Illawarra Shoalhaven **LifeSpan Project Update – 30 June 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. • *Next Steps* evaluation research protocol developed, with first run of analyses planned for Sep 2018. • Working with ISLHD ED to benchmark current practice against ED Delphi guidelines. • Cohort study signed-off by ISLHD staff (Aug 2017), and LifeSpan ethics approved (Oct 2017).	• Slow referral rates to *Next Steps Aftercare Service*, which limits our ability to evaluate the impact of the program. • Anticipated 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 commence recruitment for cohort study (July 2018).
	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	• Additional ATSP session delivered in Nowra and Kiama. Total of 61 multi-disciplinary health professionals now trained. • Youth in Distress (youth-specific ATSP) delivered, with 68 school counsellors trained. • Resource outlining evidence-based psychological care has been developed. • Engaged people with expertise in practice change across systems.	• 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.	• Gather interest in training and then coordinate across organisations, thereby increasing the number attending and reducing the cost per person. • Establish or utilise existing communication channels to engage service providers.
	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	• 13 practices have signed up to implement *StepCare* screening, with 4 practices already underway. • Total of 20 GPs have attended training (9 ATSP; 11 TASGP).	• Effectively competing with the promotion of multiple initiatives aimed at General Practice requires strategic timing and careful planning.	• 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.
	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.	• Limited evidence for existing targeted frontline staff trainings. • Anticipated difficulty influencing large, hierarchical organisations to change embedded training practices.	• Working with BDI to influence training of frontline workers at state level. • Working with local Ambulance service to shape article in media campaign focusing on frontline workers.
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	• YAM delivered in 25 schools, including 19 DoE, 4 Catholic and 2 independent schools, with 1 more independent school scheduled for Term 3. • 123 YAM Helpers trained, with 95 involved in delivering YAM. • 1 locally-based Master YAM Facilitator trained. • 1 local school participated in evaluation of YAM. • 7 schools provided QPR for their staff, with 455 licenses purchased.	• 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.	• Embed YAM Helping into TAFE curriculum to ensure sustainable pool of suitable YAM Helpers. • Train additional locally-based YAM Facilitators. • Follow up with local service providers to see if there has been any change in referrals over the course of YAM rollout. • Continue to Support promotion of time-critical training for school staff and parents of Year 9 students.

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			• 68 school counsellors undertaken Youth in Distress training.		• Review of implementation processes, school feedback and student outcomes. • Promotion of YAM in media campaign.
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)	• 768 people completed GKT since Aug 2017: ASIST (53), QPR online (715). • 1,141 QPR online licenses sold, with 972 (85%) purchased by organisations within the region. • 61% of licenses purchased by organisations (596/972) and 70% purchased by individuals (119/169) have been used to complete the training. • 9/39 Collaborative organisations committed to rolling out QPR online amongst their staff. • Local Facilitator begun offering QPR face-to-face training. • Lifeline South Coast have embedded evaluation across the ASIST programs they facilitate & shared attendance information. • Local MP donated 1,000 QPR licenses. • Local Working Group developed model for coordination of GKT and Lifeline South Coast contracted by PHN to implement coordination.	• Programs that have existing community buy-in are not necessarily the ones with the strongest evidence. • 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. • Ensuring individuals who purchase QPR actually complete the training.	• Promotion of QPR online to major employers across the region, as well as to the general community. • Embedding QPR online into organisational training/orientation. • Develop navigational tool to help people choose the training that best meets their needs. • GKT to be the key call to action across 2 month 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	• Partnered with *Illawarra Mercury* to plan 2 month media campaign, with consistent key messages and social media elements (#care2qpr, Facebook profile picture frame) to connect and maximise the impact of local activities. • Localised communications 'pack' developed with key messages for all strategies.	• 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.	• One year milestone event planned for RUOK? Day. • Continue to support local activities and events by providing key messages and resources. • Promote clear evidence-based calls to action e.g. QPR online.
	S8. Encouraging safe and purposeful media reporting	• Implement *Mindframe Plus* • Develop a media strategy	• 2 month media campaign planned in collaboration with *Illawarra Mercury, Mindframe, BDI* and *Suicide Prevention Australia.* • Prepared 16 organisation spokespeople and 12 people with lived experience to be interviewed for media campaign. • Involved *Mindframe* in response to unsafe media coverage relating to suicide.	• Difficult to systematically capture data on appropriateness of television, radio and social media and its impact. • Monitoring the quantity and quality of media in a way that is both thorough and feasible.	• Manage media campaign in partnership with Illawarra Mercury. • Work with BDI to improve media monitoring and analysis.

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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. • Working with Councils, National Parks and Wildlife Service and local communities to address 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).	• Explore opportunities to work with pharmacists to ensure safe dispensing of medications.
Aboriginal suicide prevention			• 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.	• 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. • Promote YAM Helper opportunity amongst Aboriginal communities. • Promote opportunities for Aboriginal WG members to attend other WG meetings when relevant. • Meeting with Aboriginal community groups to inform funding allocation.
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	• Facilitated central coordination and consistent evaluation of local non-QPR GKTs. • 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. • Developed way of documenting and mapping out schedule of working group discussions. • Dashboards developed to i) engage stakeholders, ii) demonstrate value of data sharing and, iii) facilitate ongoing learning and improvement.	• 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. • Consolidating data from multiple sources and formats into succinct dashboard summary.	• Improve awareness of local events by offering RUOK? Day resources. • Conduct evaluation of Collaborative network. • Monitor impact of media campaign (e.g. QPR online purchases). • Celebrating achievements and collaborative way of working at 1 year event on RUOK? Day. • 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	• Community members with lived experience reaching out to the Collaborative asking to be involved in local suicide prevention efforts. • 76% of all Collaborative meetings (executive, monthly & Working Groups) have at least one person with lived experience present (Feb 2017 – June 2018). • 9 people with lived experience attended Roses in the Ocean (RITO) *Our Voice* training and now receiving support from RITO mentoring. • People with lived experience centrally involved in 100% of key stories throughout media campaign.	• Supporting people with lived experience to be ready to contribute safely.	• 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.

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			• COORDINARE's Mental Health Peer Coordinator regularly supporting all people with lived experience participating in the Collaborative.		
	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 4,174 individual people visit the Collaborative website, 160,317 impressions via twitter, and 14,027 people have been reached via Facebook. • Updated key messages for Collaborative and LifeSpan strategies to communicate progress made.	• 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).	• Review the impact of the media campaign. • Review Collaborative website.
	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. • Broadened scope of Data driven suicide prevention Working Group (WG4) to now include postvention. • Poster presentation 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.	• WG4 leverage networks to help progress this work. • Actively seek funding.