to take her own life. It was 1974, her mother had died two years earlier and she was struggling with the loss. Ann says now that her attempt wasn't premeditated or associated with a mental illness, but was "a reaction to my ongoing grief over the sudden loss of my mother who I'd been the main carer for." When she returned to work at her factory job after her suicide attempt, Ann saw the word 'hypochondriac' written on her garment presser. She still remembers the intense feelings of shame associated with this experience.

Ann's suicide attempt may have been some time ago. But her experiences of shame and difficulties finding good supports are still common today. It is because of stories like this that the Collaborative came together.

From the very first meeting of the Collaborative in September 2015, there has been a passionate commitment from all involved. Within the first year, the Illawarra Shoalhaven Local Health District and Primary Health Network had committed to co-funding a Regional Manager position, and the Illawarra Shoalhaven was chosen as one of **four trial sites for the Black Dog Institute's LifeSpan initiative** in NSW.

In 2017, we launched a number of whole-of-community strategies, including the Illawarra Mercury's award-winning **#care2qpr** media campaign which resulted in more than 2,900 people signing up to the **Question Persuade Refer (QPR) suicide prevention training**. The Collaborative has also supported the roll out of the **Youth Aware of Mental Health (YAM)** program to over 5,800 Year 9 students, and the **Next Steps Aftercare Service** for suicidal people presenting to emergency departments. Each of these activities are significant pieces of work and could not have been achieved without the combined efforts of Collaborative members.

The Collaborative has continued to grow and now consists of 40 local organisations from across health, education, community, local media, police, ambulance, employment agencies, Aboriginal organisations, local councils, and transport. Countless people from the community have also contributed to our collective success, including people who have generously shared their own personal experiences with suicide and recovery. These perspectives have been at the heart of our efforts from the beginning.



"The Collaborative is not just about collecting data. They really value our input as people with a lived experience. When I go to a meeting, I feel like my voice matters as much as anyone in the room even if they have degrees as long as their arms!" - Ann



The Collaborative way of working



'The Collaborative' is simply a term we use to describe the organisations and individuals who have come together to reduce suicide deaths and attempts in the Illawarra Shoalhaven region.

We know that providing more mental health services hasn't reduced suicide rates, perhaps because the majority of people who suicide are not in contact with a mental health service. This tells us that to achieve the type of large-scale social change we need to reduce suicide, we have to work differently. We need to work together, developing partnerships grounded in trust and humility.

Making sure what we do works

Before undertaking any work, the Collaborative looks at the evidence – both the evidence for what's needed, and the evidence for what will successfully address those needs. We consult the suicide prevention literature, as well as the practical wisdom of our local communities and the expertise of people with lived experience of suicide.

Our approach isn't just evidence-based, however. We are also **committed to growing the evidence**. We embed feedback loops into all our activities. This allows us to monitor whether activities are working and to share this information with the people who are working on the front line.

"We are not satisfied to merely deliver activities. We are determined to ensure those activities actually result in less suicides." - Alex

Genuine collaboration

The Collaborative has two 'backbone' staff. And so the work is largely done by Collaborative members who contribute via the various working groups, at monthly meetings, or by supporting and advocating for suicide prevention efforts out in the community.

Anyone is welcome to join the Collaborative, and the growing diversity of our membership echoes the need for a whole of community approach. All members have an equal say, and **all contributions are respected and welcome**. We need everyone in the community to understand what role they can play in suicide prevention, and feel confident to play that role.

The Collaborative is building a culture where, rather than working in silos, our members are committed to playing their role in a genuine collaboration, working towards the shared mission of reducing suicides.

"We can make progress if we team up with others and actually listen to all the voices in the community. The Collaborative has just affirmed that it's still possible to have that approach even when dealing with something as challenging as suicide prevention."

- Linda

Why does lived experience matter?

Because their experience makes them experts.

The Collaborative is keen to harness all forms of expertise and people with lived experience have a practical wisdom about what supports will work, and they keep our focus on what people really need. There is a genuine appreciation for lived experience participation in all aspects of suicide prevention activity and it's great to see Collaborative members from across all sectors champion this way of working.

How are people with lived experience involved in the Collaborative?

One of the Collaborative's fundamental guiding principles has been the meaningful inclusion of people with lived experience. We've achieved this by having people with lived experience involved in all our working groups and leading many of our activities. To help them do this work, we have provided whatever support our lived experience members have needed, and invested in building their capacity, to use their voices more confidently and with purpose.

Fourteen of our lived experience representatives have now participated in the **Roses in the Ocean Our Voice in Action** workshop; five members were supported to attend the inaugural **Lived Experience Summit** in 2018; and two members received bursaries to attend this year's **National Suicide Prevention Conference** where they presented on their experience of leading our **Safe Space** working group (see p.26-27).

The Collaborative is proud to support the growing number of lived experience advocates driving real system change in suicide prevention.

What do we mean by 'lived experience'?

The Collaborative defines lived experience as people who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide. As this definition suggests, not all lived experiences are the same. We value having a diverse range of lived experience perspectives to inform our work.



Lived experience members have done training with Roses in the Ocean to learn how to use their experiences to have a really positive impact, while also looking after themselves.

What is LifeSpan?

LifeSpan is the name given to a new, evidence-based, integrated approach to suicide prevention. It combines nine strategies that have strong evidence for suicide prevention into one community-led approach.

LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis.



A systems approach

In 2016, the Collaborative was successful in supporting the Illawarra Shoalhaven to become one of four regions in NSW to implement LifeSpan. This has formed the basis of our work over the past two years and we'd like to say a massive thank you to the Black Dog Institute for supporting us in this work.

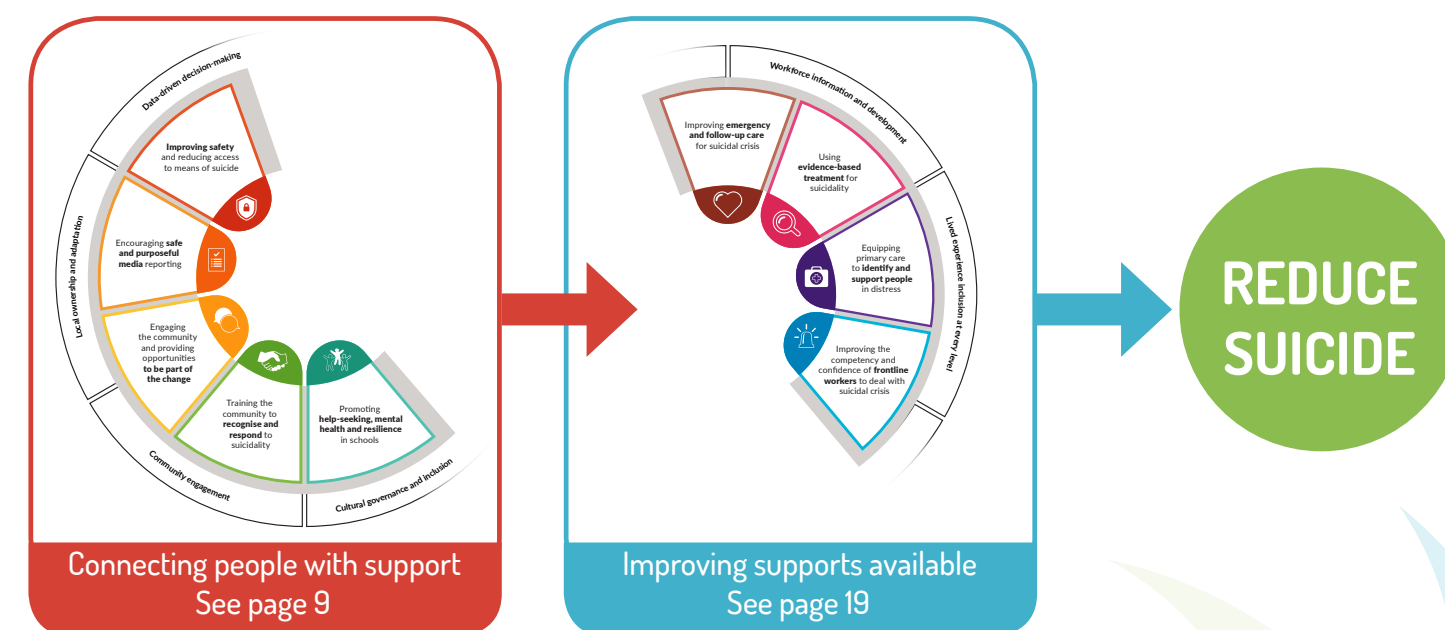
LIFESPAN: an evidence-based approach to suicide prevention

LifeSpan was developed by the Black Dog Institute and the Centre for Research Excellence in Suicide Prevention (CRESP) and was funded by the Paul Ramsay Foundation. Past research on the strategies included in LifeSpan suggest their combined impact will reduce suicide deaths by 20% and suicide attempts by 30%.

To help understand how the LifeSpan strategies fit together, we can split them into two categories – strategies that aim to:

1. **connect people with support (see below in red),**
2. **improve the supports available (see below in blue).**

The remainder of this report card will be split into these two categories.



How's the Collaborative implementing LifeSpan?

What is involved in each strategy is often relatively clear. But how to implement them in our local context was less clear. To do this, five working groups were established; each focused on a particular strategy area –

1. Health interventions working group
2. Community interventions working group
3. School interventions working group
4. Data-driven suicide prevention working group
5. Aboriginal suicide prevention working group

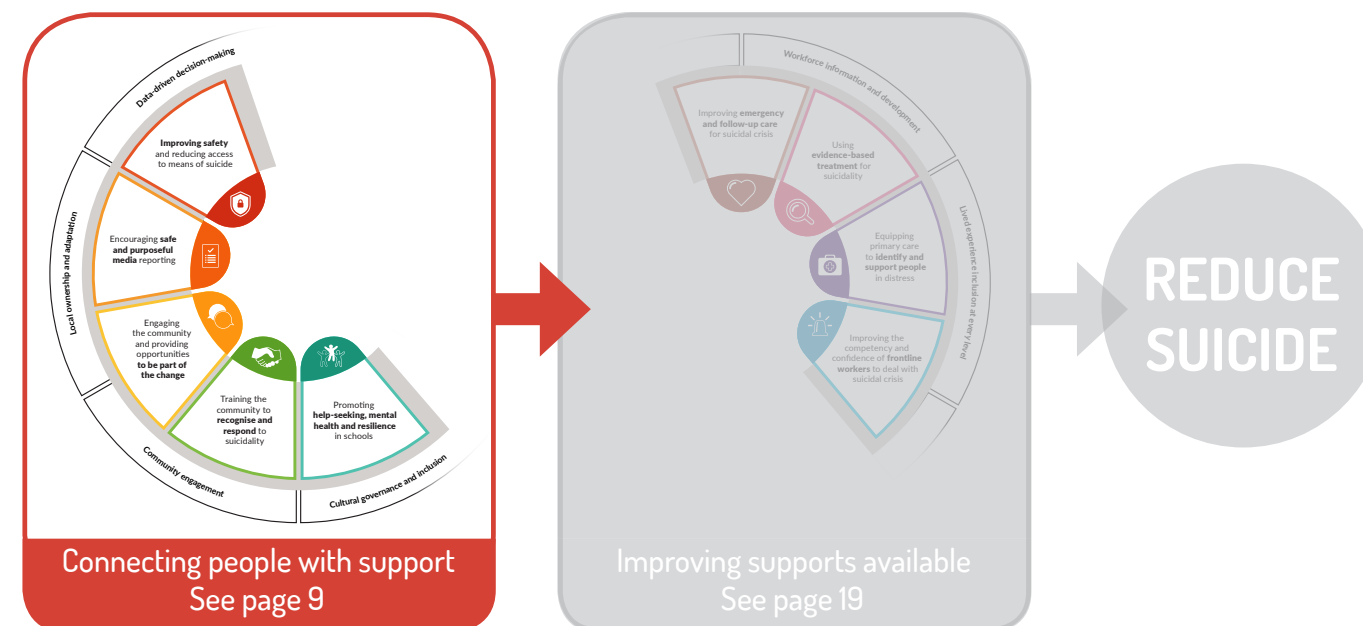
Much of the Collaborative's success to date is the result of the hard graft of these working groups.



"I have everything to live for now...and I want others to know that after a suicide attempt, life can get better... But you need to reach out for help, and you need to keep going until you get the help that is right for you."
- Rhiannon

Connecting people with supports

Making sure people connect with support when they need it is more complex than it sounds. We're doing a range of things to help make this happen.



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Campaigns promoting key messages into the community that encourage people to access local supports and learn how to help others

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Giving young people strategies to help deal with life's challenges, to support each other and reach out for help themselves in times of need



Engaging the community

When someone dies by suicide, people around them often say they had a sense something might have been wrong, that “they weren’t quite their usual self”. And yet, for fear of saying the wrong thing, people often say nothing. The Collaborative wanted to change this culture of avoiding conversations about suicide.

The Collaborative partnered with the Illawarra Mercury to run the **most significant multi-media suicide prevention campaign ever undertaken** in the region.

The **Care to QPR campaign** went for over eight weeks between July and September 2018. It included **more than 20 articles**, each featuring deeply personal accounts of suicide and recovery. Whether from a 50-year old man who has had a number of close mates suicide, from a young woman who attempted suicide five years ago, or from a police officer or GP, these stories communicated powerful messages of hope and recovery.

The campaign also highlighted the work currently being done in suicide prevention locally, emphasising that **there are things we can all do to prevent suicide**.



“The personal stories that have hit the local media have resonated with others in the community. People can relate to it. When they hear those things, they feel as though they’re not alone. And they then know that there is support out there.” - Steve



What made the Illawarra Mercury’s campaign unique is that it wasn’t simply about raising community awareness; it also translated that awareness into action. Articles promoted locally available supports and encouraged community members to complete the **Question Persuade Refer (QPR) online training**.

As Mercury Editor, Julian O’Brien, put it: “This campaign showed how the media can play a positive role in sharing people’s life stories and encourage their community to actively make a difference.”

The campaign attracted \$20,000 in donations from NSW and Federal Health Ministers to make the QPR online training available to community members free of charge. It also provided a template that supported the South Coast Register and Milton Ulladulla Times to publish a further 12 stories on suicide prevention between October and December 2018.

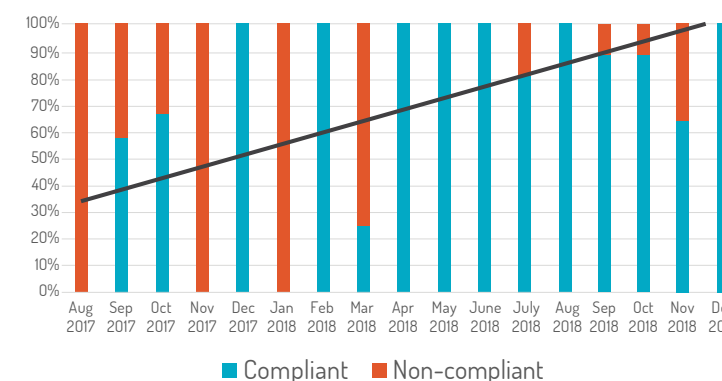
to take up their role



What’s been the impact?

Quality of media

The media can play an important role in suicide prevention by promoting stories of hope and recovery. But it can also have a negative impact if reporting isn’t safe and responsible.

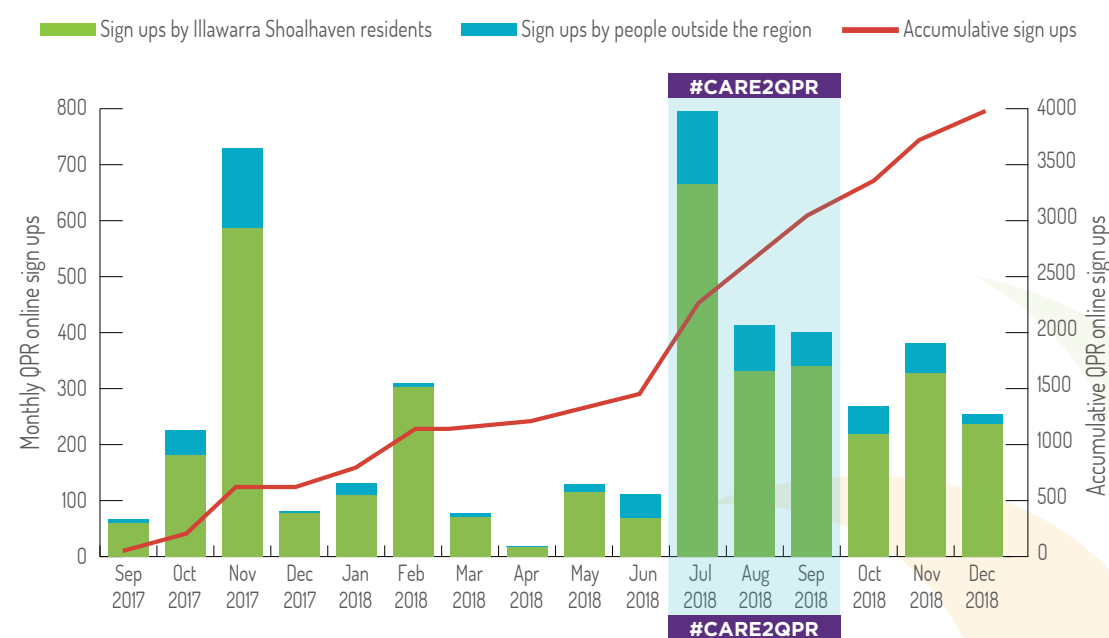
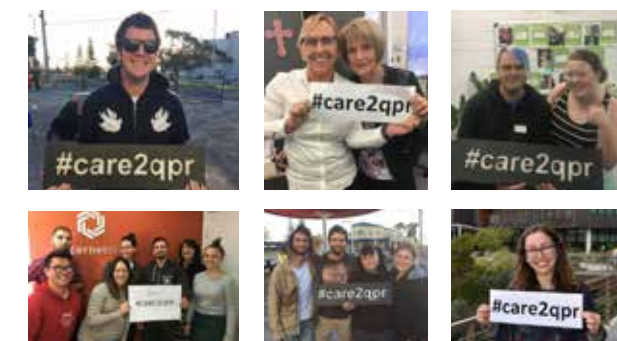


The Illawarra Mercury worked closely with **Mindframe** and the Collaborative to ensure their stories adhered to the nationally recognised **Mindframe media guidelines**. As a result of the work we’ve done with local media, the **quality of stories significantly improved**.

Community training uptake

In just two months, the **campaign reached 200,000+ people** and **over 2,900 people** signed up to do QPR online training.

Community members and organisations did a great job spreading the message across social media with **#care2qpr**.



The #care2qpr campaign resulted in a marked jump in people signing up to do QPR online training.

The quality of the Illawarra Mercury’s campaign has been recognised in the form of two major national awards:

- Suicide Prevention Australia’s LiFE Award for media
- The Mental Health Services Award for text journalism



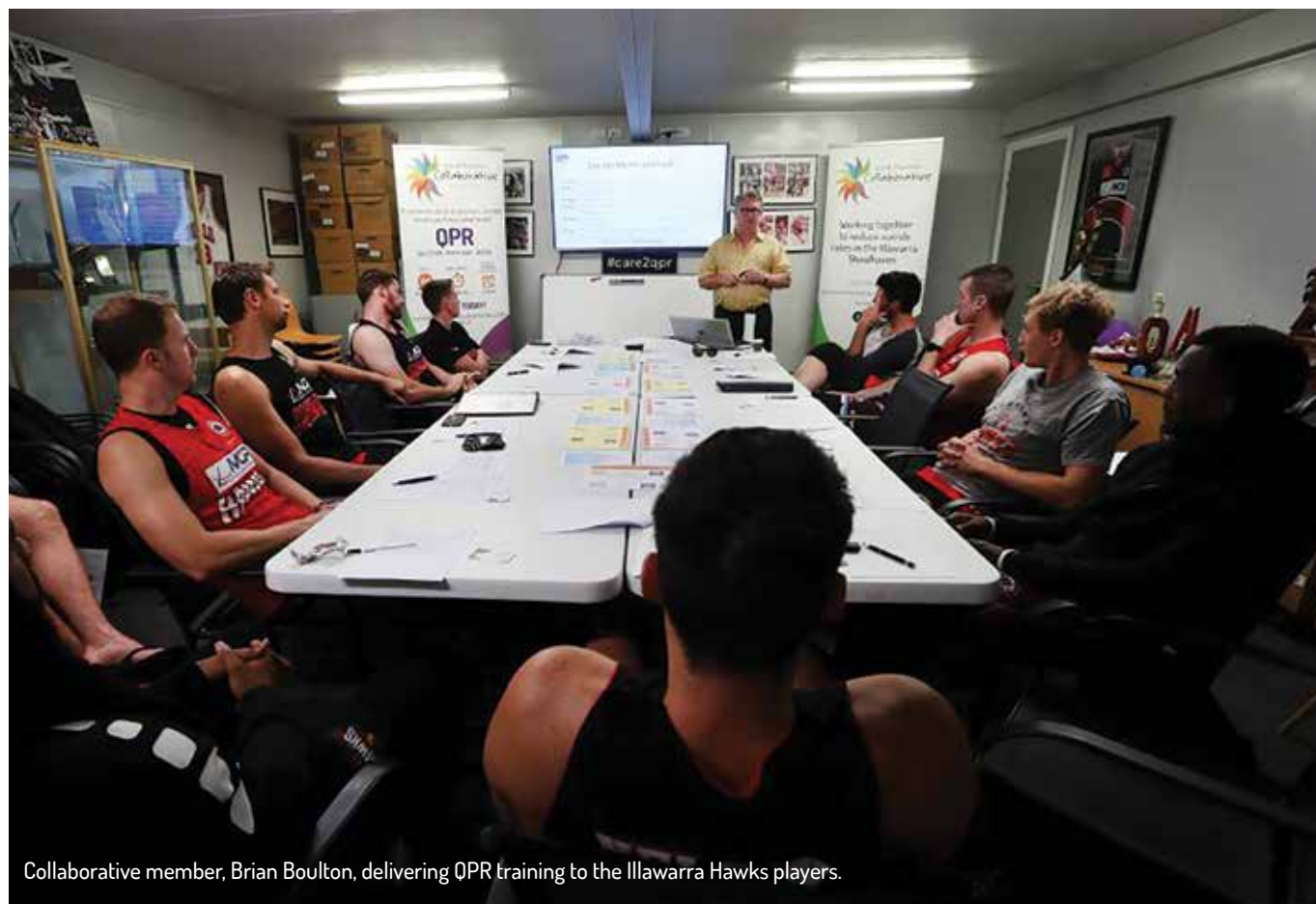


Training the community to recognise

Increasing awareness about the importance of suicide prevention isn't enough to reduce deaths. Communities want clear, concrete things they can do to better support the people around them. Everyone is in a position to help when they know what to do.

The Collaborative has been actively promoting training that has evidence for building the skills all of us need to help someone in crisis, including **Question Persuade Refer (QPR)** from the QPR Institute, and **Applied Suicide Intervention Skills Training (ASIST)** from LivingWorks Education Australia.

We've worked with local organisations and individuals to get as many people trained as we can.



Collaborative member, Brian Boulton, delivering QPR training to the Illawarra Hawks players.

37 local organisations provide suicide prevention training for their staff

Local councils, schools, health services, law firms and IT companies have had their staff trained in QPR. By doing this, they are letting their staff know that they care about suicide prevention and see staff wellbeing as relevant to their business.

Organisations have already reported the positive impact of QPR training. A local council manager said: "Staff have told me they've used the skills learnt in the training to reach out to their co-workers and connecting them with support, and this was sometimes within just hours of doing QPR."

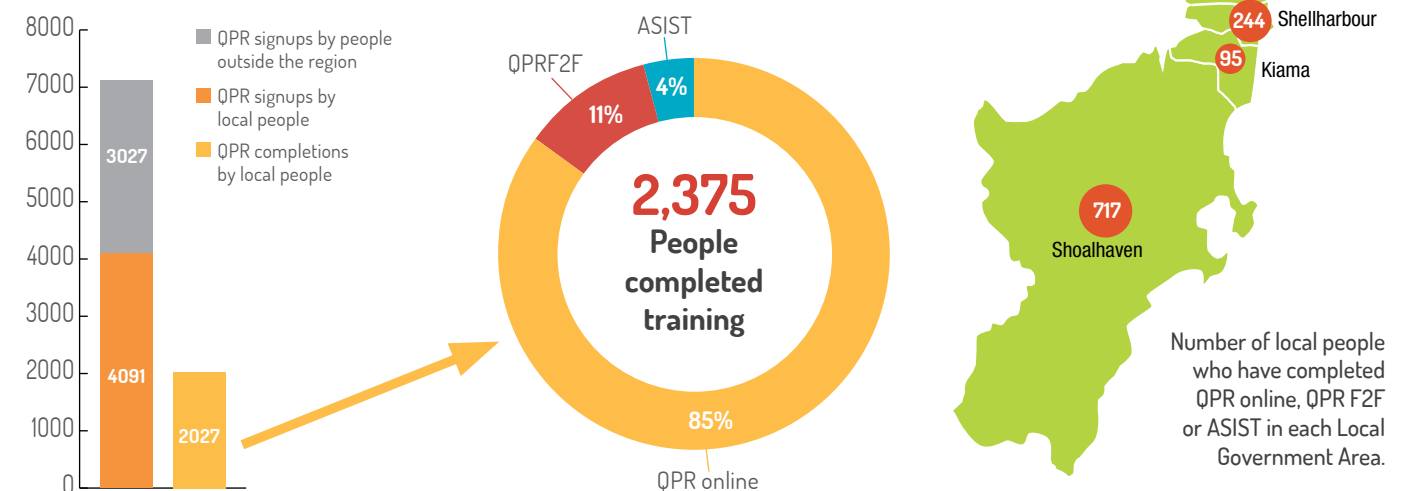
"I feel the training is making a positive difference in our teams – not only in the knowledge people gain, but the way we are talking about supporting other people, and the underlying message it sends to everyone that supporting others is something we value very highly."
- Local Health District manager

and respond to suicidality



How many people have completed suicide prevention training?

While QPR online is available via the Collaborative's website, face-to-face versions of QPR (QPR F2F) and other training programs are delivered by an army of dedicated organisations and private instructors. The Collaborative thanks all of these people for their contributions.



The Collaborative has been working with training instructors to design and implement one evaluation survey that will be used across all training programs. For the first time, this will enable us to better map where training is provided across the region, who is attending, and whether participants are using what they learn to support others.

What has been the impact of community training?

Those who completed training said it made them more likely to talk to someone about suicide and are confident they can help a person thinking of suicide.

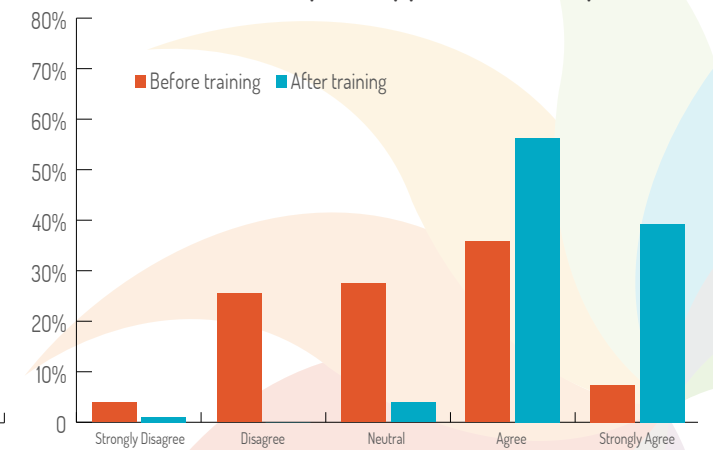
75% have helped someone within 6 months of doing training.

"When (my daughter) initially said that she had suicidal thoughts, I was beside myself. We talked it through but I didn't know what to ask and how to ask it or what to say. Then I saw the QPR advertised. I did the training and since have been able to approach discussions with her more confidently." - QPR Participant

'If someone was showing signs of suicide, I would directly raise the question of suicide with them'



'I have skills to help or support a suicidal person'





Making sure people know

Reaching out to people you think might be struggling is 'step one' in suicide prevention. The next step is connecting them with the right support.

We have developed a local 'where to go for support' resource that highlights local supports that could help with a range of issues. It's available as a poster or fold-up business card (see the back cover of this report for a list of these supports).

20,000+ support cards have been distributed by local organisations and community groups, and it's proving to be an excellent resource to accompany suicide prevention training. We will also be working with multi-cultural support organisations to adapt the resource for culturally and linguistically diverse populations.



Janet Jackson (NSW Trains) has had 'where to go for support' posters put up in train stations.

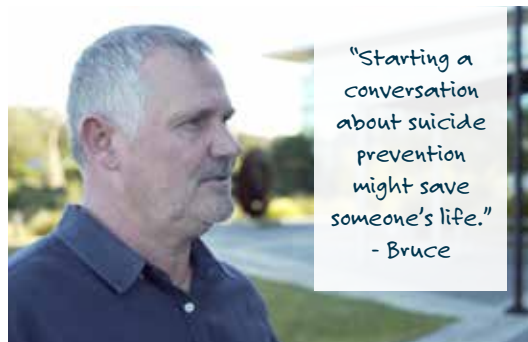
Promoting help-seeking in public places

The Collaborative is now working with local councils to improve safety at various public locations. This includes help-seeking signage that encourages people to reach out for support.

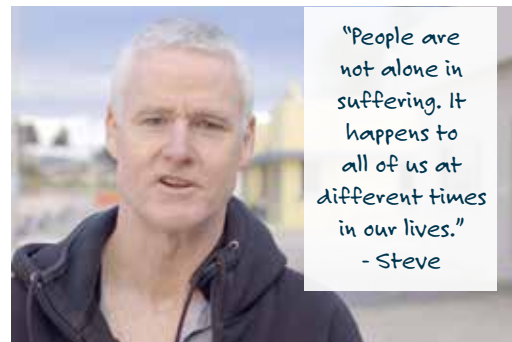
To help get the word out, Collaborative members have put the 'where to go for support' resource up in their workplaces, schools, cafes, hairdressers, community centres, and at train stations.

Spreading the message

To help promote hope and help-seeking, our members with lived experience produced videos that can be shared on websites and via social media.



"Starting a conversation about suicide prevention might save someone's life."
- Bruce



"People are not alone in suffering. It happens to all of us at different times in our lives."
- Steve

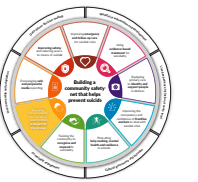


"I have a lived experience of suicide. And yet I stand here today living a rich and fulfilling life."
- Ann



"There is help. Hang in there. Recovery is possible."
- Carrie

where to go for support



Aboriginal communities

Raising awareness for suicide prevention at 'Battle of the Countries'

In January 2019, the Collaborative was proud to be the platinum sponsor for 'Battle of the Countries', an Aboriginal Rugby League knockout event. The event had a mental health and suicide prevention focus, and was initiated by Rod Broad, one of the players of the Illawarra Titans Aboriginal Rugby League Club. "This event is about highlighting the role men can play in the community as role models for younger generations," he said.



Illawarra Titans Aboriginal Rugby League Club hosted the inaugural Battle of the Countries event.

Over 2,000 people from Aboriginal communities across Australia came together for the event, with over 400 players across the 20 teams competing.

"The players' passion for sport and working together really stands out at events like these. As part of the experience, teammates were encouraged to think about how they can look out for each other and recognise the warning signs for suicide." - Dale

Sorry Day

To mark Sorry Day for 2019, local Aboriginal communities walked together across the Nowra Bridge and gathered at the Bomaderry Aboriginal Children's Home.

Collaborative members loved being part of the day and were touched to see that the Sorry Day banner incorporated the Collaborative logo (see right).

Lived experience Collaborative member, Ann, spoke passionately about the strength and resilience within local communities, and how we can all work together to support those who are struggling. Collaborative executive member, Sharlene, spoke of the need to speak the truth in order to address the underlying problems facing Aboriginal communities.





Promoting help-seeking, mental

Young people can be particularly vulnerable to mental health problems, self-harm and suicide. Schools are therefore an important place for promoting mental health, resilience and help-seeking among kids and teenagers.

Youth Aware of Mental Health was chosen because it's a program that gets young people involved and talking about mental health, and it has a strong evidence base for reducing suicidal behaviour.

What is Youth Aware of Mental Health (YAM)?

YAM uses role-plays and discussions to help young people come up with strategies to help each other and to reach out for support themselves. One of our YAM instructors describes it as a program that "gives students the freedom to talk about issues they would normally avoid."

Young people drive the program, exploring different topics and solutions for everyday dilemmas. YAM Instructors are there to support and guide the students as they think through the best ways to deal with common situations young people experience.



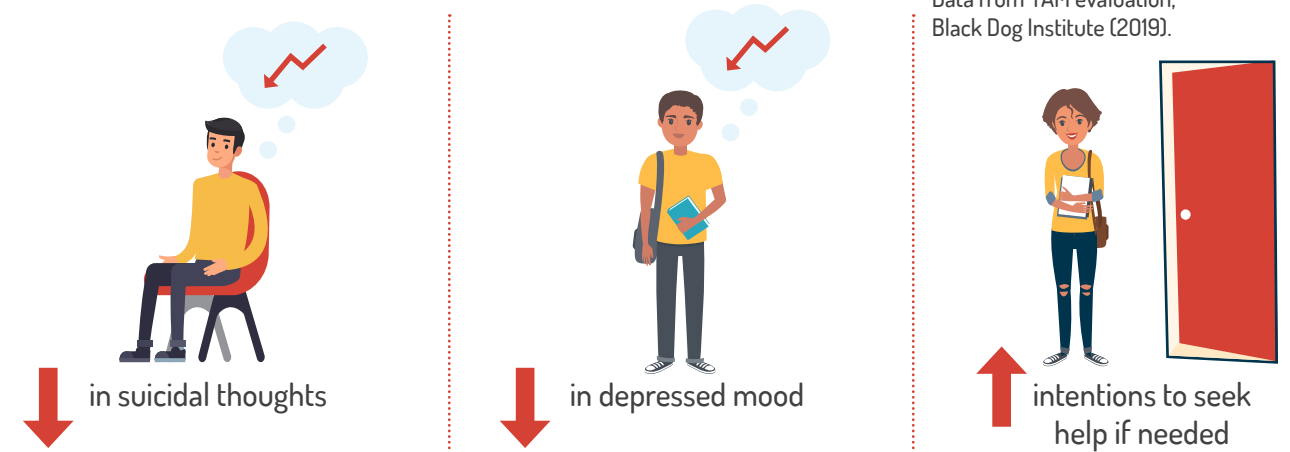
health and resilience in schools



What's been the impact of YAM?

Four schools within the Illawarra Shoalhaven have participated in the Black Dog Institute's evaluation of YAM. This compares student survey responses before YAM to their responses three months afterwards. Preliminary results from schools across NSW that are doing YAM are very promising.

Data from YAM evaluation, Black Dog Institute (2019).



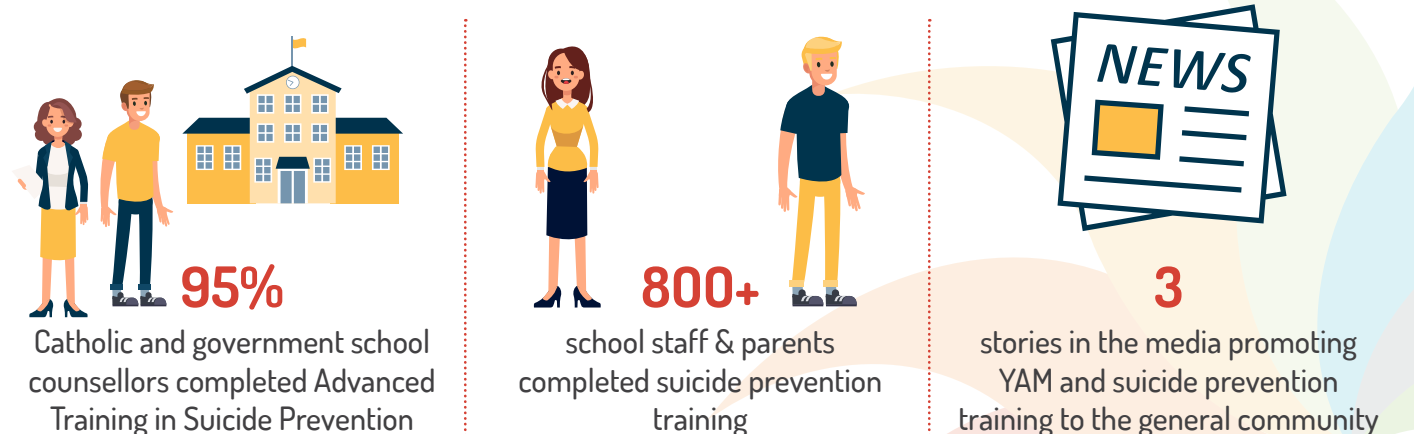
"I just wanted to say after last week's role play I went home and spoke to my mum about how I felt every time I was about to leave to go visit my dad. I told her the words she said made me feel sad and I would feel stressed and upset before going and seeing him. I asked mum to consider my feelings and even though her and dad don't get along he is my dad and I love him. We ended up speaking for an hour, mum cried, I cried and it was really good." - Student

"I saw a Year 9 student whose best friend Betty* cut their wrists and tried to kill themselves. The student said that because of YAM they knew what to do. They connected Betty* with the school counsellor, who brought in the family. Betty* was diagnosed with depression and is now receiving therapy." - School counsellor.

*not their real name

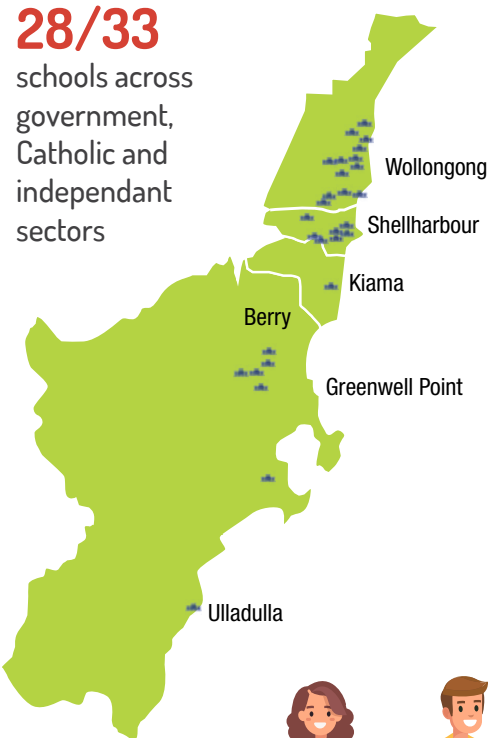
What was done to support the roll out of YAM?

YAM aims to teach young people how to look after themselves and their school mates. It also emphasises where young people can get help when they need it. So the Collaborative worked on ensuring their potential supports were well-prepared to provide that help.



28/33

schools across government, Catholic and independent sectors



School systems come together to deliver YAM to over 5,800 students

The Illawarra Shoalhaven is one of the first regions, and the largest region, in Australia to rollout YAM.

For the past three years, representatives from across school systems have come together with local services in the Collaborative's Schools Working Group to coordinate the delivery of YAM across 28 government, Catholic and independent schools.

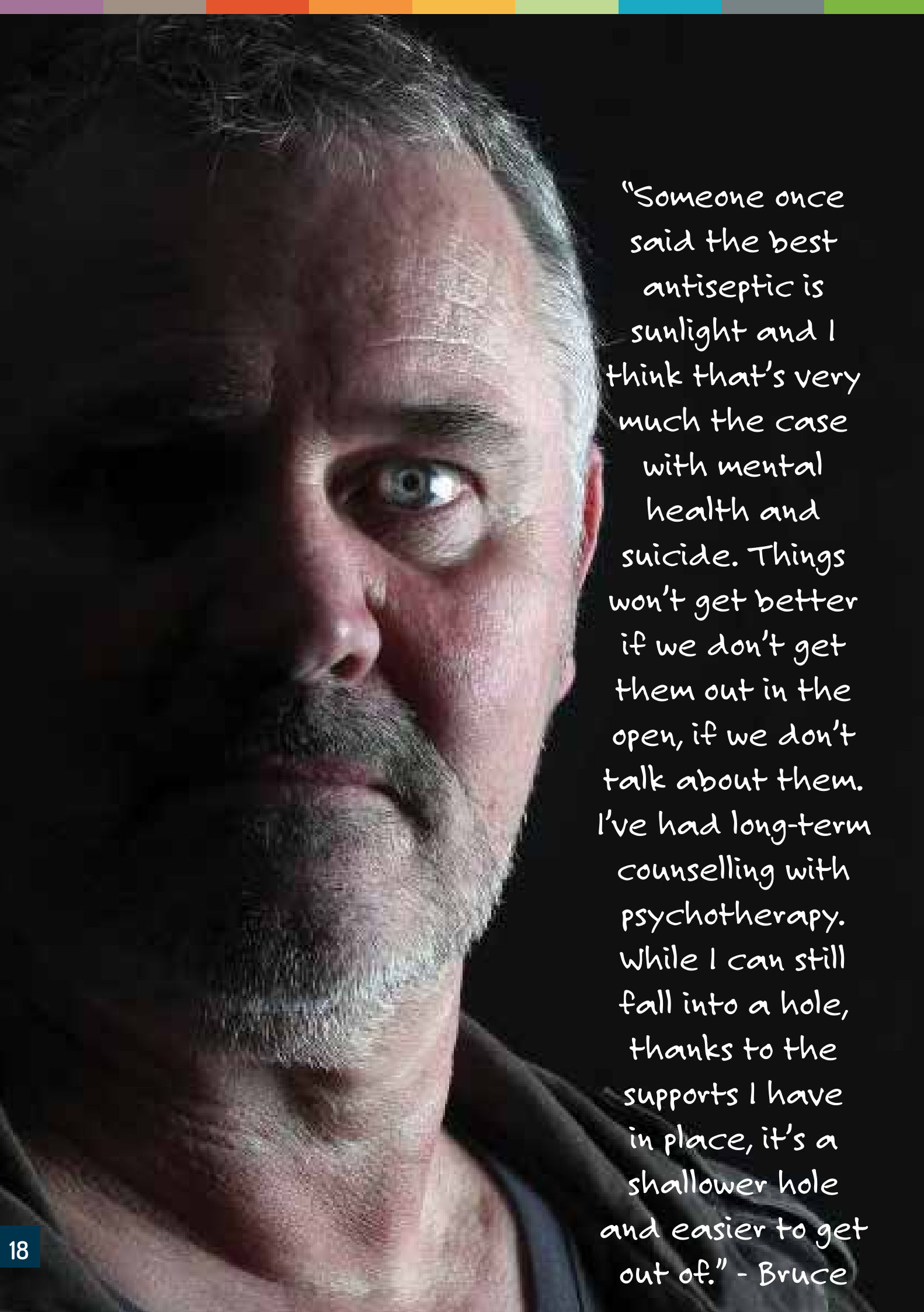
We needed an army of people to deliver YAM to so many students, at so many schools. Collaborating across school systems was the only way we could make it happen. We worked together in all aspects of YAM implementation, from preparing resources and recruiting schools, to coordinating YAM Instructors and Helpers.

YAM was delivered by

43 YAM Instructors and **170+ volunteer YAM Helpers**

from the community who committed significant time and energy to YAM.





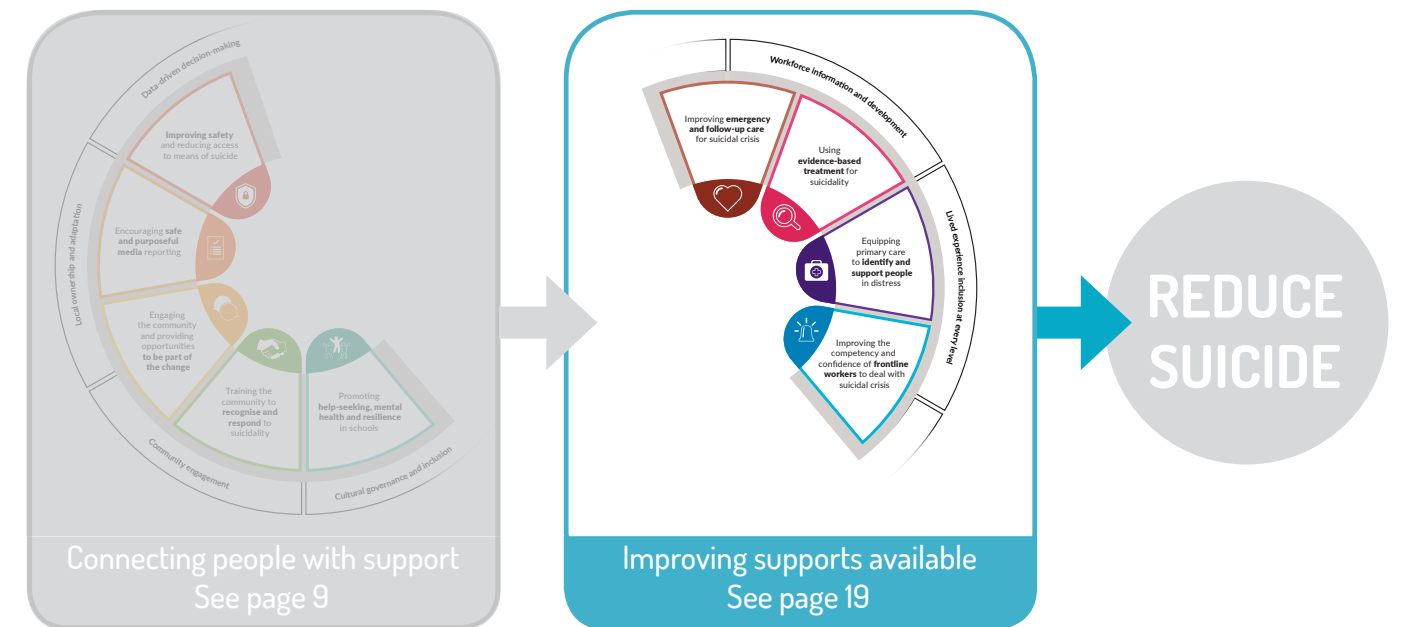
"Someone once said the best antiseptic is sunlight and I think that's very much the case with mental health and suicide. Things won't get better if we don't get them out in the open, if we don't talk about them. I've had long-term counselling with psychotherapy. While I can still fall into a hole, thanks to the supports I have in place, it's a shallower hole and easier to get out of." - Bruce

Improving supports available

When someone considering suicide reaches out for help, we need to make sure they are able to access the supports that are right for them.

Improving these supports is often very difficult work – it can involve significant change across very large, complicated systems. Sometimes it requires us to build new supports altogether.

The Collaborative has been doing a lot of work on improving the supports available for people who are suicidal.



Supporting people after a crisis20

Ensuring people who have attempted suicide access whatever supports they need as soon as possible

Ensuring psychological treatment is evidence-based and effective22

Supporting health professionals to embed evidence-based treatment into their practice

Equipping primary care to identify and support people in distress24

Using universal screening to help general practices identify people in distress and connect them to care

Setting up Safe Spaces26

Establishing warm, safe, non-clinical supports for people who are suicidal



Supporting people

To prevent suicide deaths, we must ensure that people who have attempted suicide receive whatever supports they need as soon as possible. This is particularly important immediately after they have attended a hospital emergency department.

In 2017, the Collaborative worked with member organisations – Grand Pacific Health (GPH), Flourish Australia, South Coast Medical Service Aboriginal Corporation, and the Illawarra Shoalhaven Local Health District – to develop a new service to support people during the transition from hospital-based care to the community. It is called the Next Steps Aftercare Service.



South Coast
Medical Service
Aboriginal Corporation



NSW
GOVERNMENT
Health
Illawarra Shoalhaven
Local Health District



The Next Steps Aftercare Service involves a combination of support from peer workers (who have their own experiences of mental health and suicidality) and psychologists (who are trained to provide traditional, clinical therapies). Next Steps is not about mental health treatment. It is about supporting recovery by helping people identify and work towards their goals as well as connect with supports in the community.

100% of people supported by Next Steps have said they would recommend this service to others. As one person who benefited from the program described her Next Steps peer worker: "She was amazing. She always made me feel great and think about things in a new way." The exceptional level of satisfaction reported by people engaged with Next Steps is remarkable for a new service supporting people at such a critical time.

after a crisis



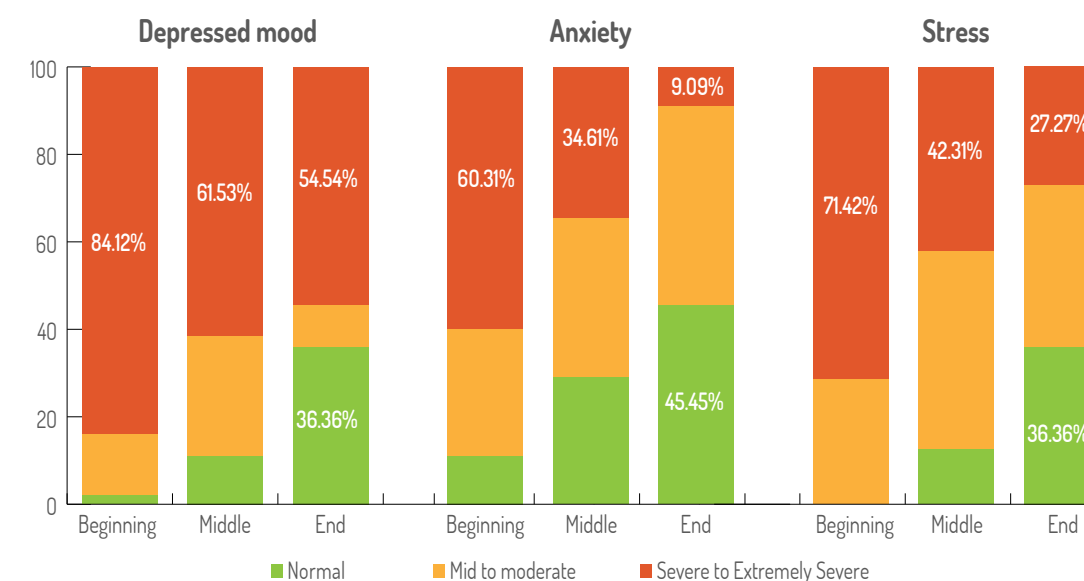
Reviewing, learning and improving

Setting up and engaging people in the Next Steps service has been a big achievement, but the work does not stop there.

Systematically reviewing and feeding back how the service is going, then taking steps to improve things, is vital for ensuring it is effective.

The University of Wollongong, the Centre for Health Research Illawarra Shoalhaven Population (CHRISP), GPH and the Collaborative are conducting a very sophisticated evaluation of the Next Steps program. Early signs are very positive.

Not only are participants reporting marked improvements in their mood (see figure below), but they are also connecting with supports and achieving their goals.



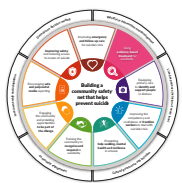
Consumers' reported depressed mood, anxiety and stress over the course of the Next Steps Aftercare Service, by proportion of people in each category.

"This approach works, it is different, it is pioneering, it is evolving and most of all it is making a difference." – Next Steps Peer Worker



The Collaborative is also proud to sponsor a position that will soon begin working within local emergency departments. We want to ensure that this new aftercare service becomes embedded so that all people presenting to an emergency department with suicidality are offered this support.

To ensure people's experience of emergency departments is as warm and therapeutic as possible, the Collaborative is also working with the Illawarra Shoalhaven Local Health District to align current practices with the recently released Guidelines for Integrated Suicide-related Crisis and Follow-up Care in Emergency Departments and other Acute Settings developed by the Black Dog Institute.



Ensuring evidence-based

People living with mental illness are up to 30 times more likely to die by suicide than the general population. Although not all people who die by suicide have a mental health problem, and not all people with mental illness experience suicidal behaviour, access to excellent mental health treatment represents an important strategy for suicide prevention.

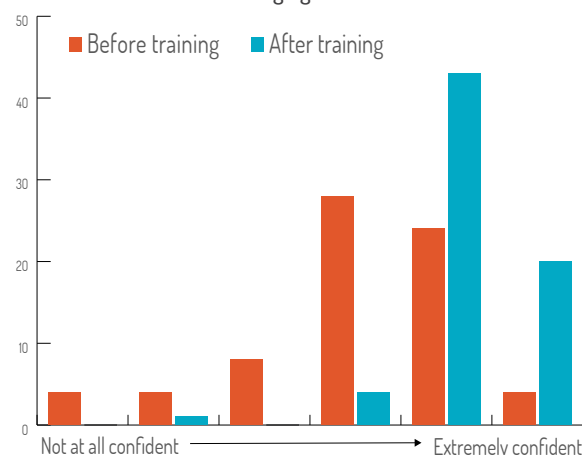
Training

Since 2017, **233** local health professionals have undertaken training focused on suicide prevention.



178 have done **Advanced Training in Suicide Prevention (ATSP)**, an interactive workshop for multi-disciplinary health professionals. Ten workshops have been delivered across the region, including some that were customised for general practitioners and school counsellors.

Participants rate their confidence with regard to recognising and managing suicide risk



55 undertook the SafeSide training. The **SafeSide** approach teaches health professionals how to develop practical, tailored treatment plans that address whatever is driving a person's suicidality.

Staff from a number of health services came together for the SafeSide training, which was funded by the NSW Ministry of Health.

92% of participants said they walked away feeling able to apply the SafeSide training to their work.

"This training has given me so much more confidence, particularly on how to talk about a person's suicide risk with other clinicians." - Training participant

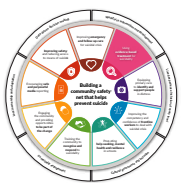
Supporting implementation

Of course, training health professionals only makes a difference if the learnings are embedded into actual practice.

So, the Collaborative is continuing to work with SafeSide training participants and local health services to make evidence-based practice part of routine care.



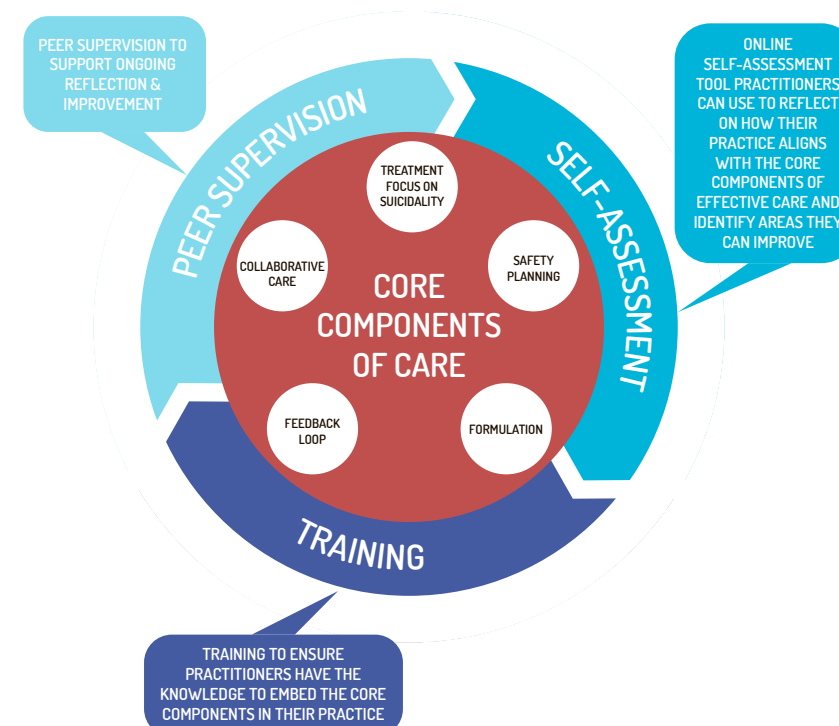
treatment for suicidality



Self-assessment and training to embed evidence-based treatments in practice

Psychosocial therapies are one form of mental health treatment that has been shown to significantly reduce suicidal thoughts and behaviours. Recent national and international models have identified the core components or mechanisms that make this care effective. The Collaborative has set up a process that uses self-reflection, training and peer supervision to support health professionals to embed these core components into their practice and continually reinforce high quality care.

Resources and training for health professionals can be found on the Collaborative's website.



"We often talk about evidence-based treatments e.g. CBT or DBT, but we don't always think about what elements of these treatments make them effective. The self-assessment helped us think critically about the care we are providing and we came away with some concrete actions we can take to improve."

- Rebecca Sng, Manager Primary Health Services, Grand Pacific Health



Effective care requires health professionals with compassionate and respectful attitudes towards people with mental illness or suicidality.

To promote these attitudes amongst health professionals, the Collaborative has funded 10 health professionals to attend Recovery Camp. These camps provide an opportunity for health professionals and students to spend a week doing a range of outdoor recreation activities with people living with mental illness, learning with and from each other about how to support people's recovery.

Research has shown that those who attend Recovery Camp have increased confidence and competence working with people with mental illness compared to health professionals who do a traditional training placement. And perhaps most importantly, **Recovery Camp participants have less stigmatising attitudes towards people with mental illnesses.**

Caitlin, who took one of the sponsored spots funded by the Collaborative, said: "I returned from camp with a renewed sense of perspective, deeper insight into my own work in the community and how it can reach those with more complex needs, and a greater respect for mental health nurses too."



Equipping primary care to identify

Many people experiencing suicidal thoughts or behaviours visit their doctor in the weeks or days before suicide.

Equipping general practices with the skills and resources to identify and support people in distress is one of the most promising interventions for reducing suicide, potentially by 6.3%. This can be done through universal screening of every adult presenting to a general practice and by providing suicide prevention training for all general practice staff.

5

general practices already using StepCare screening

COORDINARE is working with the Black Dog Institute to implement their StepCare screening tool in five general practices in the Illawarra Shoalhaven.

StepCare is a short iPad-based questionnaire that screens people for depression, anxiety, substance use and suicidality. It is being used in general practice to help doctors identify people who may be suicidal and connect them with the appropriate care.

How are we supporting practices to use StepCare screening?

COORDINARE has been doing a lot of work to help general practices embed StepCare screening. This includes:

- tailored support and resources
- regular feedback to practices, GPs and patients
- free suicide prevention training for practice staff
- facilitation of a StepCare community of practice

This work is helping to ensure that GPs know when someone is struggling, so they can connect them with supports.

"When a patient did a follow-up screening, we were alerted they had severe symptoms. Although their GP no longer worked at our practice, we had a process in place to monitor the GP's inbox. We immediately flagged the patient with another doctor who followed up with them straight away." – General Practice Nurse

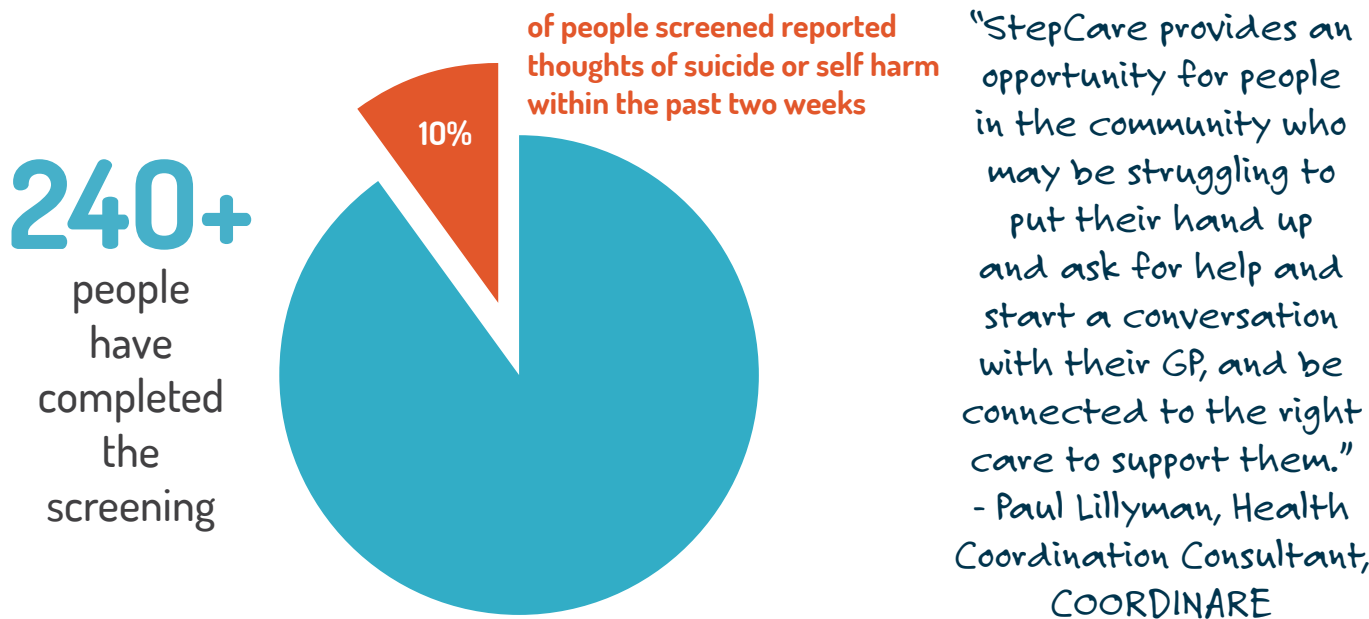


and support people in distress

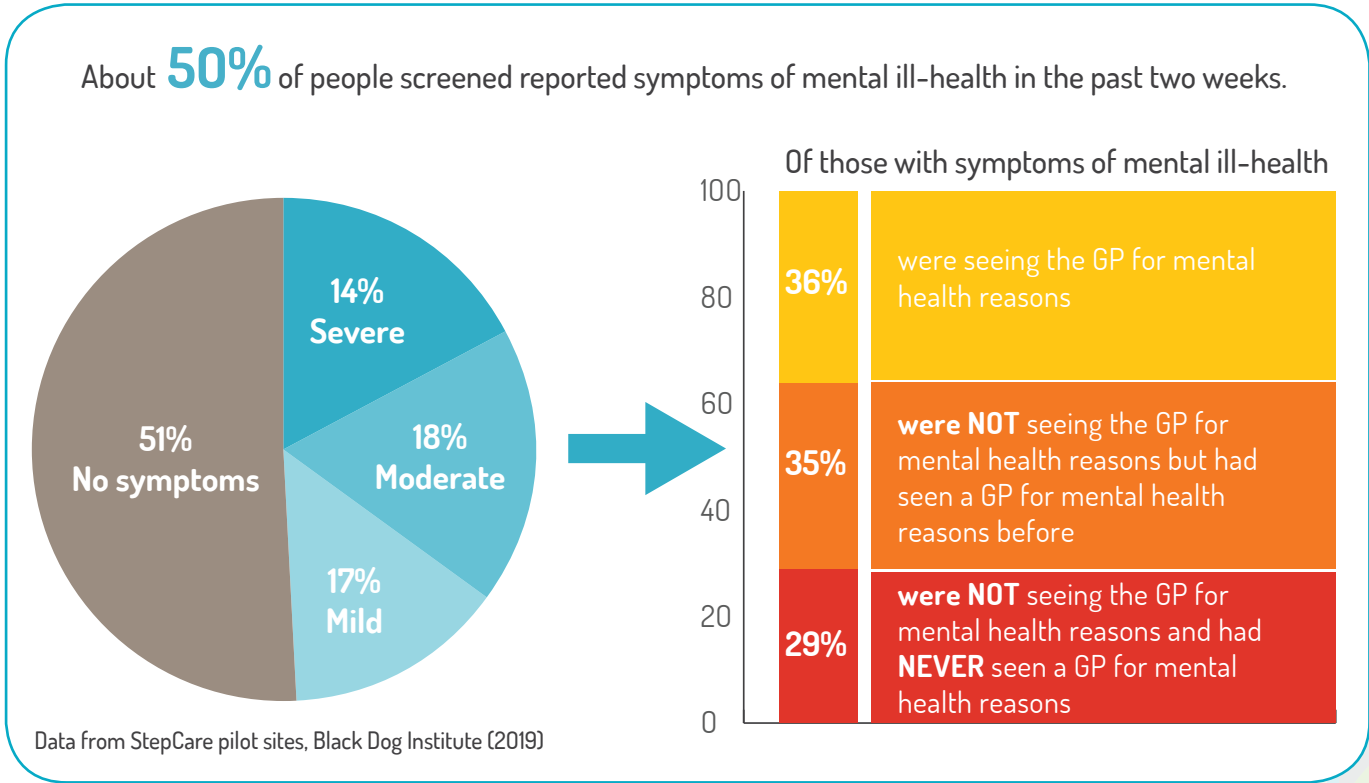


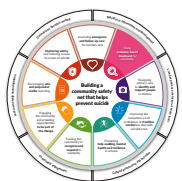
What has the screening found so far?

Preliminary findings from StepCare screening has reinforced the potential value of screening in general practice.



StepCare screening is helping GPs identify people who are suicidal, or experiencing mental health problems who weren't likely to have otherwise spoken to their GP about these problems. This creates opportunities for GPs to talk to these people about their mental health and connect them with available supports.





Safe Spaces: a 'warm' alternative

What's a Safe Space?

Safe Space is an umbrella term referring to non-clinical, peer-led supports for people in suicidal crisis. These spaces aim to provide a genuine alternative to conventional mental health and hospital services, and are usually operated by peer workers with a lived experience of suicide.

Advocates for Safe Spaces recognise that lived experience is a unique form of expertise and that the practical insights of people who have 'walked the walk' should guide the design and delivery of these supports. There is an emerging evidence base for their therapeutic value in promoting hope, healing and recovery.

We hope to achieve a mix of Safe Space supports for our region. These supports will be operated by peer workers with a lived experience of suicidal distress who can offer emotional support and the mutual understanding that comes with common experience.

"Our lived experience members say that one of the most therapeutic things they've ever done is having their voices heard and respected."
- Alex

Peer support groups

Regular groups open to anyone with a lived experience of suicidal distress.



Warm line

An alternative to traditional crisis lines where peers provide emotional support and information about local supports.



Spaces open extended hours to provide a genuine alternative to ED. People can chat with a peer worker or just take some time out for themselves.



Drop in spaces

Residential spaces where people in crisis can stay for up to a week in a warm, welcoming environment.



Peer Respite

for people in crisis



How's the Collaborative involved in the development of Safe Spaces?

We supported our lived experience members to establish a working group to develop a proposal for Safe Spaces in our region. They consulted with the Western Massachusetts Recovery Learning Community – a lived experience collective who have led the way in the global peer respite movement. Other Collaborative members are also contributing to the conversation, sharing their wisdom about some of the challenges in providing services to people in social and emotional distress.

Driving the Safe Space initiative has given our lived experience members confidence in their own expertise. They are now contributing to system change in other ways, and spreading the collaborative way of working to their growing lived experience networks, both locally and at a national level.



A good example of this is their participation in the NSW Mental Health Commission's mid-term review of **Living Well: A Strategic Plan for Mental Health in NSW 2014-2024**. The local Safe Space initiative was showcased at the Commission's regional consultation forum and in a video produced by the Commission to illustrate the power of meaningful lived experience inclusion in design and delivery of supports. As Carrie, one of our lived experience members interviewed for the video put it: "Lived experience needs to be 'baked into the cake' of the mental health system and of mental health reform in Australia."

There are now exciting funding and partnership opportunities for Safe Spaces on the horizon and we anticipate the peer support group being up and running very soon.



"We have to keep this going. Often mental health and suicide prevention activities are funded in the short term. We need to make sure this stuff keeps going. It can't stop." - Tim

Where to from here?

It's been a big first four years for the Collaborative! A lot has been achieved. But there's still much to do.

We look forward to the realisation of Safe Spaces across the region – spaces that will provide a genuine alternative to the current crisis support options. We expect there will be lots of opportunities for people with lived experience to drive this work and anticipate learning a great deal about how **non-clinical supports can be effective alongside other support options**.

Another priority for us is to improve postvention supports available for people and communities affected by a suicide death. We know that those who are bereaved by suicide are at higher risk of suicide themselves. **Postvention is therefore a vital part of prevention**. We are committed to implementing systems that will ensure we reach out to these people in a compassionate and timely way, providing the practical support and follow up they deserve.

We also need to ensure that improvements to existing supports are **consistently implemented across services and sectors**. To do this, the Collaborative is committed to supporting health professionals to keep their practice aligned with the constantly growing evidence-base through the development of self-assessment tools and training programs.

And we know it's critical that we reach out to those **people in our communities who are perhaps less likely to ask for help** when they're struggling. We must find ways to connect these people with the supports they need and provide those supports in a culturally responsive way.

There is also good news! The Primary Health Network and Local Health District have **committed to a regional approach** to suicide prevention and the collaborative way of working, including their ongoing joint funding of 'backbone' staffing of the Collaborative.

The membership of the Collaborative continues to grow, not just in number, but also in its diversity of representation. We can't overstate how important that diversity of voices has been. **We warmly welcome new members**, keen to contribute and play their role in suicide prevention.

Conversations that begin on the basis of a shared determination to reduce suicides often result in unexpected opportunities to work together. The **relationships that emerge from working collaboratively help to build stronger communities** and a greater sense of belonging for all of us.

We look forward to working with our communities and Collaborative members to change the culture around suicide. We refuse to accept that suicides are inevitable.



Margot Mains (Chief Executive, Illawarra Shoalhaven Local Health District) and Dianne Kitcher (CEO, COORDINARE – South Eastern NSW Primary Health Network) are committed to a regional approach to suicide prevention.

We all have a role to play in suicide prevention

Preventing suicide is not the sole responsibility of any one person, group, service or sector. Every one of us has a role to play and we all need to do our part if we are going to have a significant impact on suicide.

You are in a position to help.

As a community member

- Learn how to help – do suicide prevention training – visit our website to find the training that's right for you.
- Share the 'where to go for support' resource with your mates, neighbours, family and co-workers, e.g. via social media or on the fridge at work.
- Don't be afraid to talk about suicide with your friends, family or your GP.

As a health professional

- Use the self-assessment tool to reflect on your practice.
- Do suicide prevention training – visit our website to find the training that's right for you.
- Sign up to the next Recovery Camp.
- Join our Health Professional Mailing list to keep up-to-date with the latest evidence, news, trainings and events about suicide prevention.

As a person with lived experience of suicide

Contact the Collaborative to:

- Connect with other people with lived experience.
- Learn how to use your experience to have a positive impact.
- Help us reduce suicides. Your experience is an asset we need to do this work.

As a business or organisation

- Rollout suicide prevention training within your workplace – contact the Collaborative for resources and support to rollout training.
- Share the 'where to go for support' resource with staff, e.g. via your intranet/staff newsletter or in the staff room.
- Make sure your staff know who to speak to at work if they are struggling and are supported to take time out if they need it.

Get involved with the Collaborative

Help us continue and grow this work by joining a working group, our monthly meetings or contributing outside of meetings. Contact us on 1300 069 002 or suicideprevention@coordinare.org.au.

Thank you to everyone who has been involved with the Collaborative.



IRENA PRESCOTT
COLLABORATIVE MEMBER
1988 – 2019

WHERE TO GO FOR SUPPORT



If someone is injured or at immediate risk of hurting themselves or someone else call 000 immediately

Help with a crisis

(24 hour services, online chat available)

Lifeline lifeline.org.au	13 11 14
Suicide Call back Service suicidecallbackservice.org.au	1300 659 467
MensLine mensline.org.au	1300 789 978
Kids Help Line kidshelpline.com.au	1800 55 1800
Rape Crisis Line nswrapecrisis.com.au	1800 424 017
1800 RESPECT 1800respect.org.au	1800 737 732

Help with your Mental Health

Mental Health Line	1800 011 511
headspace Wollongong Nowra ehheadspace.org.au	4220 7660 4446 7300 1800 650 890
Head to Health headtohealth.gov.au	
SANE sane.org	1800 187 263
QLife (LGBTIQ) qlife.org.au	1800 184 527
Veterans & Family Counselling openarms.gov.au	1800 011 046

Help with alcohol and other drugs

Alcohol & Drug Information Service	1800 250 015
Watershed Drug & Alcohol Recovery and Education Centre watershed.org.au	1800 818 872
ISLHD Drug & Alcohol Services	1300 652 226

Aboriginal Services

ILLAWARRA	
Illawarra Aboriginal Medical Service www.illawarraams.com.au	4229 9495
SHOALHAVEN	
South Coast Medical Service Aboriginal Corporation southcoastams.org.au	1800 215 099
Waminda waminda.org.au	4421 7400

Help with other stuff

GAMBLING	
Gambling Help online gamblinghelponline.org.au	1800 858 858
FINANCIAL	
National Debt Line - ndh.org.au	1800 007 007
No Interest Loan Scheme - nils.com.au	
LEGAL CENTRES	
Illawarra - illawarraregalegalcentre.org.au	4276 1939
Shoalhaven - shoalcoast.org.au	1800 229 529
HOMELESSNESS	
Link2Home Information Line facs.nsw.gov.au/housing	1800 152 152

Visit your local Council for information on Low Cost & Free Meals & other community services.

Help for your family and relationships

(including family violence)

NSW Family Referral Service familyreferralservice.com.au	1800 663 863
Relationships Australia relationships.org.au	1300 364 277

To find a full list of support services, scan the QR code



Or visit:
suicidepreventioncollaborative.org.au/need-help