

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities in 2018-19

North Western Melbourne PHN

15 February 2018

ACTION AREA	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p>The main activities are:</p> <ul style="list-style-type: none"> • <u>Continue to run place based and targeted population trials in suicide prevention (Suicide Prevention Priority Area Plan - 3)</u> <ul style="list-style-type: none"> - This includes addressing the barriers to Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people accessing and receiving appropriate mental health and suicide prevention care as well as aiming to build upon protective factors against suicide (such as increased resilience and social connectedness). • <u>Develop and implement strategies to address access and care navigation (Suicide Prevention Priority Area Plan - 2)</u> <ul style="list-style-type: none"> - A model of Care Navigation will be trialled in a primary health setting to enhance health literacy, access to services, continuity of care and improve the likelihood of engagement of people in treatment. This will also facilitate a reduction in duplication of services and hospitalisations. • <u>Increase the number and range of community members and service providers who are able to respond to people at risk of suicide (Suicide Prevention Priority Area Plan - 4)</u> <ul style="list-style-type: none"> - Capacity building will be ongoing throughout the trial.
<p>Key partners</p>	<p>NWMPHN utilises a range of mechanisms to facilitate consultation and collaboration including Community Advisory and Clinical Councils. We have also established a Mental Health Expert Advisory Group, Regional Suicide Prevention Reference Group and a LGBTIQ Suicide Prevention Taskforce to support this work with membership from peak organisations in Mental Health; Aboriginal Health; Emergency Services; and Carers and Consumers.</p> <p>Through the LGBTIQ Suicide Prevention Taskforce, we have on going collaboration with the Victorian Aids Council (VAC), Drummond Street Services, Merri Health, Bisexual Alliance, Australian Gay and Lesbian Multicultural Council (AGMC), Australian Research Centre for Sex Health and Society (ARCSHS), Carers Victoria, EQUINOX, Northside Clinic, Minus 18 and Victoria Police amongst others. Ongoing collaboration will also include working with Local Hospital Networks, particularly in the target areas of the trial.</p>

	<p>NWMPHN also has an established Regional Suicide Prevention Advisory Group made up of representatives of Local Hospital Networks, health care and suicide prevention services as well as people with lived experience of suicide. Ongoing governance and consultation with this group will continue to occur throughout the course of the trial.</p>
<p>Enhanced services for people who have attempted or are at higher risk of suicide</p>	<p><u>Continue to run place based and targeted population trials in suicide prevention (Suicide Prevention Priority Area Plan - 3)</u></p> <p>A model of Aftercare will be delivered throughout the financial year. This model has been co-designed by the NWMPHN LGBTIQ Suicide Prevention Taskforce and has been informed by evidence of best practice and input by the Black Dog Institute. It includes the provision of follow up care following an experience of suicidality and will work in conjunction with other mental health, primary care and support services. This will be specific to the LGBTIQ community and as such, will ensure and advocate for inclusive service. This model will be heavily informed by lived experience and aims to include a person with lived experience as part of the team delivering the model. This intervention will be promoted through strong collaboration with participating hospital networks and will be specific to this trial and the LGBTIQ population.</p> <p><u>Develop and implement strategies to address access and care navigation (Suicide Prevention Priority Area Plan - 2)</u></p> <p>NWMPHN will trial a specialist primary care navigator role with key skills to 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 navigation models for specific areas, and brings them all together with the aim of shared investment increasing the number of specialist primary care navigators in general practices across the region.</p> <p><u>Increase the number and range of community members and service providers who are able to respond to people at risk of suicide (Suicide Prevention Priority Area Plan - 4)</u></p> <p>Suicide prevention training will build the capacity of service providers and community members to respond to people at risk of suicide. The systematic delivery of evidence based training to mental health and frontline workers, General</p>

	<p>Practitioners (GPs) and community members in a stepped approach, depending on need and potential exposure to suicide risk, will increase the number of people who are able to respond to suicide risk.</p> <p>Events will be held by NWMPHN for the delivery of Suicide Prevention training. This will allow an opportunity for advice and resources on available LGBTIQ suicide prevention services and improved referral pathways as identified on the already completed service map. Other components of the trial will also be promoted at these training events which will ensure that all suicide prevention activity from the trial is integrated. HealthPathways will also be updated to include relevant LGBTIQ and suicide prevention support services and ensure general practices are aware of referral pathways.</p>
<p>Areas for focussed activity</p>	<p><u>Continue to run place based and targeted population trials in suicide prevention (Suicide Prevention Priority Area Plan - 3)</u></p> <p>The focussed activity of this trial is primarily targeting LGBTIQ people within the areas of two Local Hospital Networks. One has been identified by the NWMPHN LGBTIQ Suicide Prevention Taskforce due to being in an area identified by the 2016 ABS Census as having large portion of LGBTIQ couples as well as having the most LGBTIQ support services in the NWMPHN catchment area (and therefore identified need). The second site has been suggested for an area where there is an absence of LGBTIQ services. Options for participation by stakeholders in other areas are also being provided.</p> <p><i>Inclusive Practice Training</i> – Training will be delivered to GPs, mental health clinicians and other frontline workers to improve their capacity to assess and address the needs of LGBTIQ people. This has been a recommendation of the <i>Private Lives 2</i> and the recent <i>Trans Pathways</i> report and is suggested to improve engagement of LGBTIQ people and their health care providers and reduce barriers to access.</p> <p><i>Aftercare</i> – According to Krysinaka et al. (2016), coordinated and assertive care following a suicide attempt could reduce the occurrence of further attempts by almost 20%. A model of Aftercare will be delivered throughout the financial year. This model has been co-designed by the NWMPHN LGBTIQ Suicide Prevention Taskforce and has been informed by evidence of best practice and input by the Black Dog Institute. Ongoing process evaluation will ensure the most effective model possible in reducing suicide attempts for LGBTIQ Australians engaged in this intervention.</p>

Mentorship – Aimed at addressing problems identified in the first official workshop for this trial, NWMPHN is currently exploring mentorship options. Mentorship is an intergenerational approach to providing young people, families and peer workers with targeted support and assisting them through transitions, coming out and building resilience (some identified causes for suicide in the LGBTIQ population).

Develop and implement strategies to address access and care navigation (Suicide Prevention Priority Area Plan - 2)

Care Navigation – NWMPHN will trial a specialist primary care navigator role with key skills to 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 navigation models for specific areas, and brings them all together with the aim of shared investment increasing the number of specialist primary care navigators in general practices across the region.

Increase the number and range of community members and service providers who are able to respond to people at risk of suicide (Suicide Prevention Priority Area Plan - 4)

Suicide prevention training – Systematic delivery of evidence based training will build the capacity of service providers and community members to respond to the people at risk of suicide. This training will be delivered to mental health and frontline workers, GPs and community members in a stepped approach, depending on need and potential exposure to suicide risk. This intervention will increase the number of people who are able to respond to suicide risk.

Other areas of focus are yet to be identified and will be interventions that target systemic issues and issues within the LGBTIQ community such as discrimination, stigma and mental health stigma as identified as part of the LGBTIQ suicide prevention framework developed by the NWMPHN LGBTIQ Suicide Prevention Taskforce. This may include community campaigns and events.

Evaluation of all NWMPHN's suicide prevention activity will occur throughout the financial year. This local evaluation, in addition to the national evaluation, will aid in understanding the impact and efficacy of the interventions during their

	<p>delivery, allow for opportunities to make changes as required and add to the evidence base of suicide prevention interventions for the LGBTIQ community.</p> <p>References:</p> <p>Krysinska, K., Batterham, P.J., Tye, M., Shand, F., Calear, A.L., Cockayne, N. & Christensen, H. (2016) Best strategies for reducing the suicide rate in Australia, Australian and New Zealand Journal of Psychiatry, 50(2): 115-118</p> <p>Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. and Barrett, A. (2012) Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians. Monograph Series Number 86. The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne</p> <p>Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia</p>
<p>Other suicide prevention activity</p>	<p>As well as being a lead site for the National Suicide Prevention Trial, NWMPHN is in partnership with the Victorian Department of Health and Human Services to implement two site-based suicide prevention trials, in Macedon Ranges (Commonwealth funded) and Brimbank/Melton (State funded) local government areas. Both trials have Project Officers working within NWMPHN.</p> <p>St Vincent’s Hospital Melbourne are currently in the process of Rainbow Tick accreditation for their Mental Health and AOD sector. Although not directly related to suicide prevention, this could have a positive impact for the trial and improve mental health services for LGBTIQ people in the NWMPHN region.</p> <p>St Vincent’s Hospital has also 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 NWMLGBTIQ Suicide Prevention Taskforce. NWMPHN will continue 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.</p>

	<p>Family Safety Victoria (FSV) are in the process of implementing the recommendations from the Royal Commission into Family Violence. NWMPHN will continue to have a representative on the LGBTIQ Family Violence Taskforce and FSV will continue to be represented in the NWMPHN LGBTIQ Suicide Prevention Taskforce – given the increased risk of suicide for those experiencing family violence, particularly in the LGBTIQ community and the opportunities for collaboration.</p>
Recruitment and workforce	No issues are anticipated for recruitment or the commissioning of services.
Data collection and reporting	<p><u>Continue to run place based and targeted population trials in suicide prevention (Suicide Prevention Priority Area Plan - 3)</u></p> <ul style="list-style-type: none"> • Number of sessions/events held (NWMPHN events attendance record) • Number of workers receiving specific training, in each LGA (NWMPHN training attendance record) <p><u>Develop and implement strategies to address access and care navigation (Suicide Prevention Priority Area Plan -2)</u></p> <ul style="list-style-type: none"> • Development of the co-designed methodology by July 2018 • Number of sessions/events held (NWMPHN events attendance record) • Number of workers receiving specific training, in each LGA (NWMPHN training attendance record) <p><u>Increase the number and range of community members and service providers who are able to respond to people at risk of suicide (Suicide Prevention Priority Area Plan - 4)</u></p> <ul style="list-style-type: none"> • Number of workers receiving specific training, in each LGA (NWMPHN training attendance record) • Evaluation of training programs (recall of key facts; knowledge of effective interventions; confidence in management of people at risk of suicide)
Other	There are no major factors affecting the conduct of trial activities.

Transition arrangements

The activities that directly impact on consumers are: mentorship, aftercare and care navigation. These are adjunct to existing services and therefore transition of consumers post trial will not be required as they retain pre-existing relationships with current service providers.