

Monthly Meeting Minutes – 11 October 2018
8:30-9:30am, COORDINARE office, Ground floor The Central building
Squires Way, Innovation Campus, North Wollongong
& video link to GPH Centre, 107 Scenic Dr, Nowra

1. Attendees

WOLLONGONG:

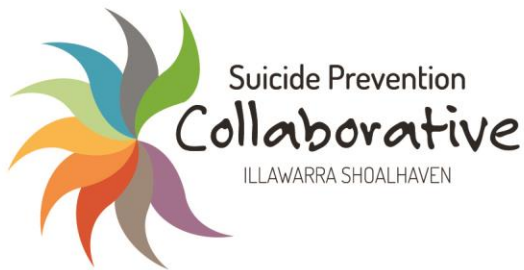
ADAM BRYANT	(ABr)	ISLHD
ALEX HAINS	(AH)	SP Collaborative
AMY BERTAKIS	(AB)	Wellways
ANN FRANKHAM	(AF)	Lived Experience
BRIAN BOULTON	(BB)	CityLife Community Initiatives
BRUCE MCMILLAN	(BM)	Lived Experience
CARLIE SCHOFIELD	(CF)	Illawarra Aboriginal Medical Service
CARRIE MILLER	(CM)	Lived Experience
COREY DE BRUIN	(CdB)	Lived Experience
DANIEL ERAK	(DE)	APM employment services
EMMA RINGLAND	(ER)	SP Collaborative
JANET JACKSON	(JJ)	NSW Trains
LORNA MOXHAM	(LM)	UOW Global Challenges Program
MARK WILDER	(MW)	Lived Experience
MARY-ANNE FLEETON	(MF)	Anglicare
MICHELLE ELLIS	(ME)	Anglicare
RACHEL NORRIS	(RN)	Lifeline South Coast
RON DE JONGH	(RdJ)	Grand Pacific Health
TIFFANY WESTON	(TW)	UOW
TIM HEFFERNAN	(TH)	SP Collaborative Executive; Lived Experience Representative
VIDA BLIOKAS	(VB)	SP Collaborative Executive; School of Psychology, UOW

NOWRA:

WENDI HOBBS	(WH)	SSPAN
-------------	------	-------

APOLOGIES:

CATHERINE CAMPBELL	(CC)	Shoalhaven City Council
CLARE LESLIE	(CL)	Lifeline South Coast
CYNTHIA MCCAMMON	(CMc)	Catholic Education Office Diocese of Wollongong
GLENN WILLIAMS	(GW)	SP Collaborative Executive; MIND the Gap
JOAN GISSING	(JG)	Department of Education
KATHRYN BAGET-JULEFF	(KBJ)	Shellharbour City Council
KYLIE HANIGAN	(KH)	Lived Experience; Hansen & Cole Funerals
LINDA LIVINGSTONE	(LLi)	SP Collaborative Executive; COORDINARE
MARILYN DUNN	(MDu)	Salvation Army
MELISSA CAMERON	(MC)	Department of Education
MICHELLE DICKSON	(MDi)	Waminnda
NICKY SLOSS	(NS)	Association of Independent Schools



REBECCA SNG	(RS)	Grand Pacific Health
SANDRA BOLACK	(SB)	iSPAN
SHARLENE CRUICKSHANK	(SC)	South Coast Medical Service Aboriginal Corporation

2. Welcome and introduction

VB welcomed attendees and did Acknowledgement of Country and Acknowledgement of people with lived experience.

3. Working Group (WG) updates

a. WG1 (health interventions)

AH reported that WG1 has not met since July. AH highlighted that the group has a number of challenging topics to discuss, and a lot of planning has been going on in the background to help prepare for these discussions. WG1 members will be contacted soon regarding plans for upcoming meetings.

b. WG2 (community interventions)

BB reported September & October have been a big couple months for WG2 who have been holding stalls at local events to promote the [Question Persuade Refer \(QPR\)](#) training.

AH noted that October is Mental Health month, so there is lots of activity going on. AH reminded members that the Collaborative can help disseminate information about local events.

BB noted WG2 has also been discussing how to support more involvement of people with lived experience in local suicide prevention activities.

ACTION 1: Collaborative members send information about local mental health / suicide prevention events to the Collaborative (suicideprevention@coordinare.org.au) for dissemination.	All
---	-----

c. WG3 (school interventions)

ER reported that WG3 has started discussing what else the Collaborative would like to achieve in schools aside from the implementation of the Youth Aware of Mental Health (YAM) program. Improving communication between education and health services has been highlighted as a priority area. WG3 will start by mapping out the current issues with the communication between education and health services, then work with the health interventions working group (WG1) to address them.

BB asked if YAM will be happening again next year. ER confirmed that YAM will be delivered in Term 1 and 2 every year. ER noted that YAM coordinator positions have been created for the Public, Catholic and Independent schools. These coordinators are starting to prepare for YAM 2019 but this is largely happening outside of the WG3 meetings.

d. WG4 (data-driven suicide prevention)

AH noted one of WG4's key roles is to improve access to timely data on local suicide rates. However, the datasets we need to access (including coronial, police and ambulance) are state-based and hard to influence locally. The Black Dog Institute (BDI) aims to collate data from these different sources into a suicide audit report and have already provided WG4 with a report on local suicide deaths based on coronial data. BDI are now working with police at a state-level to improve their reporting and will soon be able to incorporate police data on deaths and attempts (including contextual information) into the report. AH noted this information will help give a better picture of what

is actually happening locally, however police are not involved with all suicide attempts, so data from ambulance and Emergency Departments will also be needed.

TH asked whether the memorandum of understanding (MoU) between ISLHD, Police and Ambulance could be a potential avenue to access data. AB highlighted the purpose of the MoU is to help their services to support the wellbeing and safety of those they are helping. AB said it may or may not be possible, but could be discussed further outside of the meeting.

a. **WG5 (Aboriginal suicide prevention)**

AH reported there is no update from WG5.

TH noted that a Peer Worker from South Coast Medical Service Aboriginal Corporation (SCMSAC) has been employed to the Next Steps aftercare service. BB noted that he has been working with SCMSAC to provide QPR face-to-face training to a number of Aboriginal men's and women's groups.

4. **Celebration event review**

ER thanked everyone who helped out with and came along to the Celebration event, and acknowledged the big collaborative effort from all those involved.

ER noted that as with all activities undertaken by the Collaborative, the Celebration event has been reviewed to help gauge the effectiveness of the event and informing planning for next year. ER provided a summary of findings from the Celebration event review ([click here to view PowerPoint slides](#)).

AH also thanked everyone for getting involved with the event. It was good to celebrate what we have achieved so far whilst reaffirming our commitment to preventing suicide. AH highlighted that the event generated a lot of positive energy, and it is now up to the Collaborative to make sure we translate that energy into action. RdJ reinforced that the event helped re-energise those involved, noting that this is a positive outcome in itself.

5. **ABS suicide statistics**

AH noted that the Australian Bureau of Statistics (ABS) has recently released the *Causes of Death, Australia 2017* report. AH commented that hearing about statistics can be distressing, particularly when we are mindful that each of these numbers represents a significant number of communities being affected deeply and permanently by suicide. AH also noted that hearing about some of these statistics might be disheartening, but emphasized that these are national statistics and we do not know whether local suicide rates echo these trends.

AH provided an overview of the ABS suicide statistics ([click here to view Mindframe summaries of latest suicide data](#)).

AH also noted two other reports which have information on national suicide rates:

- Australian Institute of Health & Welfare: [Causes of death among serving and ex-serving Australian Defence Force personnel](#).
- Australasian College for Emergency Medicine (ACEM): [The long wait - An analysis of mental health presentations to Australian emergency departments](#).

RdJ noted the Royal Australian College of General Practitioners (RACGP) [General Practice: Health of the Nation 2018](#) report, which reported that GPs identify mental health as the most common reason for why people visit the GP.

AH reinforced that these statistics are all national, not local, and we do not know whether our local activities have or have not had an impact on local suicide rates. As soon as local data becomes available it will be fed back to the Collaborative. Collaborative members are also welcome to get involved with work around local data.

ACTION 2: Collaborative members contact Alex (ahains@coordinare.org.au) if they would like to get involved with work around local data.

All

6. Funding opportunities

AH noted recent funding announcements:

- Federal government: additional \$36 million will go to the National Suicide Prevention Leadership and Support Program (now totaling \$79.9 million). The funding has already been allocated to various organisations and it is up to local groups to approach national organisations to ask for funding ([click here to view organisations and what they're spending the funding on](#)).
- Suicide Prevention Australia: \$300K from Federally funded Suicide Prevention Research fund has been allocated to Innovation Grants ([click here for more information](#)). EOIs are due by 31st October 2018.

AH highlighted that the Collaborative is available to support anyone who would like to apply for funding and encouraged members to contact Alex/Emma if they would like help with their applications.

AH also noted the Federal Health Minister, Greg Hunt, [recent announcement of a New Productivity Commission Inquiry to shine a light on mental health](#). ER reported Greg Hunt has also donated \$10,000 to the Collaborative for another 1000 free QPR online licenses. AH noted local member Stephen Jones was pivotal in getting this donation.

ACTION 3: Collaborative members contact Alex (ahains@coordinare.org.au) if they would like support with funding applications.

All

7. Roses in the Ocean Lived Experience Summit

MW reported that four of the Collaborative's lived experience members (AF, BM, CM and MW) attended the inaugural Roses in the Ocean Lived Experience Summit, held in August 2018. The group provided a summary of the talking points from the summit ([click here to view](#)).

AH asked the members with lived experience if there are any particular messages or suggestions they would like to share with the Collaborative. MW suggested clinicians focus on building rapport with people before doing clinical assessments. CM noted that the feedback from national peak bodies at the summit was that the Illawarra Shoalhaven is doing a really good job in terms of involving people with lived experience in suicide prevention.

8. Collaboration Health Assessment Tool

AH reported that the Collaborative's executive has started discussing the sustainability of the work we are doing beyond the LifeSpan project, and this will be discussed with the broader Collaborative at the November meeting. AH emphasised that this will be a very important discussion and there is a lot of work being done to prepare so that the discussion will be well-informed.

AH reinforced that reducing suicide will take a long-term effort, far beyond the limited timeframe of the LifeSpan contract. It is therefore crucial that we ensure the Collaborative is sustainable so that we can continue to work together in this way to maximise our impact.

AH noted that the Collaborative has already started documenting 'what' the Collaborative and its members have achieved in terms of activity and outcomes (e.g. dashboard posters at celebration event). However, we also need to document 'how' we are doing it and the way we've been working, i.e. collaboratively. AH noted this is harder to document than activity, but there are some ways to do it.

The Collaborative's executive reviewed a number of the tools that can be used to gauge the 'health' of a collaboration. The *Collaboration Health Assessment Tool* (CHAT) has been chosen because it has been specifically designed for this purpose and will provide a snap shot of how well we are working together. Pairing the results of this survey with the dashboards on what has been achieved in terms of activity will provide a fuller picture of how the Collaborative is going.

AH noted Collaborative members have been sent an email with a link to the CHAT survey and encouraged members to complete the survey at the end of the meeting. AH asked members to be completely honest in reflecting on what they feel the Collaborative is doing well and what we could improve.

The survey will be open for two weeks. Results will be feedback and discussed at the November meeting.

[Please click here for link to the survey.](#)

ACTION 4: Collaborative members completed CHAT survey by COB 26th October ([click here](#))

All

9. Additional items

Podcasts

TH and AH noted podcasts which may be of interest to Collaborative members:

- [All in the mind – Preventing suicide](#)
- [No feeling is final](#)

QPR face-to-face for employers

DE reported that APM employment services will be holding a QPR face-to-face training session for key people from local employers to encourage them to provide suicide prevention training for their staff. The training date is to be confirmed but will likely be held before the end of October. CM reinforced need for NDIS providers to do suicide prevention training.

ACTION 5: Daniel send Emma details of QPR face-to-face session for dissemination to the Collaborative.

DE

10. Next meeting

Date: Thurs 8 November 2018

Time: 8:30-9:30am

Venue: COORDINARE office, Ground floor The Central building
 Squires Way, Innovation Campus, North Wollongong



& video link to GPH Centre, 107 Scenic Dr, Nowra

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