

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities in 2018-19



SITES ARE EXPECTED TO CONTINUE TO IMPLEMENT TRIAL ACTIVITIES IN 2018-19 AND ALSO TO ENSURE THAT TRANSITION ARRANGEMENTS ARE IN PLACE FOR THE CONTINUING CARE OF AT-RISK INDIVIDUALS POST THE TRIAL

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 major activities in all stages of the trial that relate to these objectives.

Activities should be restricted to those undertaken in the 2018-19 financial year, irrespective of whether these are in part of the year only or extend beyond the financial year.

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*.

Contents

Summary of main activities	3
The Way Back Suicide Follow-Up Service	3
Local Suicide Prevention Plans.....	3
HealthPathways	4
Key Partners.....	4
Barriers.....	5
Enhanced services for people who have attempted or are at higher risk of suicide	5
Areas for focussed activity.....	6
Supporting evidence	6
Where & what services are to be provided for each target area & population this financial year.....	6
Other suicide prevention activity.....	7
Recruitment and workforce.....	7
Data collection and reporting	8
Other	8
Transition arrangements	8

ACTION AREA	INFORMATION REQUIRED
Summary of main activities	<p>Informed by localised needs assessments, NCPHN identified five Local Government Areas (LGAs) to focus its suicide prevention activities on: Clarence Valley, Tweed & Byron, Lismore, and Kempsey. These five LGAs have the highest rates of suicide as well as limited access to suicide prevention services outside main centres across the North Coast.</p> <p>The Way Back Suicide Follow-Up Service</p> <p>Consultation with key stakeholders (including LHDs, ACCOs, community members and people with lived experience) in these regions identified the need for a follow up service for people who have attempted suicide. In 2017-18, NCPHN commissioned a community-based, integrated service that provides follow-up to persons after a suicide attempt where they present to the Tweed and Lismore Base Hospitals. It is anticipated that service delivery will have commenced prior to 30 June 2018.</p> <p>The Way Back model was developed by beyondblue and was specifically designed to support people after a suicide attempt. It is a free-of-charge, non-clinical, assertive outreach service focussed on empowering people to connect with formal and informal supports by providing guidance, encouragement, motivation and follow-up for up to a three month period immediately following a suicide attempt. Support is collaborative and it complements existing services so as to avoid duplication / confusion. The service provides continuity of care between primary points of contact and community services that are able to address the concerns of each individual following a suicide attempt.</p> <p>Local Suicide Prevention Plans</p> <p>Based on evidence from the needs assessment and stakeholder consultation, NCPHN identified the need to work together with communities and across sectors, in order to implement evidenced based approaches for suicide prevention. In 2018-19, NCPHN will commission local agencies in the four identified communities (Tweed/Byron, Lismore, Clarence Valley, and Kempsey) to coordinate and manage the implementation of</p>

ACTION AREA	INFORMATION REQUIRED
	<p>approved Local Suicide Prevention Action Plans, reflective of building local capacity, with a focus on at risk population groups.</p> <p>HealthPathways</p> <p>In order to increase the capacity of primary care clinicians to recognise and support people at risk of suicide, NCPHN will conduct a regular review the Suicide Risk Health Pathway to ensure currency and inclusion of PHN-commissioned suicide prevention services.</p>
Key Partners	<ul style="list-style-type: none"> • Black Dog Institute - Provides evidence and advice regarding best practice systems approaches to suicide prevention • NNSWLHD - Way Back Service integrated with Mental Health and Emergency Services / Participating on Local Suicide Prevention Steering Committees in selected communities • MNCLHD - Participating on local Suicide Prevention Steering Committees • Aboriginal Medical Services and ACCHOs • Local Governments (Tweed, Byron, Lismore, Kempsey, Clarence Valley) • Southern Cross University - Participating on local Suicide Prevention Steering Committees • Beyond Blue - Will support the evaluation of the performance of the PHN-Commissioned Provider of the Way Back Service • PHN - Commissioned provider of the Way Back Service • CRANES - Existing Provider of commissioned services and Coordinator of regional suicide prevention training • New School of Arts - Our Healthy Clarence Steering Committee - MOU in place • Tweed/Byron Suicide Prevention Steering Committee • Lismore Suicide Prevention Steering Committee

ACTION AREA	INFORMATION REQUIRED
	<ul style="list-style-type: none"> • Kempsey Suicide Prevention Steering Committee. <p>Barriers</p> <ul style="list-style-type: none"> • The recruitment and retention of locally-based, qualified mental health care providers • Length of time required to consult with large groups of stakeholders in order to implement locally-developed and supported plans.
Enhanced services for people who have attempted or are at higher risk of suicide	<p>The Clarence Valley-based organisation CRANES, has been funded by the NSW state government to implement the follow up service within the Grafton Hospital. NCPHN will continue to work directly with CRANES and beyondblue to implement a uniform model across the NNSWLHD.</p> <p>This service, in conjunction with the PHN-commissioned service in Tweed and Lismore, will enable region wide delivery in the north and access to service provision with the NNSW's largest emergency departments and aligns with the regions of greatest need.</p> <p>Referral pathways to suicide prevention services will be maintained through the undertaking of regular reviews to the Suicide Risk Health Pathway to ensure currency and inclusion of PHN-commissioned suicide prevention services.</p> <p>The Mental Health Flexible Funding pool is largely directed towards workforce development and capacity building through the delivery of appropriate training.</p>

ACTION AREA	INFORMATION REQUIRED
Areas for focussed activity	<p>The PHN-commissioned service (modelled on beyondblue's The Way Back Support Service) will target all persons who present to the Lismore and Tweed Base Hospitals after a suicide attempt. Based on evidence identifying Aboriginal and Torres Strait Islander people, men, youth and veterans as being over-represented in rates of suicide and self-harm, it is likely that individuals from these priority groups will be within the cohort of people accessing the service. NCPHN will report data back on the priority groups.</p> <p>Supporting evidence</p> <p>References to evidence contained in the North Coast PHN Needs Assessment Report Mental Health submitted in November 2017:</p> <ul style="list-style-type: none"> • MH_D(g) High rates of self-harm hospitalisations, particularly among 15-24 year olds • MH_D(i) Higher rates of suicide • Additional evidence that supports this activity: Northern NSW (NNSW) has had the highest rate of suicide in the state three times in the last 10 years; • Within NNSW 70% more people (per 100,000) died by suicide in 2013 than the state average; • Almost twice as many people died by suicide in NSW than on our roads in 2013; • 40% more people are hospitalised in Northern NSW for self-harm, than the Australian average. <p>Where & what services are to be provided for each target area & population this financial year</p> <p>The aim of the PHN-commissioned Way Back Support Service in the Tweed and Lismore regions is to:</p> <ol style="list-style-type: none"> i. Provide greater access to treatment by engaging people within the service; ii. Support an individual to stay safe and connect with services during a period of high risk and vulnerability; iii. Reduce the burden on their support networks; and

ACTION AREA	INFORMATION REQUIRED
	<p>iv. Encourage attendance at appointments and reduce follow up care.</p> <p>The implementation of strategies that are included in the four locally-developed and approved Local Suicide Prevention Action Plans (Tweed/Byron, Lismore, Clarence Valley and Kempsey) will also occur in 2018/19.</p>
Other suicide prevention activity	<p>Within each targeted LGA the suicide prevention plans have key objectives aligned to the Lifespan model; Some key programs which will be developed and tailored to meet the needs of the region which may include:</p> <ul style="list-style-type: none"> • Schools programs - Youth aware mental health through BDI & headspace schools support parent programs • Media Guidelines - Mindframe presenting and facilitating training for targeted LGAs • Community campaigns - Clarence Valley co-commissioned project coordinator who will develop consumer materials and resource packs to address suicide and suicide prevention. Will be used as communication products to tailor to each region.
Recruitment and workforce	<p>An ongoing challenge remains the recruitment and retention of locally-based, qualified mental health care providers.</p>

ACTION AREA	INFORMATION REQUIRED
Data collection and reporting	<p>NCPHN will specify the need for commissioned service providers to report on outcome measures at regular, defined intervals as specified in the service agreement. Data will be captured using our core consumer information management system that aligns to the Primary Mental Health Care Minimum Data Set (PMHC MDS).</p> <p>The successful Provider will be required to submit progress and financial reports to NCPHN over the contract term. The acceptance as satisfactory or otherwise of these reports by NCPHN shall be a pre-requisite of progress payments.</p>
Other	<p>The ongoing sustainability of four locally-based Steering Committees due to the uncertainty of ongoing funding.</p>
Transition arrangements	<p>The Way Back support service contractor has a person centred support plan called “Designing My Experience” with every customer. This plan defines the supports and services that the customer wishes to engage with, provides a guide for the progress of support delivered and will be used to plan the transition of customers from the service within the 3-month timeframe.</p> <p>The contractor will wind back the intake of new referrals 3 months prior to the end of contract to ensure that all customers are transitioned by the time support services cease.</p> <p>This transition from service provision will be done in collaboration with NCPHN and key referral partners specifically the Lismore and Tweed Emergency Departments to ensure that the needs of customers are met as much as possible under the contract parameters.</p>