

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities up to June 2018

This work plan focuses on trial activities up until 30 June 2018 as follows:

- Planning and development activities beginning in 2016-17
- Identification of service areas and target populations
- Activities to be undertaken in 2017-18, including implementation in all focus areas
- Indicative timelines and expenditure.

All sites participating in the National Suicide Prevention Trial are required to:

- Promote the development and trialling of strategies in communities with higher risk of suicide due to economic hardship or other circumstances.
- Focus on activities at a local level.
- Develop a systems-based approach to the delivery of suicide prevention services.
- Provide enhanced services for people who have attempted or are considered at higher risk of suicide, which builds upon base activities being undertaken by Primary Health Networks where appropriate.
- Trial strategies for preventing suicide attempts and deaths among one or more of four high risk populations:
 - Aboriginal and Torres Strait Islander peoples
 - Men, particularly in the very high risk age range of 25 to 54 years
 - Young people
 - Veterans.
- Gather evidence and participate in a comprehensive evaluation of their activity.

Work plans are to identify all major activities relating to these objectives that have been undertaken or are planned in the period covered by the work plan, irrespective of whether these were for part of the year only or they will continue beyond the period.

It is acknowledged that sites are at different points in planning and implementation, and may adapt or change activities as the trial progresses, including in response to further consultations and/or to better meet local needs.

Should there be substantive change in the focus or type of activities identified in the work plan, the Department is to be advised in writing and the changes reflected in the next performance report.

All work plans are to be assessed to ensure that activities are in line with the parameters of the National Suicide Prevention Trial as specified in the *National Suicide Prevention Trial: Background and overview*.

PLANNING AND DEVELOPMENT	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p><i>Provide an overview of planning, initial consultations, community engagement and service integration arrangements</i></p> <p>NWMPHN has undertaken significant planning and consultation to date. Initial planning included analysis of NWMPHN’s Initial Health Needs Assessment and a review of NWMPHN service usage data, additional data has been provided by the State Government, the Victorian Coroners and consultation with relevant service providers within the region and review of current Australian literature.</p> <p>Consultations have included Blackdog, Suicide Prevention Australia, Lifeline, Jesuits Social Services, North West Melbourne Area Mental Health, Western Area Mental Health, St Vincent’s Hospital, Western Health, Orygen, On-the-line, SANE Australia and various departments within State Government including Department of Health and Human Services and the Family Violence Unit in Department of Premier and Cabinet. Consultation and engagement has also involved community and consumer consultation, NWMPHN’s Mental Health Expert Advisory Group and the NWMPHN AOD Expert Advisory Group. See Attachment B for a list of attendees to both the NWMPHN Mental Health Expert Advisory Group and AOD Expert Advisory Group.</p> <p>Community engagement has been driven by NWMPHN LGBTI Mental Health and AOD Service Providers Network. The membership of this group consists of academics, service providers who deliver focused services to members of the LGBTI community, and consumer advocates. This group will form the basis of the North West Melbourne LGBTI Suicide Prevention Taskforce, the Taskforce, (this will incorporate the Community Working Group – detailed below) that will drive the trial. Currently additional membership is being sought from both community leaders and people with lived experience.</p> <p>NWMPHN is also in partnership with the Victorian Department of Health and Human Services (DHHS) to deliver two location based suicide prevention projects, in Macedon Ranges and Brimbank/Melton local government areas. NWMPHN is establishing a Regional Suicide Prevention Advisory Group, the Advisory Group, that will advise and support NWMPHN as it implements all suicide prevention approaches and initiatives. The Chair of each Trial will be a member of the Advisory Group as well as key experts, peak bodies, people with lived experience and advocacy groups. Please see Attachment A for a pictorial description of the structures that will be established to support all Suicide Prevention activity in NWMPHN.</p> <p>NWMPHN is currently in the establishment phase of the trial. All NWMPHN funded mental health, suicide prevention and AOD services are being brought together to become part of the formative service integration model as well as relevant State funded activity by Network member organisations. Service integration will be a significant activity within the 2017-18 workplan.</p>

	<p>Currently NWMPHN is undertaking targeted activity with the LGBTI community. NWMPHN will continue to work across the catchment with other vulnerable populations and may incorporate young people or men as a secondary target group.</p> <p>NWMPHN are also liaising with key suicide prevention and intervention agencies to co-design a collaborative and partnered approach to postvention that may be trailed with a target community or within a region of need within the NWMPHN catchment. This would ensure collective investment in a new approach to care after discharge/ attempt which leverages off and remains inclusive of broader commonwealth funded/ national approaches.</p> <p>NWMPHN is also scoping the development of a specialist primary care navigator role with key skills in support after suicide, service access and linkage and family support as well as broader skills and resource utilisation for a range of issues both mental and physical in nature and risk prevention. This approach builds upon the current models of chronic disease, mental health (inc. Part B trial) and family violence targeted activity that PHNs are currently grappling with and brings them all together into one role, where shared investment can increase the number of specialist primary care navigators in general practices across the region.</p>
<p>Systems-based approach</p>	<p><i>Identify the main elements of how this is to be undertaken and how this responds to local circumstances and needs</i></p> <p>NWMPHN has adapted the Blackdog’s Lifespan model to better align with NWMPHN’s Mental Health System of Care. Additionally, National LGBTI Health Alliance have developed National LGBTI Mental Health and Suicide Prevention Strategy. Following consultation with the LGBTI Mental Health and AOD Service Providers Network it has been agreed that priority activity will be an alignment of these systems approaches to ensure cultural appropriateness of the model/ approach for our LGBTI communities. NWMPHN will undertake co-design with the NWMLGBTI Suicide Prevention Taskforce to develop the systems-based approach. Initial activities to develop this include:</p> <ul style="list-style-type: none"> • a workshop with Blackdog Lifespan, the NWMPHN LGBTI Mental Health and AOD Service Providers Network, LGBTI Health Alliance and NWMPHN; and • a round table discussion with North Brisbane PHN, to establish information sharing protocols, as they have also identified LGBTI community as a priority population within their Suicide Prevention lead site activity. <p>The methodology to develop a culturally appropriate systems approach/ model will include a cycle of innovation, followed by review and adaption. The process will embed capacity building to ensure appropriate workforce and community skills development.</p>

<p>Key partners</p>	<p><i>Identify other services or agencies that have agreed or are to be approached to be key partners in trial activities</i> <i>Confirm progress in establishing key partnerships and any major barriers in doing so that may affect service delivery</i></p> <p>The members of the NWMPHN LGBTI Mental Health and AOD Service Providers Network are key partners and will become members of the NWMLGBTI Suicide Prevention Taskforce. Current membership includes: Merri Health, Darebin Community Health, Victorian AIDS Council, Switchboard, MIND Australia, Northside Clinic, Victorian Transgender Council, Drummond Street, St Vincent’s Hospital, Western Health, headspace (representatives from all lead agencies) and Academic Ruth McNair. GLHV have joined as members of the Taskforce. Consultations with relevant community leaders, academics and service providers are currently underway to identify new members of the NWMLGBTI Suicide Prevention Taskforce.</p> <p>Other key partners will include: North West Area Mental Health, Western Area Mental Health, State Government LGBTI Family Violence Working Group, Department of Health and Human Services LGBTI Taskforce, Orygen, Blackdog, Suicide Prevention Australia, General Practices, AOD services, Mental Health services, VACCHO, VAHS and all suicide prevention services delivering to services in the North West of Melbourne.</p> <p>Currently there are no dedicated suicide prevention or postvention services for the LGBTI community. Key partners will be individuals and organisations that have expertise in either, suicide prevention and/or postvention or part of the LGBTI community and have a strong interest in developing culturally appropriate suicide prevention and postvention responses for the LGBTI community.</p>
<p>Community engagement</p>	<p><i>Confirm arrangements for establishment of a Community Working Group, including membership and role</i> <i>Identify other strategies for engagement of the relevant communities and/or representative bodies, incorporation of their input into service development and delivery, and gaining ongoing support</i></p> <p>The NWMLGBTI Suicide Prevention Taskforce (Taskforce) will include membership from service providers, community leaders and people with lived experience. This structure will ensure a co-design model rather than a complex web of different working groups.</p> <p>The NWMPHN LGBTI Mental Health and AOD Service Providers Network advised NWMPHN that the majority of the service providers are also active community members/leaders and the framework and approach of the trial will need to ensure this is recognised and embedded in the model.</p> <p>NWMPHN is in consultations with experts and community leaders to ensure there is a broad representation in the Taskforce, beyond health. This includes participation from leaders representing diversity within the community and people with education and justice expertise.</p>

	<p>Advice from recent consultations is that the community leaders are consulted regularly and there is an element of fatigue. NWMPHN will establish formal relationships with existing advisory groups including the State Government LGBTI Family Violence Working Group and the Department of Health and Human Services LGBTI Taskforce to ensure strategic consultation is undertaken without further burden to the community.</p>
Input from people with lived experience	<p><i>Identify mechanisms by which people with lived experience can provide input to planning, and feedback on services and how these are targeted</i></p> <p>LGBTI people with lived experience will participate in all planning and implementation activities of this trial, including representation on the NWMLGBTI Suicide Prevention Taskforce. On the development of the culturally appropriate systems level framework it is anticipated there will be dedicated pieces of work that will be guided by people with lived experience.</p> <p>NWMPHN is currently in consultation with organisations that support people with lived experience including Roses in the Ocean, Jesuit Social Services- Support After Suicide and SANE Australia to assist in the identification of relevant individuals who will participate in all aspects of the NWMPHN Trial.</p> <p>As well as the National Suicide Prevention Trials, NWMPHN is engaged in two site-based suicide prevention trials in partnership with the State Government. To support the participation of people with lived experience in all three trials NWMPHN will commission an agency to provide regular support and supervision and training to ensure full and safe participation.</p>
State/Territory engagement	<p><i>Confirm if State/Territory policy or other units have been consulted or plans for this</i> <i>Identify strategies for engaging and partnering with State/Territory services - particularly Local Hospital Networks and mental health services</i></p> <p>NWMPHN is a member of the DHHS State-Based Suicide Prevention Advisory Group, and reports on activity in this forum. In addition, NWMPHN is establishing consultation mechanisms with a number of State departmental advisory groups to ensure effective consultation mechanisms are developed for the life of the trial.</p> <p>Local health networks and mental health services have been consulted in the development of the trial. St Vincent's Hospital and Western Health have agreed to participate in the LGBTI Suicide Prevention Taskforce, as well as several other mental health services.</p> <p>After our cultural appropriate systems based framework for LGBTI communities has been developed, additional state services will be engaged in the Trial.</p>
Local Government involvement	<p><i>Identify how and when Local Government are to be involved</i></p>

	<p>Engagement with Local Government has commenced as part of the consultation and scoping of the Trial. To date, several Local Governments have participated in discussions, particularly youth services, municipal health planners and community development departments. Local Government have also supported broader consultation including presentation opportunities at local service provider meetings and contact lists for local services and community leaders.</p> <p>Local Governments that are active in either suicide prevention and/or working with their LGBTI community will be invited to participate. This will include NWMPHN's two other trail sites, Macedon Ranges and Brimbank/ Melton.</p> <p>After the cultural appropriate based framework for the LGBTI communities has been developed there will be a broader engagement strategy targeting all 13 Local Governments within catchment. It is anticipated that a number of suicide prevention commissioned activities will target Local Government staff.</p>
<p>Primary care involvement</p>	<p><i>Identify any strategies for engagement and involvement of general practitioners and other primary care services in the trial</i></p> <p>In consultations to date, General Practitioners have been identified as a priority group within NWMPHN's suicide prevention activity. GPs, nurses and allied health clinicians actively participate in each of the NWMPHN EAGs and Expressions of Interest will be sought for participation in the NWMLGBTI Suicide Prevention Taskforce.</p> <p>After the cultural appropriate systems based framework for the LGBTI communities has been developed it is anticipated that several initiatives specifically targeting general practitioners and other primary care services will be developed, commissioned and implemented.</p> <p>There is a project underway to work with general practices to integrate suicide prevention activity through capacity building and resource development for all staff within the practice. NWMPHN is also funding Melbourne University to develop an online learning module for primary care clinicians to create an inclusive environment for transgender and gender diverse patients. Both projects will be incorporated into a targeted approach to build the capacity and engagement of general practices working with LGBTI people in suicide prevention.</p> <p>CAREinMIND™ Suicide Prevention Service (formally ATAPS SPS) is a time limited face-to-face intervention for those with episodic suicidal thoughts and self-harm located across the north west Melbourne region, and is accessed via a GP referral and mental health treatment plan. In 2017/18 NWMPHN will increase funding to this service to ensure that the anticipated increase in demand from the Trial activity will be met.</p>
<p>Other</p>	<p><i>Identify any other major factors affecting development of trial activities not covered above</i></p>

There is a high level of interest and commitment to the development and implementation of the Trial from relevant community leaders and service providers in the North West of Melbourne.

As well as being a lead site for the National Suicide Prevention Trial, NWMPHN is in partnership with the State Department of Health and Human Services to implement two site-based suicide prevention trials, in Macedon Ranges and Brimbank/Melton local government areas. To support the implementation of all these trial sites NWMPHN is establishing a Regional Suicide Prevention Advisory Group. Membership of this group will include peak bodies, specialist services from both mental health and suicide prevention, general practitioners as well as people with lived experience. The Chairperson of the LGBTI Suicide Prevention Taskforce will also be a member of this Advisory Group.

IMPLEMENTATION	INFORMATION REQUIRED
<p>Summary of main trial activities and approach</p>	<p><i>Provide a brief description of activities to be undertaken</i> <i>Services/Interventions should be evidence based and any models that underpin the approach identified</i></p> <p>Framework development</p> <ul style="list-style-type: none"> • Develop a cultural appropriate systems-based suicide prevention framework for the LGBTI community (Framework) based on Blackdog’s Lifespan, the National LGBTI Health Alliance Mental Health and Suicide Prevention Framework and NWMPHN’s Mental Health System of Care • Map existing activity against the Framework <p>NWMLGBTI Suicide Prevention Taskforce formalise membership, terms of reference and meeting structure</p> <ul style="list-style-type: none"> • Increase participation of community leadership and lived experience on the NWMLGBTI Suicide Prevention Taskforce • Develop formal and informal mechanisms with other relevant LGBTI and suicide prevention and postvention consultation groups • Commission services to support the participation of People with Lived Experience on the Taskforce <p>Commissioning of Activity</p> <ul style="list-style-type: none"> • Based on the mapping of activity against the Framework, prioritise commissioning of activity to meet gaps for identified regions/ communities • Work with the NWMLGBTI Suicide Prevention Taskforce to identify evidence based interventions from consultations with Suicide Prevention Australia, Blackdog and the LGBTI Health Alliance. • Commission activity • Commission evaluation to measure commissioned activity for a range of evidence including cultural adaption, impact and effectiveness <p>Suicide Postvention</p> <ul style="list-style-type: none"> • Work with key suicide prevention organisations to co-design a postvention trial with a target community of region • Commission activity • Commission evaluation to measure commissioned activity to build the evidence base <p>Specialist Primary Care Navigator</p>

IMPLEMENTATION	INFORMATION REQUIRED
	<ul style="list-style-type: none"> • In consultation with relevant leading experts and services, develop a model of specialist primary care navigator with key skills in support after suicide, self-harm, service access and linkage and family support as well as broader skills and resource utilisation for a range of issues both mental and physical in nature. • Commission implementation of the model within of primary health settings • Commission evaluation to measure commissioned activity to build the evidence base
<p>Service areas</p>	<p><i>Identify the geographical areas that are to be targeted and where services are to be provided</i> <i>Identify relevant community issues that led to areas being selected</i></p> <p>The LGBTI trial will commission activity across the NWMPHN catchment. Priority locations will be determined through the mapping activity and consultation with the NWMLGBTI Suicide Prevention Taskforce, service providers and community consultations.</p>
<p>Enhanced services for people who have attempted or are at higher risk of suicide</p>	<p><i>Describe activities to be undertaken and particular strategies to enhance PHN regional activity in this area</i> <i>Identify any targets set in terms of service delivery or other outcomes that hope to be achieved</i></p> <p>Consultations are continuing with relevant service providers, peak bodies, consumer and career groups, area mental health and local health services. Prioritisation of activities will be determined through the mapping activity and consultation with the NWMLGBTI Suicide Prevention Taskforce, service providers and community consultations.</p> <p>After mapping NWMPHN will commission activity to pilot innovation on enhanced and inclusive service responses to LGBTI people who have attempted or at higher risk of suicide. NWMPHN will also commission evaluation to contribute to the evidence base of suicide prevention interventions within an Australian context.</p> <p>In addition to the LGBTI priority population NWMPHN will also develop and implement innovative service responses that target vulnerable populations.</p> <p>NWMPHN are liaising with key suicide prevention and intervention agencies to co-design a collaborative and partnered approach to postvention that may be trailed with a target community or within a region of need within the NWMPHN catchment. This would ensure collective investment in a new approach to care after discharge/ attempt which leverages off and remains inclusive of broader commonwealth funded/ national approaches.</p> <p>Identifying the target community</p>

IMPLEMENTATION	INFORMATION REQUIRED
	<p>NWMPHN is also scoping the development of a specialist primary care navigator role with key skills in support after suicide, service access and linkage and family support as well as broader skills and resource utilisation for a range of issues both mental and physical in nature and risk prevention. This approach builds upon the current models of chronic disease, mental health (inc. Part B trial) and family violence targeted activity that PHNs are currently grappling with and brings them all together into one role, where shared investment can increase the number of specialist primary care navigators in general practices across the region.</p>
<p>Areas for focussed activity</p>	<p><i>Identify the main target population(s)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples <input type="checkbox"/> Men <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <p><i>Provide supporting evidence of local target population needs where available</i></p> <p><i>Provide summary information on service criteria, assessment of need, main services being offered, and strategies to encourage use of services or participation in other activities for each target population</i></p> <p><i>Identify services/interventions to be delivered for each target area/population</i></p> <p><i>Identify the main aims of activities for each target population and for differing sites if relevant</i></p> <p>According to the Australian Human Rights Commission, Australians of diverse sexual orientation, sex or gender identity may account for up to 11 per cent of the Australian population¹, that is approximately 172,920 people living in the NWMPHN catchment. Of the top 10 suburbs with highest proportion of gay couples in Melbourne, six are within NWMPHN boundaries – Melbourne, Northcote, Brunswick, Preston, Richmond and Thornbury².</p> <p>Research has repeatedly shown that mental health problems and suicide risk is significantly higher among LGBTI people compared to the general population³. The Australian National Health Survey indicates psychological distress among LGBTI people remains higher than the national average until the age of sixty-five⁴.</p>

¹ <https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people#fn1> accessed 29 June 2017.

² <http://www.news.com.au/lifestyle/gay-marriage/sydney-has-australias-most-popular-suburbs-with-gays-and-lesbians/news-story/88b704258ca354a428da696fba868b28> accessed 29 June 2017.

³ National GLBTI Health Alliance 2016

⁴ The Australian Research Centre in Sex Health and Society, 2012

IMPLEMENTATION	INFORMATION REQUIRED
	<p>Compared to general population:</p> <ul style="list-style-type: none"> • LGBTI people aged 16 to 27 are five times more likely to attempt suicide • Transgender people aged 18 + nearly eleven times more likely to attempt suicide • People with Intersex variation aged 16 + are nearly six times more likely to attempt suicide <p>LGBTI people experience higher rates of social and health factors that impact on suicide risk:</p> <ul style="list-style-type: none"> • psychological distress (K10 scores) • mental health issues • substance use • homelessness • unemployment • physical and sexual assault <p>The trial activities and interventions are yet to be determined. The description and rationale of activities will evolve from the identified risks and needs of the LGBTI community. NWMPHN will also develop an evaluation program that will document the cultural adaptations, the impact and the outcomes of all activities and interventions.</p> <p>Currently NWMPHN is concentrating activity with the LGBTI community, NWMPHN will continue to work across the catchment with other vulnerable populations and may incorporate young people or men as a secondary target group/ approach. As identified previously this includes a co-design a collaborative and partnered approach to postvention that may be trailed with a target community or within a region of need within the NWMPHN catchment and the scoping the development of a specialist primary care navigator role with key skills in support after suicide, self-harm, service access and linkage and family support as well as broader skills and resource utilisation for a range of issues both mental and physical in nature and risk prevention.</p>

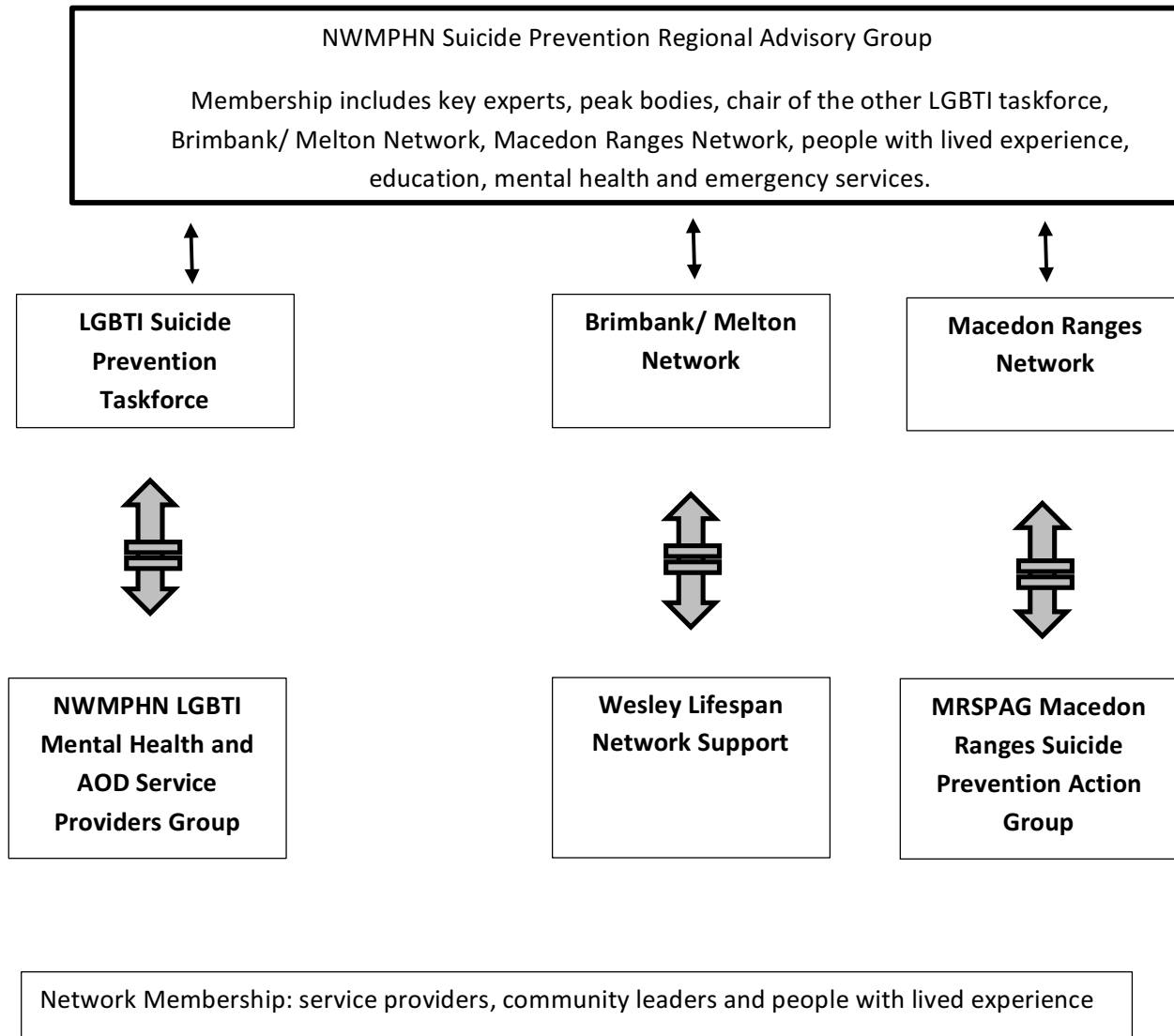
IMPLEMENTATION	INFORMATION REQUIRED
<p>Distinguishing activities in focus areas from PHN base activity</p>	<p><i>Confirm if other enhancements to PHN base mental health and suicide prevention activities are planned</i> <i>State how these can be distinguished from other activities funded from the mental health flexible funding pool</i></p> <p>NWMPHN anticipates that some service providers that currently receive funding to deliver mental health, AOD and suicide prevention services may successfully tender to receive additional funding for delivery of specific suicide prevention activity or postvention services.</p> <p>Funding through the National Suicide Prevention Trials will be commissioned separately from other mental health, AOD and suicide prevention activity. Contracts will include separate planning and reporting documentation, as well as separate data collection protocols.</p> <p>NWMPHN anticipates that PHN funded mental health, AOD and suicide prevention service providers will participate in the capacity building and skills development initiatives of the trial. NWMPHN will work with the national evaluators as to how to capture the impact of this activity.</p>
<p>Related suicide prevention activity</p>	<p><i>Confirm if it is expected that there will be any other significant, new suicide prevention activities or initiatives within the trial area(s) over this period and who is responsible for these</i> <i>If these target the same areas, then confirm how trial services differ and how they may impact on trial activities</i></p> <p>There are two significant new suicide prevention activities within the trial area over the period:</p> <ul style="list-style-type: none"> • NWMPHN is in partnership with the State Department of Health and Human Services to implement two site-based suicide prevention trials, in Macedon Ranges and Brimbank/Melton local government areas. NWMPHN is responsible for the implementation of this activity. These site-based trials target the general population, and only focus on prevention activities; capacity building, service coordination and community campaigns. NWMPHN will develop protocols that will clearly document activity, rationale and implementation to ensure that there is a clear delineation between the two projects. • St Vincent’s Hospital has received funding from State Department of Health and Human Services to deliver intensive community based support for people who have presented at emergency after an attempted suicide. A representative from NWMPHN is on the advisory group for this trial and a representative of St Vincent’s is on the NWMLGBTI Suicide Prevention Taskforce. NWMPHN will work with St Vincent’s to establish protocols that will clearly document activity, rationale and implementation to ensure that there is a clear delineation between the two projects.

IMPLEMENTATION	INFORMATION REQUIRED
<p>Recruitment and workforce</p>	<p><i>Identify personnel requirements for management, project coordination, community engagement and stakeholder consultations, and development of regional and/or local partnerships</i></p> <p><i>Provide details of services to be commissioned, including indicative staffing levels and qualifications</i></p> <p><i>Identify any issues affecting recruitment or commissioning of services as necessary to progress activities</i></p> <p>NWMPHN has recruited several positions to support the implementation of this Trial.</p> <p>The <i>Director, AOD and Suicide Prevention</i> will have responsibility for the Trial, the <i>Suicide Prevention and Intervention Coordinator</i> will be responsible for the day-to-day management of all suicide prevention trial activity including framework development, stakeholder management and development of partnerships. The <i>LGBTI Suicide Prevention Project Officer</i> is responsible for Trial implementation including community engagement, mapping of existing activity and the commissioning of services/activities.</p> <p>A priority commissioning activity is the purchase of services to support people with lived experience participate in the Trial. NWMPHN will seek a suitably qualified organisation who will be able to provide supervision and support to individual Trial members, identify the training needs of people with lived experience and support NWMPHN to access that training.</p> <p>It is anticipated that additional staff will be recruited once the trial activities are determined.</p>
<p>Other</p>	<p><i>Identify any other major factors affecting conduct of trial activity, including barriers, not covered above</i></p> <p>NWMPHN will need to be cognisant of the impact of sector reactivity and approaches, as the work will be undertaken collaboratively with the sector this may result in delays. NWMPHN will work inclusively with all key stakeholders and their target populations, and will establish regular monitoring mechanisms to ensure appropriate responses are implemented in appropriate timelines.</p>
REPORTING AND DATA COLLECTION	INFORMATION REQUIRED
<p>Current data collection</p>	<p><i>Confirm if Primary Mental Health Care Data Minimum Data Set (PMHC MDS) data are currently collected routinely by individuals/organisations to be commissioned to provide trial services</i></p> <p>The CAREinMIND Suicide Prevention Service data is collected and reported by NWMPHN.</p>

IMPLEMENTATION	INFORMATION REQUIRED
	It is unknown if yet to be commissioned organisations currently collect PMHC MDS but this will be a condition of funding for service delivery.
Provisions for trial-specific data	<p><i>Identify provisions being made to capture and report information on all activities funded through the trial, including requirements for data that are out of scope for the Primary Mental Health Care Minimum Data Set (PMHC MDS)</i></p> <p><i>Identify any major issues that may affect future compliance with reporting requirements as outlined in the trial documentation and how these are to be remedied</i></p> <p>Provisions for trial-specific data will be incorporated within the tender specifications for all commissioned activity. This will include PMHC MDS, and other data identified through consultation with the NWMLGBTI Suicide Prevention Taskforce and the external evaluators.</p>
Reporting responsibility	<p><i>Identify who is responsible for routine data collection and reporting, and performance reports</i></p> <p>Michal Morris, Director AOD and Suicide Prevention</p> <p>michal.morris@nwmpfn.org.au</p> <p>9347 1188</p>
Site specific contact(s)	<p><i>Identify person(s) at each site that may be contacted regarding evaluation inputs and data collection issues.</i></p> <p>Michal Morris, Director AOD and Suicide Prevention</p> <p>michal.morris@nwmpfn.org.au</p> <p>9347 1188</p>
TIMELINE FOR MAIN TRIAL RELATED ACTIVITIES	
Completed in 2016-17	<p>April to June 2017 - Recruitment of staff.</p> <p>March to June 2017 - Ongoing consultations with LGBTI Mental Health and AOD Service Providers group, academics, area mental health, local health services, State government and people with lived experience.</p> <p>April to September 2017 - Data analysis and literature review.</p>

IMPLEMENTATION	INFORMATION REQUIRED
<p>Timeline for 2017-18</p>	<p><i>Identify milestones in relation to main activities and stages of the trial</i></p> <p><i>Include planning, community and other stakeholder consultations, recruitment of key personnel and when service delivery is scheduled for each area, target population and major activity</i></p> <p>April to September 2017 - Framework development</p> <ul style="list-style-type: none"> • Develop a cultural appropriate systems-based suicide prevention framework for the LGBTI community (Framework) based on Blackdog’s Lifespan, the LGBTI Health Alliance Suicide Prevention and Health Framework and NWMPHN’s Mental Health System of Care • Map existing activity against the Framework <p>July 2017 to June 2018 – NWMLGBTI Suicide Prevention Taskforce</p> <ul style="list-style-type: none"> • Formalise membership, terms of reference and meeting structure of the Community Working Group • Increase participation of community leadership and lived experience on the LGBTI Suicide Prevention Taskforce • Develop formal and informal mechanisms with other relevant LGBTI and suicide prevention and postvention consultation groups • Through the LGBTI Suicide Prevention Taskforce develop a community consultation campaign • Commission services to support the participation of People with Lived Experience on LGBTI Suicide Prevention Taskforce • Based on the mapping of activity against the Framework, prioritise activity • Work with the Community Working Group, Blackdog Lifespan and Suicide Prevention Australia to identify evidence based interventions • Commission activity <p>July 2017 – June 2018 - Suicide Postvention</p> <ul style="list-style-type: none"> • Work with key suicide prevention organisations to co-design a postvention trial with a target community of region • Commission activity • Commission evaluation to measure commissioned activity to build the evidence base <p>July 2017 – June 2018 - Specialist Primary Care Navigator</p> <ul style="list-style-type: none"> • In consultation with relevant leading experts and services, develop a model of specialist primary care navigator with key skills in support after suicide, self-harm, service access and linkage and family support as well as broader skills and resource utilisation for a range of issues both mental and physical in nature.

IMPLEMENTATION	INFORMATION REQUIRED
	<ul style="list-style-type: none">• Commission implementation of the model within of primary health settings• Commission evaluation to measure commissioned activity to build the evidence base



Attachment B

EAG membership

AOD Expert Advisory Group Membership

Independent Chair: A/ Prog Yvonne BONOMO, St Vincent's Hospital / Addiction Medicine

Sam Biondo, CEO, VAADA

Mark DURRAN, Department of Health and Human Services

Dr John FURLER (JF), North Richmond Community Health

Dr Nick RHODES (NR), Modern Medical Centre – Caroline Springs

Darren FREAK, Department of Health and Human Services

Marina HANNA, Pharmacist

Anita SAVIC, Ambulance

Rose MCCROHAN, Uniting Care Regen – AOD Nurse Practitioner

Belinda STEVENS, Victorian Aboriginal Community Controlled Health Organisation

Jenny KELSALL, Harm Reduction Victoria

Bill SUEN, Pharmaceutical Society of Australia

Mental Health Expert Advisory Group Membership

Philip ARMSTRONG, CEO, Australian Counselling Association

Louise ROUFIEL, Executive Manager, Australian Psychological Society

Marie PIU, CEO, Tandem Partners

Kim RYAN, CEO, Australian College of Mental Health Nurses

Greg CANTWELL, CEO, Peer Support Australia

Jackie CROWE, Commissioner, Australian Mental Health Commission

Stuart BATESON, Acting Commander, North West Metro Region CBD and West

Salina BERNARD, Manager, Family Counselling Service, Victorian Aboriginal Health Service

Victoria Dave KELLY, Ambulance Victoria

Cindy SMITH, Australian Association of Social Workers

Deb PARNELL, VICSERV

Jane FOLEY, Department of Health and Human Services

Rachel NORRIS, Occupational Therapy Australia