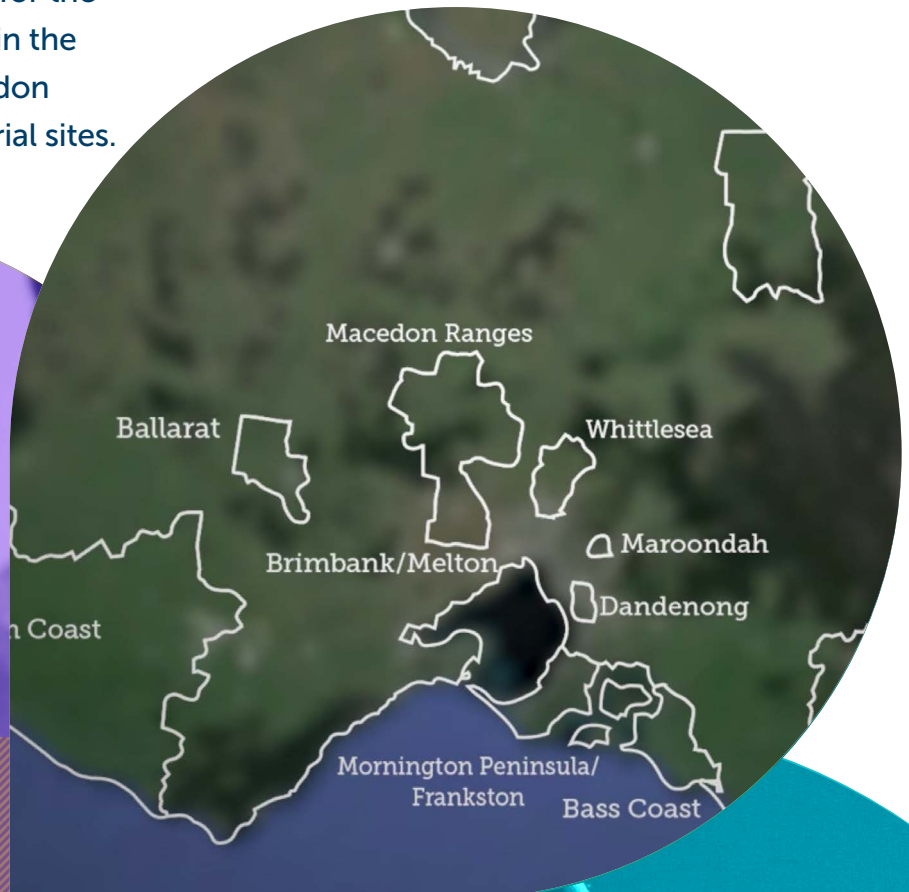


# Macedon Ranges, Melton, Brimbank 2017-2020

Background and framework for the  
suicide prevention activities in the  
Melton, Brimbank and Macedon  
Ranges Suicide Prevention Trial sites.



# Suicide Prevention Action Plan

## Background

The release of the National Mental Health Commission's report "Contributing lives, thriving communities" in 2015 delivered a whole of system review and was the impetus for national mental health reform. The report addresses the significant impact of suicide nationally and its recommendations has helped to inform a refresh of State and National policy in relation to suicide prevention.

## National Policy

The Fifth National Mental Health and Suicide Prevention Plan commits all governments to work together to achieve integration in planning and service delivery at a regional level. Importantly it demands that consumers and carers are central to the way in which services are planned, delivered and evaluated.

The Fifth Plan also recognises that state and territory mental health and suicide prevention plans, and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, are important in terms of driving specific reform activities.

It therefore seeks to complement these plans and focuses on areas where a national approach is needed and where outcomes are best achieved by governments working together.

The Fifth Plan commits all governments to a systems-based approach which focuses on the following 11 elements: Surveillance and data; Means restriction; Media – responsible reporting; access to services; training and education, treatment, crisis intervention; post-vention, awareness, stigma reduction; oversight and coordination.

## State Policy

The Victorian Suicide Prevention Framework 2016 – 2025 seeks to halve suicide during the framework period by applying a broad public health approach to suicide prevention which includes interventions that address the whole population, people with specific risk factors, and people in need of care. It too seeks to support a systems or coordinated approach that through collaboration ensures that all involved in suicide prevention focus their efforts on the interventions that are proven to have the greatest impact. Through the Framework, the Victorian government is investing in the trial of a systemic, coordinated approach to suicide prevention in identified local government area in partnership with primary health networks. The Trial sites are designed to support the development of a localized action plan to reduce suicides in the area. At each site, a local suicide prevention group will develop a plan to reduce suicides in the area. Each site will be supported to implement the nine proven suicide prevention interventions:

- prevention awareness programs
- school-based programs
- responsible media reporting
- gatekeeper training
- frontline staff training
- general practitioner support
- reduce access to lethal means
- high-quality treatment
- continuing care after suicide attempt

In addition, the Victorian Government has invested in an initial pilot to develop assertive outreach and personal care models for when a person who has attempted suicide leaves hospital, an emergency department or a mental health service.

# The role of Primary Health Networks

The Commonwealth Government has tasked PHNs to take on a lead role in:

- helping to plan community-based suicide prevention activity through a more integrated and systems-based approach in partnership with Local Hospital Networks (LHNs) and other local organisations;
- commissioning community-based suicide prevention activities within the context of this plan and in a flexible way, to best meet the needs of the community, and ensuring that this activity focuses on the priorities emerging from needs assessment and planning processes to support better targeting of people at risk;
- planning and commissioning community-based suicide prevention activities for Aboriginal and Torres Strait Islander people and ensuring that this activity is:
  - well integrated and linked with drug and alcohol services, mental health services and social and emotional wellbeing services for Aboriginal and Torres Strait Islander people; and
  - ensuring that there is agreement within a region about the need to support person-centred follow-up care to individuals after a suicide attempt, and that there is no ambiguity in the responsibility for provision of this care.

## **2016 -2019 Activity Work Plan**

In the approved Revised 2016 – 2019 Activity Work Plan, NWMPHN has committed to working towards the suicide prevention outcomes that have been developed for the Department of Health. This objective, which acts as our long-term outcome for suicide prevention, is to encourage and promote a regional approach to suicide prevention including community based activities and liaising with LHNs and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide.

In order to work towards the above outcomes NWMPHN has developed four focus areas in suicide prevention:

1. Commissioning of evidence-based services for people who have attempted or are at risk of suicide across the region.
2. Develop and implement strategies to address access and care navigation across the region.
3. Continue to run place-based and targeted population trials in suicide prevention.
4. Increase the number and range of community members and service providers who are able to respond to people who are at risk of suicide across the region.



# Suicide Prevention Trials

## Suicide Prevention Trial Sites

In partnership with DHHS, key stakeholders and community, NWMPHN will seek to reduce suicide rates by 20% and suicide attempts by 30% over the duration of the trial period within the communities of Melton/ Brimbank and Macedon Ranges.

The selection of Melton, Brimbank and Macedon Ranges was based upon evidence that indicated the three local government areas experienced poorer outcomes and higher rates of suicide. The population profiles of the three communities are significantly varied each with their own complexities in terms of service access and pathways to care.

The trial approach recognises that each community is different and when equipped, local stakeholders are best placed to prioritise and localise evidence-based strategies that meet local needs.

### The high-level goals of the trial sites are:



**Reduced rates of suicide**



**Reduced suicide attempts**



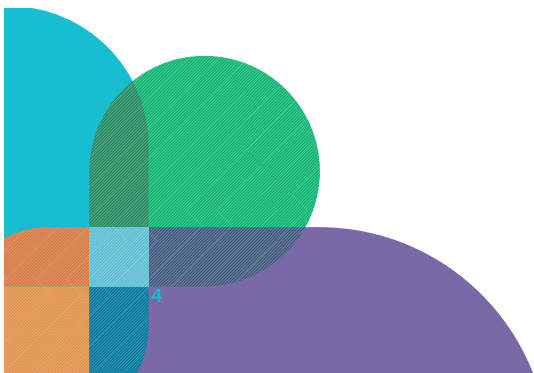
**Improved individual and community resilience and wellbeing**



**Improved system to prevent suicide in an ongoing way**

The underpinning principles that will guide the trial sites are as follows:

- Engagement of key stakeholders as partners, recognising the expertise of people who have a lived experience at all stages.
- Application of a whole of system approach to producing improved outcomes for people at risk of suicide.
- Utilising and building community capital through partnering with local communities to identify interventions and activities that will work and reflect the unique needs of those communities.
- Supporting the implementation of evidence-based strategies to improve outcomes through commissioning.
- Participate in the production of evidence through evaluation to inform future direction
- Utilising enablers to support coordination of care ie. healthpathways, My Health Record etc.



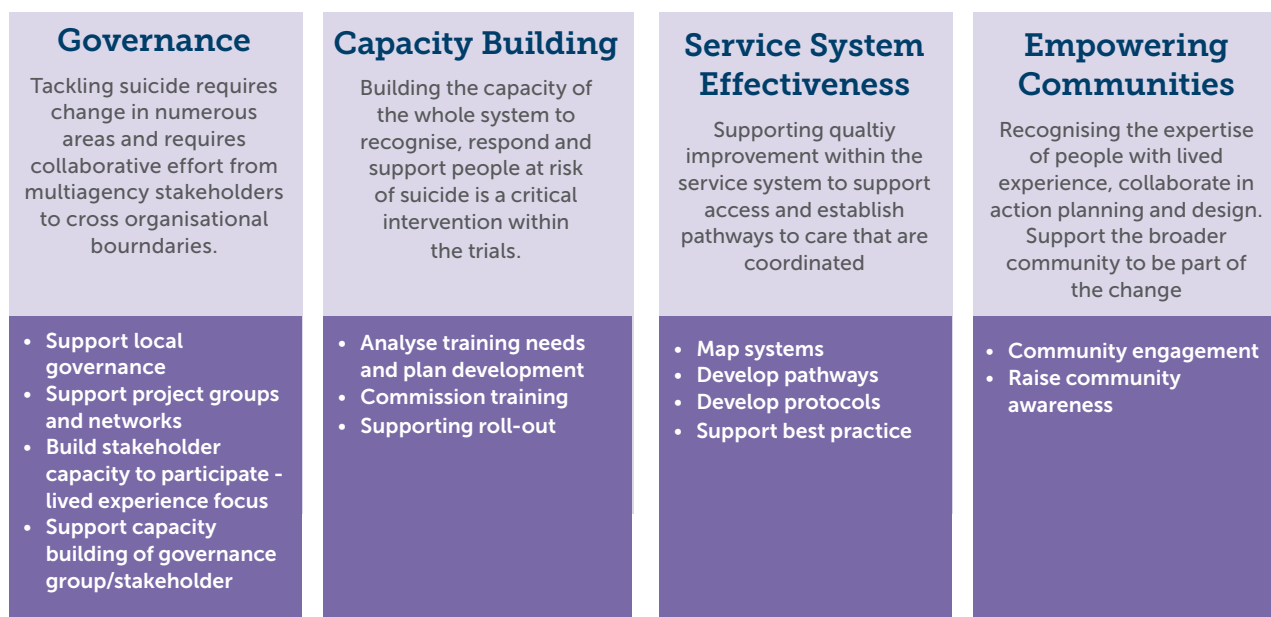


# Strategic Planning

## Strategic Pillars and Program Logic

The following four strategic pillars provide the structure to guide local enquiry, collaboration, activity planning and investment in both trial sites, and then program logic provides the foundation for planning and implementation of the Suicide Prevention Trials:

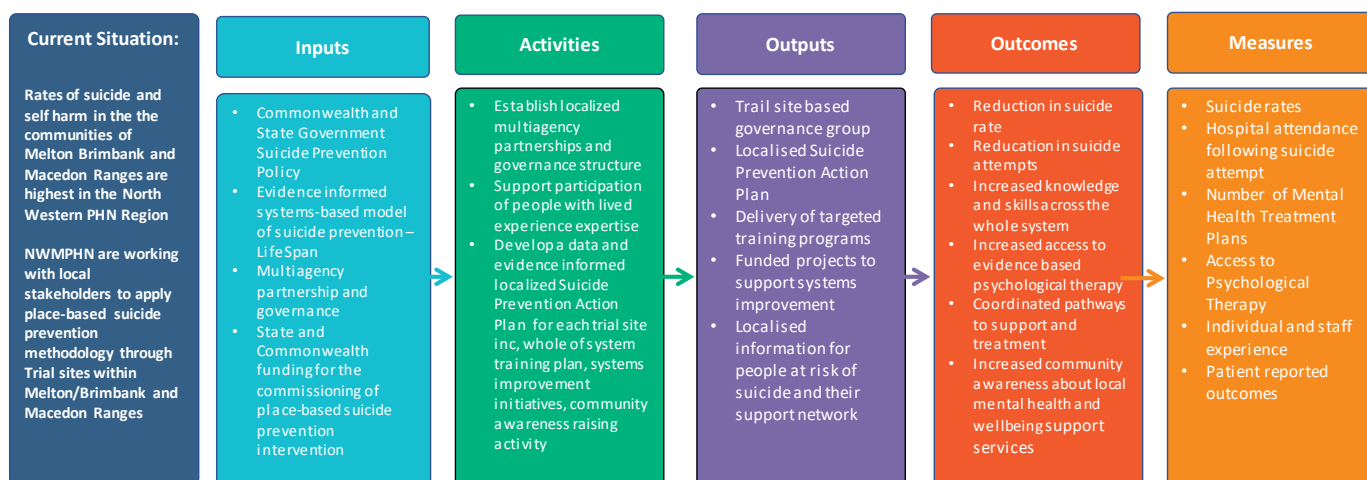
The Victorian Government has invested in an initial pilot to develop assertive outreach and personal care models for when a person who has attempted suicide leaves hospital, an emergency department or a mental health service.



**Aim: Reduce the impact of suicide within the communities of Melton, Brimbank and Macedon Ranges**

### Objectives:

- Enhance capacity of the whole system to identify and provide support and best practice treatment for people at risk of suicide
- Implement systems improvement initiatives which enables timely and coordinated access to information, support and treatment pathways



### External factors/context

Commonwealth funding announcements, Clinical engagement, Community engagement  
New and existing enablers e.g. My HR, Healthpathways, Political landscape (local and State/National)

# Governance

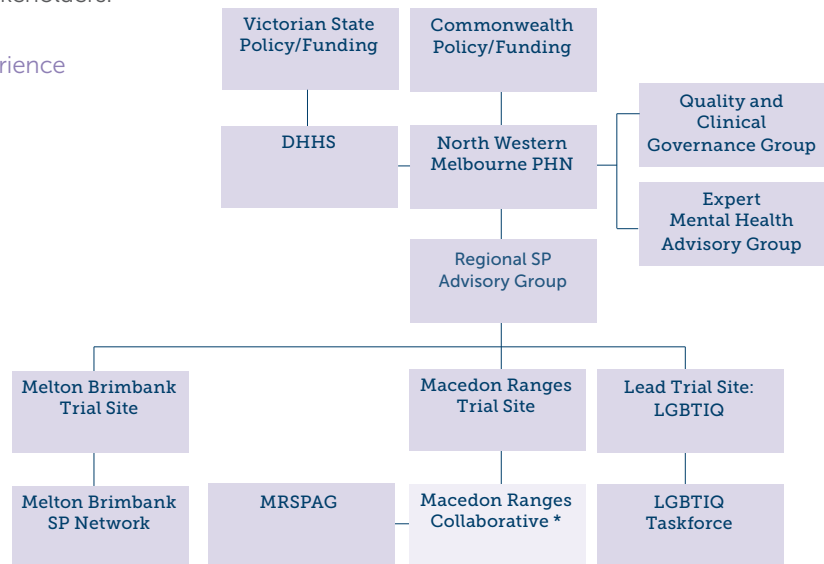
The need for governance exists when a group of people or entities come together to accomplish a common goal, providing structure on authority, decision making and ensures accountability. Place-based suicide prevention trials are seeking to create change by applying a systems-based approach which calls for multiple key stakeholders to commit to act.

This whole of system and community approach is complex and requires rigour to ensure action which is responsible and responsive to local needs, inclusive, coordinated and accountable. Governance structures in both trial locations will seek partnership with the following community and multiagency stakeholders:

- Community members with lived experience
- Local government
- Community health
- Local hospital
- Specialist mental health services
- Social care providers
- Psycho/social mental health providers
- Media
- General practice
- Psychological therapy Providers
- Education
- Police
- Ambulance

## Governance Framework

The following governance framework illustrates how through collaboration NWMPHN will support oversight and accountability of place-based suicide prevention activities during the term of the trials whilst maintaining accountability to both Commonwealth and State Government funders.



\*Proposed

# Lived Experience

## Listening to the Voices of Lived Experience

The engagement of people with lived experience is at the core of the trial and is a clear expectation of policy and operational parameters. Through LifeSpan, the Black Dog Institute is currently developing a best practice framework to guide work at both a central and an individual site level. A draft framework has been released and it is understood that this will underpin the guidance documents to follow.

The draft *Framework for the Engagement of People with a Lived Experience in the Lifespan Project* is guided by existing frameworks of engagement in health and mental health as well as principles of recovery oriented mental health care in suicide prevention.

The Framework outlines a systematic approach to engaging people with a lived experience of suicide and recommends:

- Involving people with lived experience at each level of program design, delivery, evaluation and governance.
- Providing information about each level to people with lived experience
- Providing opportunities and platforms to link people with lived experience to be involved at each level.

***Suicide impacts people from all walks of life and effort must be made to ensure perspectives are heard from people from different cultural backgrounds, education levels, gender and sexuality and employment backgrounds.***

(Source: LifeSpan – Confluence, resource for trial sites)

In the absence of the guide, the engagement of people with lived experience will be supported through the development of an engagement audit tool to be embedded in action planning resources. The purpose of the audit tool is to embed lived experience expertise at all stages and identify the engagement approach and plan at the inception and key review points of action planning and delivery processes.

## LifeSpan – a model for implementation

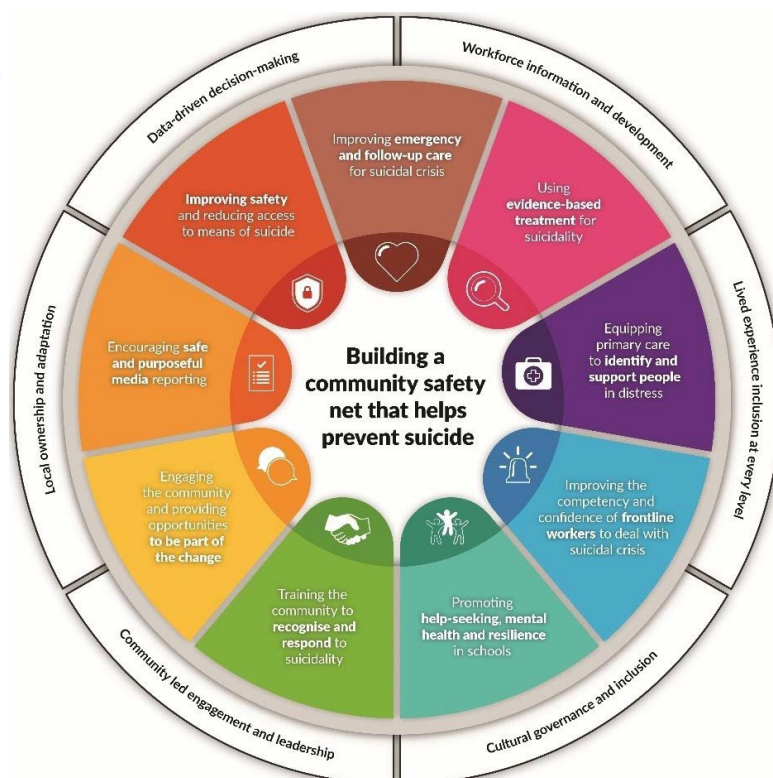
The localised action within trial sites will be guided by the application of the LifeSpan model. Developed by Black Dog Institute, LifeSpan is an evidence-informed, multiple systems approach to suicide prevention.

LifeSpan involves implementing nine evidence-based strategies from population level to the individual, implemented simultaneously within a localised region. Underpinning the model are the principles of:

- Local ownership and adaptation
- Data-driven decision-making
- Workforce information and development
- Lived experience inclusion at every level
- Cultural governance and inclusion
- Community led engagement and leadership

**A brief overview of the strategies is provided in the wheel diagram below.**

In order to realise each of the nine strategies, different interventions have been defined under each strategy. The localisation of each of the nine strategies is a critical to ensure that the strategies add value rather than duplicate existing effort, are tailored to meet local community needs, and engage the relevant stakeholders in the planning, prioritisation and delivery.



# Further Information

## Action Plan 2018/2019

*A Draft Action Plan has been developed for Macedon Ranges and for Brimbank Melton Trial Sites. These are working documents specific to each Trial Site.*

*Contact Melissa Knight for a copy of the most recent action plan. on [melissa.knight@nwmphn.org.au](mailto:melissa.knight@nwmphn.org.au)*

## Contact

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(03) 9347 1188

[www.nwmphn.org.au/priority-area-topic/place-based-suicide-intervention/](http://www.nwmphn.org.au/priority-area-topic/place-based-suicide-intervention/)