

EVALUATION REPORT

North Coast National Suicide Prevention Trial 2018 – 2021

**HEALTHY
NORTH COAST**

phn
NORTH COAST
An Australian Government Initiative

Healthy North Coast is an independent, not-for-profit organisation proudly delivering the PHN Program in North Coast NSW.

hnc.org.au

Healthy North Coast acknowledges the traditional custodians of the lands across our region, which includes the Githabul, Bundjalung, Yaegl, Gumbayngirr, Dunghutti and Birpai nations. We pay respect to the Elders past, present and emerging.

We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea.

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

Healthy North Coast would also like to acknowledge people with lived experience of suicidal distress and suicide. We acknowledge that every life lost has a monumental impact on a parent, child, sibling, partner, friend, colleague and community.

People with lived experience play an important role in advocacy and influencing change in mental health systems and programs. The North Coast National Suicide Prevention Trial has benefited greatly from lived experience and advice, and the shared desire to improve outcomes for others.



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Report written by Aimee McNeill,
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Executive summary

An overview of community-based suicide prevention delivered across five sites on the North Coast

The Australian Government has outlined a range of suicide prevention reforms to reduce the prevalence of suicide. Key among the reform is the investment in the National Suicide Prevention Trial, which is taking place in 12 Australian regions. The Department of Health has funded Healthy North Coast, through the Primary Health Network Program, to develop and implement a systems-based approach to suicide prevention at a local level for at-risk populations.

Five sites across the North Coast were identified for the trial: Tweed/Byron, Lismore, Clarence Valley, Bellingen and Kempsey.

We utilised the support and resources of Black Dog Institute's suicide prevention team, commissioned by the Australian Government Department of Health nationally, to provide guidance on an evidence-based systems approach to suicide prevention nationally. The guidance assisted with recommendations and strategies to support planning and implementation of the National Suicide Prevention Trial. This summary report captures outcomes and recommendations from 2017 to 2021.

The most successful strategy has been the gatekeeper and frontline training. A range of training was offered throughout the sites, with targeted approaches to upskill people who work or live with at-risk groups in the community. Community

engagement campaigns have also been successful, enhancing participation in activities and events, and assisting us to learn from the community about what matters most.

It is worth noting that from the end of 2019 to 2021, many North Coast communities have been significantly impacted by natural disasters, with catastrophic bushfires, flooding and the COVID-19 pandemic.

While some of the training and events have been able to successfully move online, it has been a challenge to deliver all of the activities outlined in the local suicide prevention action plans.

To assist with future investment in community-based suicide prevention activity, the following should be considered:

Coordinated and collaborative

Suicide prevention activities occur through varying funding bodies and organisations, with different aims and objectives. A coordinated and collaborative approach to suicide prevention is key.

Data is key

Equipping stakeholders with detailed data to direct interventions to priority groups or locations has been



very valuable. It is recommended that future suicide prevention is guided by data that:

- reliably identifies which groups are at particular risk in a community and what factors play a role in suicidal behaviour
- includes SA2 level information for rural and remote communities, with multiple different communities sitting under one local government area, this assists with directing activity towards communities that need it most
- identifies local risk and protective factors a program or strategy should focus on to reduce suicides.

Flexibility with investment

Investment in training or community-based activities should be flexible.

Commissioning activity is generally very prescriptive, with identification of regions, communities and scope around the activity. We need to be less prescriptive to be able to redirect activity to assist with suicide prevention.

Evaluation

The aim of the National Suicide Prevention Trial is to improve the evidence base to help us develop future responses to suicide prevention in Australia.

While the five sites have delivered evaluation reports to provide insights on future commissioning activity, there has not been a consistent approach to the evaluation across each of the sites.

It is recommended that we adopt a consistent evaluation methodology for future suicide prevention activity.

Community engagement

Community engagement plays an important role in suicide prevention. For the North Coast, it assisted with community campaigns and frontline and gatekeeper training strategies, under the Lifespan model. Connection with the community during implementation can also assist with sharing resources through their networks.

It is recommended that community engagement be included in future suicide prevention activities.

Priority populations

Men and Aboriginal and Torres Strait Islander peoples are among the at-risk population groups on the North Coast. It is recommended that future investment in suicide prevention activities be either led by the priority groups or that future co-design includes representatives at all stages, from planning through to implementation.

Background





Healthy North Coast is the lead agency for the North Coast Suicide Prevention Trial

Healthy North Coast

Healthy North Coast (HNC), provider of the North Coast PHN Program, is an independent, not-for-profit organisation. HNC is primarily funded by the Australian Government to commission services to meet the health needs and priorities of the NSW North Coast.

HNC aims to build a person-centred health system in which each member of the North Coast community receives integrated, high-quality care that is easy to access. We fund services and programs that are specifically designed to address local gaps. HNC works collaboratively with communities and services to ensure our commissioned programs are responsive to community needs.

The National Suicide Prevention Trial

The National Suicide Prevention Trial is taking place in 12 Australian regions. The Department of Health funds Primary Health Networks (PHNs) in those regions to develop and implement a systems-based approach to suicide prevention at a local level for at-risk populations.

The trial aims to:

- better integrate and connect the suicide prevention system at the local level
- develop local solutions to reduce suicides in regions with higher-than-average rates
- improve the evidence base to help us develop future responses to suicide prevention in Australia.

The trial commenced in 2016 and ends on 30 June 2022.

Taking local action – the trial sites

There are five trial sites across the North Coast: Lismore, Tweed/Byron, Clarence Valley, Bellingen and Kempsey.

Each trial site works collaboratively with participation from representatives of local organisations, community groups and community members, all forming a local steering committee or collaborative. Using data from our local health needs assessment and the Black Dog Institute, the sites have developed an action plan and implemented targeted activities in their community that support mental health and wellbeing and reduces the risk of suicide in the community.

Local suicide prevention action plans

The North Coast trial adopted the the Black Dog Institute's [Lifespan Model](#) to guide our work. The Lifespan Model is a comprehensive systems approach to suicide prevention. It comprises 9 evidence-informed strategies and a community-led implementation and service delivery approach.

The information provided through the [Black Dog Institute's Suicide Data Analysis Reports](#) has also helped to guide the development of our suicide prevention action plans.

Suicide Data Analysis Report

A suicide data analysis report contains geospatial and tabular information about suicide deaths in the region, using NCIS death data from 2006 onward, as well as analysis and general information about means restriction specific to each region. Where possible, local regions should undertake a suicide data analysis report that collects data and examines local trends in suicide deaths, and identifies prominent methods, groups, geospatial clusters or suicide locations that should be prioritised for intervention.

Lismore – coordinated through Lifeline Direct

Lifeline is a national charity providing access to crisis support and suicide prevention services. Lifeline supports people experiencing crisis through its telephone, text and online chat options, face-to-face and telehealth counselling, education, community capacity building and referral services.

Lifeline hosts the Lismore Suicide Prevention Community Engagement role which:

- implements the action plan's objectives
- coordinates/delivers suicide prevention programs and training across the community and creates community connections.

The Lismore site delivered a wide range of targeted training across the community, including Advanced Training in Suicide Prevention, safeTALK, ASIST, Suicide Prevention Training for Pharmacists and YAM.

The Lismore Collaborative co-designed a suicide aftercare support group with ACON and StandBy Support After Suicide to connect with people from the LGBTIQ+ community. A new group, Living Spaces, has been well received by the community.

www.lifelinedirect.org.au/northernnsw

Project Coordinator:
Cath Bird



Tweed/Byron – coordinated through The Family Centre

The Family Centre's services are for children, young people, families, and anyone in a family relationship. The centre works together with the community to design activities that enhance parenting skills, improve relationships and increase safety, wellbeing and personal effectiveness. Their activities also increase and strengthen family and community connections.

The Tweed/Byron site have delivered a range of gatekeeper and frontline training across the community, including ASIST, ATSP, safeTALK and YMHA and have developed a comprehensive local information kit to provide crisis and support information to people undertaking suicide prevention training. The site has also worked alongside Aboriginal and Torres Strait Islander and South Sea Islander people who were members of the Aboriginal Impact Group, to inform local activities such as the youth nights, family BBQs and World Suicide Prevention Day safe yarning circle.

www.thefamilycentre.org.au

Project Coordinator:
Carmen Stewart (2019-20)
Hanna Thomas

Clarence Valley – coordinated through New School of Arts Inc.

New School of Arts Neighbourhood House Inc. (NSoA) is a multipurpose neighbourhood centre that coordinates a range of children's and community services in the Clarence Valley. The NSoA is a founding member of Our Healthy Clarence, a mental health and wellbeing collaborative.

Extensive suicide prevention and mental health training has been delivered across the Clarence Valley. The Access Grant Project was a big success, with a range of smaller communities engaged to inform the region's needs. Seven young people undertook the Batyr Lived Experience Speaker Training through local schools and the project coordinator supported the development of a lived experience network with guidelines, actions and outcomes.

www.facebook.com/nsoanh

Project Coordinator:
Sue Hughes (2018-20)
Giane Smajstr (2020-21)

Bellingen Shire – coordinated through Neighbourhood Centres of Bellingen Shire Inc.

Locally based and extending across the Bellingen Shire, Neighbourhood Centres of Bellingen Shire Inc. (NCoBS) has over 40 years' experience working with people and community. Their vision is an inclusive, safe and connected community of resilient people. NCoBS celebrates diversity and works towards a fair and just society for all.

Help-seeking resources and links to online QPR training were designed and distributed via letterbox drop, during COVID-19 lockdowns. Face-to-face gatekeeper and frontline training was also delivered in ASIST, ATSP, safeTALK and MHFA. A community grants project was delivered, reaching 940 community members. The projects have focused on activities that promote mental health and wellbeing, reduce stigma and encourage help-seeking.

www.ncobs.org.au

Project Coordinator:
Celeste Abell

Kempsey Shire – coordinated through Macleay Vocational Workplace Learning Centre

Macleay Valley Workplace Learning Centre plays an important part in the community by catering for students from Years 9 to 12 (14 years of age onwards) who have fallen out of mainstream education for a variety of reasons. The centre provides a supportive and flexible environment where students can develop a sense of belonging, pride, personal identity and cultural awareness.

The Kempsey site focused on engagement strategies to assess the needs of the local community, including a regional youth short film festival. Over the period of the trial the Kempsey site has delivered a range of gatekeeper training, including ASIST, MHFA and safeTALK and the local lived experience network has 59 local members that have been key contributors to the implementation of activities across the community.

www.mvwlc.nsw.edu.au

Project Coordinator:
Melissa Robinson

Our region



Yamba ocean pool.
Image: Matt Murray



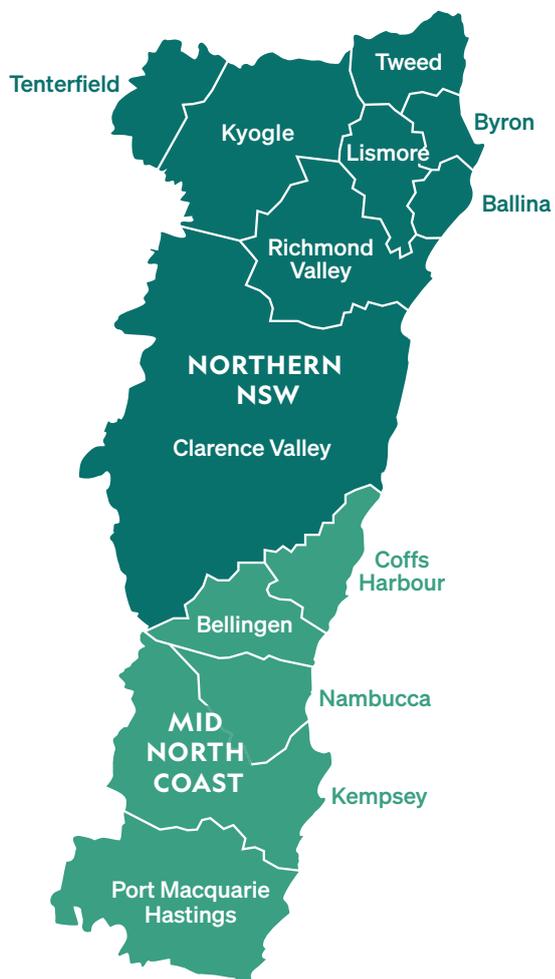
Our region spans an area of approximately 36,000 square kilometres, extending from the Queensland border in the north to the Camden Haven region beyond Port Macquarie in the south. Along its eastern boundary is the coast, and to the west is the New England Tableland escarpment.

With a population of 516,000, the North Coast is rapidly growing with an ageing population.

Our region has a high Aboriginal and Torres Strait Islander population with more than 25,044 Aboriginal and Torres Strait Islander people on the North Coast, representing 4.8 per cent of the population. Demographically, the region is home to a range of communities that are hard to reach due to lack of transport, social disadvantage, ageing, geographic isolation and cultural background. The population

experiences a considerable number of social and emotional challenges that negatively impact on people's social and emotional wellbeing.

The region is comprised of 12 local government areas (LGAs), 4 federal and 7 state electoral divisions, 6 Aboriginal Nations and 13 local Aboriginal land councils (LALCs). It aligns with 2 Local Health Districts — the Northern NSW Local Health District and the Mid North Coast Local Health District.



Activity and outcomes



The Coffee Boys, Suicide Prevention Grant Recipient, Raleigh NSW
Photo: and the trees photography



The North Coast trial selected a multi-sectoral, collaborative approach to suicide prevention, with all stakeholders across the **five sites** collectively supporting the implementation of **multiple Lifespan strategies** at the same time.

STRATEGY 1.

Improving emergency and follow-up care for suicidal crisis

Lifespan recommendation

1. Establish collaborative partnerships with local hospital networks, services, or health districts
2. Consider the unique needs of rural and remote communities

To reduce the risk of future suicide attempts, it is essential for appropriate care to be available for people after a suicide attempt.

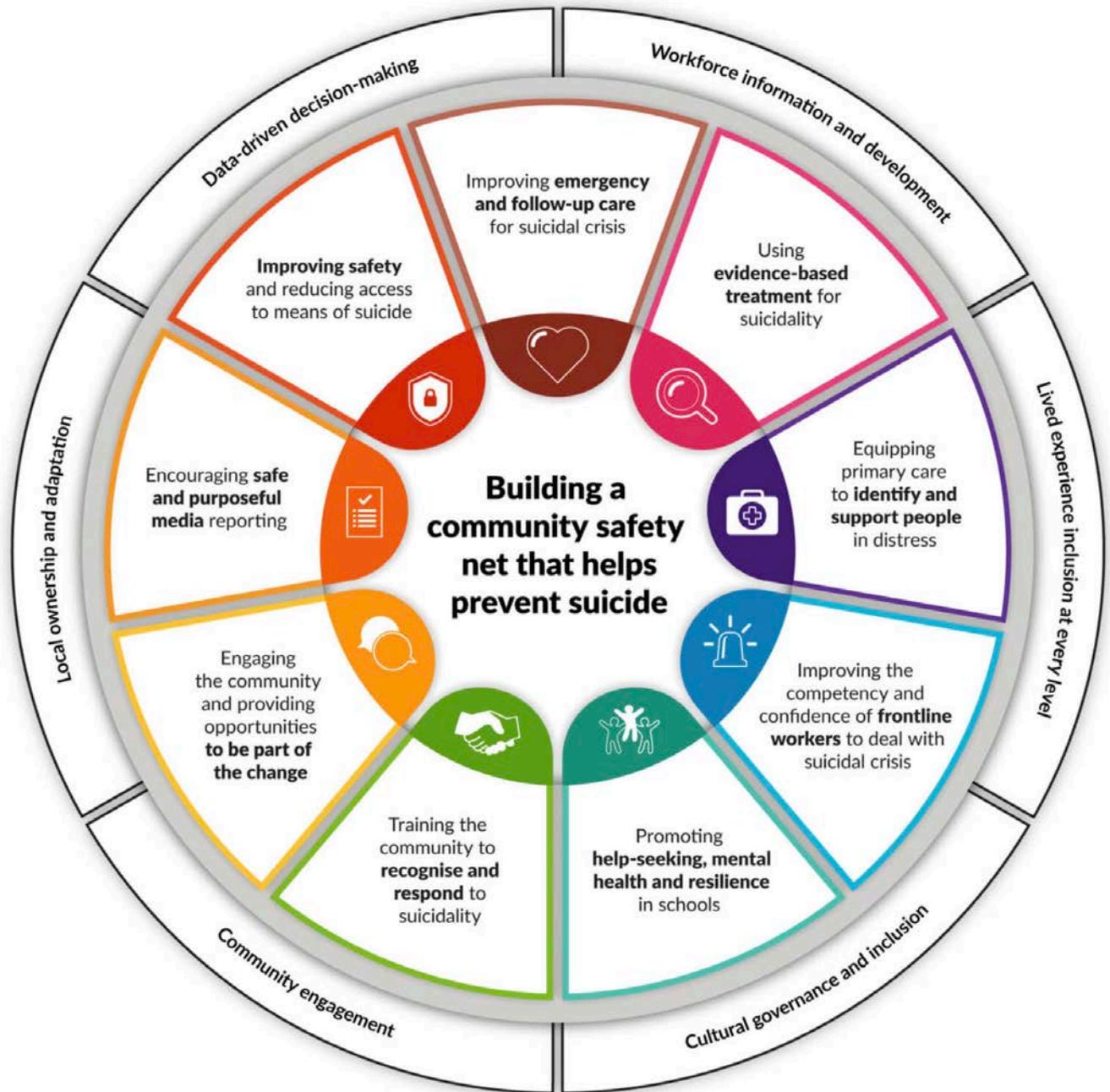
Evidence shows that people seeking help need to feel that the services they reach out to make them feel validated, welcome and heard.

The Way Back Support Service was commissioned in 2017, and is delivered by New Horizons Ltd. The service has been delivered in two sites, Tweed Heads and Lismore, and, under a bi-lateral agreement with the Department of Health and Ministry of Health, now includes Grafton. From 2020 to 2021, 259 people received support from The Way Back Support Service in the North Coast region.

Data from the 2020–21 reporting period indicates a reduction in K10 scores from episode start to episode end, with an average 11 point reduction, which indicates aftercare intervention can assist with reduction of psychological distress.

To address the gap for aftercare supports in the Mid North Coast region, Healthy North Coast commissioned Social Futures Ltd to deliver an aftercare service in the Bellingen and Kempsey Shires.

Separate to the National Suicide Prevention Trial, the Zero Suicides in Care initiative, led by the Northern NSW Local Health District and Mid North Coast Local Health District through the Ministry of Health, will see further aftercare services available in the North Coast region.



STRATEGY 3.

GP capacity building and support

Lifespan recommendation

1. Identify, commission and promote skills-based GP education. All GPs should have access to evidence-based programs focused on screening for suicidality, immediate risk management and the identification of mental health disorders such as depression. Refresher courses should be undertaken every three years.

Many people experiencing suicidal thoughts or behaviours visit their general practitioner (GP) in the weeks or days before suicide. This means that GPs can play a vital role in suicide prevention. Capacity building and education for GPs is one of the most promising interventions for reducing suicide.

To date, the North Coast site has updated the HealthPathway for identification of suicide risk or intent, with a link to a localised suicide risk and self-help referral guide included in the HealthPathway.

A range of training has been offered across primary care to reduce barriers and increase access to evidence-based best practice training locally. They include:

Advanced Training in Suicide Prevention
— 201 participants

Suicide Prevention Training for Pharmacists
— 49 pharmacists

Westerman Aboriginal Symptom Checklist training — 2 participants

STRATEGY 4 & 5.

Frontline staff and gatekeeper training

Lifespan recommendations

1. Source, subsidise and promote gatekeeper training programs. Gatekeeper training programs should focus on increasing knowledge, changing attitudes, and teaching skills. While training is available online, face-to-face training is preferable, as is having a strong practical element. Subsidising training will increase uptake.

2. Tackle stigma and include lived experience. Frontline staff interact with at-risk persons when they are most vulnerable. As such, training needs to focus on reducing stigmatising attitudes and beliefs towards suicide and suicidal individuals. One way of doing this is with the inclusion of stories from lived experience. People with lived experience of a suicide attempt will provide unique perspectives to aid the recognition of suicide warning signs, to respond with sensitivity, and to increase the impact of messages.

3. Provide specialist training when required. LGBTIQ+ inclusivity training and referral pathways for LGBTIQ+ clients are recommended. Cultural and age-appropriate materials for use in Aboriginal and Torres Strait Islander communities, and among children and younger people are required.

STRATEGY 4 & 5. cont.

TRAINING

A range of training has been offered across the North Coast to improve awareness and build the capacity of community and frontline staff. Training includes:

- safeTALK — 450 participants**
- Mental Health First Aid — 70 participants**
- QPR and START — 1,539 participants**
- Mind Your Mates — 20 participants**
- I-ASIST — 24 participants**
- Tree of Life and Narrative Practice training — 7 participants**
- What to do, What to Say workshops — 40 Participants**
- ASIST — 430 participants**

As a regional area, all sites invested in Train the Trainer or T4T models to support greater availability of trained facilitators in the community and sustainability, having a dedicated resource available in the community for future suicide prevention training.

35 community members are trained facilitators in safeTALK, ASIST, TMHFA, YMHFA, I-ASIST and Red Dust Healing.

STRATEGY 6.

Promoting help-seeking, mental health and resilience in schools

Lifespan recommendation

1. Encourage adoption of evidence-based programs. The Australian Government currently supports several frameworks for social and emotional wellbeing including KidsMatter and MindMatters, with movement to a single and integrated framework in the near future. Within this framework school based suicide prevention programs with sufficient evidence for their effectiveness, can be positioned.

Offering suicide prevention programs in schools is a great way to reach a larger number of young people. The North Coast sites focused on activities that reduce stigma, encourage help-seeking and build capacity. The local project coordinators engaged with schools to identify training and activities to support their students and staff.

A number of the sites also supported the review of postvention plans. The Lismore site supported the review of the NSW Department of Health Postvention Guidelines Evaluation.

COVID-19 has had a significant impact on implementation of a number of programs. Outcomes to date include:

- ASIST delivered in schools — 24 participants**
- School network meetings — 12**
- Youth Aware of Mental Health (YAM) — 34**
- YAM T4T — 2 YAM facilitators in Lismore**

KEY FINDING

Batyr Being Herd lived experience speaker training

The Clarence Valley site engaged Batyr to deliver a Being Herd lived experience workshop to over 400 students across three secondary schools in the Clarence Valley. Seven young people with lived experience speakers have been trained and further workshops are planned and delayed due to COVID-19. The site is working with Batyr to deliver an online program that will be completed by 30 June 2022.

STRATEGY 7.

Community campaigns

Lifespan recommendations

1. Collaborate with the community. Repeated exposure to a message is likely to have a greater impact on retention. As such, it is recommended that community members be exposed to consistent suicide awareness messages from multiple community organisations such as workplaces, sports clubs, and community events. Community members should work together and with organisations such as Beyond Blue, to ensure consistency in messaging and delivery.
2. Encourage effective marketing. Information about the causes and treatments for suicide risk will increase community knowledge. Awareness messages may include suicide warning signs, resources for referral and sources of help within the local community. Awareness promotion can occur through several mediums, including handing out flyers, distributing newsletters, radio programs, community events, social media, celebrity endorsement and lived experience spokespeople.
3. Incorporate lived experience. Interventions aimed at reducing mental health stigma and discrimination are most effective when they involve an individual with lived experience of mental illness. That is when individuals with lived experience speak about mental illness to the community at large, stigma and discrimination are reduced. Individuals with lived experience are an asset to community awareness campaigns.

To improve mental health literacy, reduce stigma, promote available support services and encourage help-seeking, a range of events and forums were held from 2018 to 2021, reaching thousands of community members across the North Coast. Events include World Suicide Prevention Day, Walk Out of the Shadows, Youth Week, and community forums.

To maximise the impact of the engagement, the project coordinators included a call to action at local events, such as offering a Question, Persuade, Refer (QPR) licence to prompt community members to be a part of local suicide prevention efforts.

The five sites have developed localised resources to distribute through the community and targeted community campaigns have been developed to reach at-risk members of the community (refer to appendices).

Help-seeking and stigma reducing campaigns include:

Men's Health Week 2020
campaign in the Clarence Valley
<https://youtu.be/MTytnfZie18>

Hey Brother, You Good
A help-seeking campaign for Aboriginal and Torres Strait Islander people in the Clarence Valley.

Grants program

To ensure activity was relevant to the community, several of the suicide prevention trial sites utilised a grant program as a strategy to ensure community members who were not engaged in the development of the local suicide prevention action plan had the opportunity to lead suicide prevention activity.

The grants programs had specifications that aligned to the Lifespan model and priority groups. To date, 16 grant recipients have received funding in Bellingen Shire and the Clarence Valley.

Pilot program to engage young people

The Giving Youth a Story program was trialled with eight young people, as a 12-week cultural and skills-based training program for Indigenous youth. Delivered in partnership with educators, trainers, cultural facilitators, community service providers and a tourist boat operator, the pilot program was completed by all participants. Participants had access to training, such as a Certificate 1 Deckhand and a First Aid certificate; they also participated in a safe yarning circle to talk about suicide, how to support each other and how to get help. The program was designed and monitored by Aboriginal people, for Aboriginal people. The project team was pleased to achieve the fundamental goal of the program, which was to give youth a positive story they could take with them into their lives.



Bellingen Community Suicide Support — Lived Experience Action Group, Bellingen NSW

Photo: and the trees photography

STRATEGY 8.

Encouraging safe and purposeful media reporting

Lifespan recommendation

1. Adopt and promote Mindframe guidelines.

Mindframe is the national suicide prevention media initiative, which provides comprehensive guidelines for the public reporting of suicide deaths and attempts. Local media organisations should be encouraged to follow these guidelines, and face-to-face training can be provided by the Mindframe team.

In line with the above recommendation, online training was delivered in 2020 to the commissioned organisations and project coordinators across the five sites.

Two face-to-face Mindframe workshops have been delivered, in the Clarence Valley and Lismore Local Government Areas to more than 50 stakeholders, including steering committee members and local media outlets.

Both sites developed a regional suicide response plan to coordinate local response to critical events and facilitate access to resources. The plans include key messaging and identification of spokespersons if media interest presents.

STRATEGY 9.

Means restriction

Lifespan recommendations

1. Source and analyse local data
Measures to prevent suicide through means restriction should be evidence based. As such, PHNs are encouraged to source and analyse data (for commissioned services to do so) from police, transport authorities, councils, and people with lived experience, to identify means of suicide and the geographical location of these deaths within each PHN. Local knowledge will then dictate the measures needed to prevent further suicide deaths.
2. Collaborate with community
Implementation of means restriction strategies will require close collaboration with local councils and other relevant community stakeholders, including with Aboriginal and Torres Strait Islander communities.

The above recommendations were utilised for means restriction activity on one of the North Coast sites. The work was based on extensive consultation; the Black Dog Institute provided data on deaths and attempts, advising on means restriction interventions and suicide safety factors, while Lifeline Australia provided advice on wording for the crisis support signage. National Parks NSW staff and the University of Melbourne shared their knowledge of suicide prevention design interventions they had implemented at other sites. Aboriginal women Elders were also engaged to provide appropriate cultural messaging and advice to support the re-development process.

The resulting interventions include replacing the viewing platform with a much larger two-tiered viewing platform suitable for prams and wheelchairs, adding an inward sloping railing and Lifeline crisis support signage at the two entrance roads and the car park area. The access route to the viewing platform has also been modified to include numerous places to stop, rest and reflect with solar lighting. This project is part of a broader suite of suicide prevention activities being carried out as part of the Lismore Suicide Prevention Trial. The Lismore Suicide Prevention Collaborative has also delivered two safeTALK suicide prevention workshops to approximately 50 NSW National Parks staff, under the frontline staff and gatekeeper training strategy.



CASE STUDY

Story Circle Project

Driven by a member of the Lismore Suicide Prevention Collaborative wanting to reduce stigma and normalise conversations about suicide, a group of writers and project team came together to deliver a beautifully put together book that includes 9 stories of survival and recovery *Don't Let Suicide Kill You*.

[Don't Let Suicide Kill You](#) has been made available for frontline workers and community members.

Lived experience

Lifespan recommendation

1. The term lived experience is used to describe the first-hand accounts of people who have made a suicide attempt or experience suicidal thoughts. Lived experience also refers to the individuals who support those who have attempted and or die by suicide. Individuals with lived experience use their expertise to improve services for others. Lived experience is considered to be an important facet in the success of an integrated, multi-level approach, particularly in respect to achieving cross-sector buy in and enhancing collaboration.

Healthy North Coast included lived experience expertise for planning and co-design of the trial, supporting the prioritisation of the Lifespan strategies for each of the sites.

The sites have continued to engage people with lived experience through a range of activities, including as members of the steering committees and collaboratives. Kempsey, Bellingen and the Clarence Valley sites have all implemented lived experience networks. Members of the networks have received Roses in the Ocean training and have developed an action plan or localised projects to support others in the community.

Support groups have also been established at several sites, including the Tweed/Gold Coast Bereavement Support Association, Outrageous Loss, Outrageous Courage for LGBTIQ+ community in Lismore and Bellingen Community Suicide Support. The groups are led by people with lived experience and offer a safe space for people to come and get support and link with people in their community.

Barriers



Image: Matt Murray

When funding projects in many locations at one time, it is likely there will be barriers or challenges that impact on implementation, it is important to consider these learnings for future activity.

Data

Having timely data to inform the work has been a significant challenge for each of our sites, and as a commissioning organisation to measure performance.

Of particular interest to the sites and funding bodies will be with outcomes against reducing suicide deaths in the community, which will not be assessable until at least two years after the trial has ended. Timely and accessible data also supports the direction of interventions, utilising information such as at-risk groups, age, gender and situational distress to direct activity is of value.

Engagement with general practice sector

General practice capacity building and support is an important strategy in the Lifespan model.

The North Coast Suicide Prevention Trial sites included building the capacity of GPs and frontline staff in their local suicide prevention action plans.

Whilst there has been GP participation in training, engagement has been identified as a barrier across the sites.

Natural disasters

The North Coast has experienced catastrophic bushfires in 2019–20, and extreme floods in March 2021.

The bushfires and floods have had an immeasurable impact on our community. While there has been recovery, there are still people experiencing the impact from these catastrophic disasters.

Additionally, since March 2020, COVID-19 has had a significant impact on the implementation of activities in a number of our trial sites. While there is some flexibility with continuing to deliver events and training online, there are some instances where this has not been possible.



Recommendations

To assist with future suicide prevention activity across the region, the following recommendations will support improved investment in suicide prevention activities on the North Coast.

Coordinated and collaborative

With suicide prevention activity occurring with varying funding bodies and different aims and objectives, a coordinated and collaborative approach to suicide prevention is key. Having a dedicated role at a PHN level, working with stakeholders across the sector, ensures there is no duplication. The insights gathered through these relationships are very beneficial to ensuring activity is directed to places that need it most, especially with the limitations around access to timely data.

Data is key

Healthy North Coast accessed Suicide Data Analysis Reports at commencement of the trial and in 2020. Across the trial, the project coordinators received a summary of the data through workshops facilitated by the Black Dog Institute. The data summary included a link to evidence-based interventions that are most likely to improve outcomes for at-risk groups in our region.

Equipping stakeholders with detailed information to direct interventions to a location or priority group that is most at-risk has been very valuable. It is recommended that future suicide prevention is guided by data that:

- reliably identifies which groups are at particular risk in a community and what factors play a role in suicidal behaviour
- includes SA2 level information for rural and remote communities, with multiple different communities sitting under one local government area, this assists with directing activity towards communities that need it most

- identifies local risk and protective factors a program or strategy should focus on to reduce suicides.

It is recommended that data workshops are held with funding bodies and other key stakeholder organisations to collectively make decisions about where to invest in areas that are shown to make the most difference and, importantly, to be able to measure outcomes of our investments.

Flexibility with investment

Investment in training or community-based activities should be flexible. Commissioning activity is generally very prescriptive, with identification of regions or communities and scope around the activity. Over the period of the trial, we identified at-risk communities that fall outside the scope of the trial. It is recommended that future commissioning should be more flexible in the movement of programs and activities. Six monthly contract reviews should be incorporated into commissioning cycles to ensure activity is aligned to need and reaching at-risk populations, allowing opportunity to broaden the scope or reach to benefit more people in the community.

Evaluation

The aim of the National Suicide Prevention Trial is to improve the evidence base to help us develop future responses to suicide prevention in Australia. While the five sites have delivered evaluation reports to provide insights on future commissioning activity, there has not been a consistent approach to evaluation across each of the five sites.

It is recommended that longer term and community-based and community-led activity should include a local evaluation lead to assist with a consistent and more robust evaluation of the activity, or investment in building the capacity of the project coordinators with project management and evaluation training.

Community engagement

Community engagement is key to the implementation of suicide prevention activities, in particular they have assisted with the engagement in both the community campaigns and frontline and gatekeeper training strategies under the Lifespan model. Connection with the community through implementation can also assist with sharing of resources through their networks.

There can be an endless cycle of community engagement in suicide prevention activity. It is recommended that community engagement occurs at the planning and development stage, that a distribution list is developed to share information and resources through the community, and that any engagement is linked to an action.

Several of the sites have incorporated a follow-up session with the community to feed back results from an activity to show that the engagement was meaningful and has led to action.

Priority populations

Investment in community-based project coordinators has meant that there is a point of contact in each of the five sites to help with engagement, linking with

stakeholders and overseeing the implementation of the local suicide prevention action plans. While the project coordinators are well embedded in the community, they do not represent all of the priority populations. As men and Aboriginal and Torres Strait Islander people are at-risk population groups on the North Coast, it is recommended that future investment in suicide prevention activities be either led by members that represent the groups or have representatives at the table at all stages, from planning through to implementation of the activities/ programs.

General practice engagement

GP participation in training was limited throughout the North Coast Suicide Prevention Trial. It is recommended that future training is incorporated into the existing training directed by the North Coast Clinical Societies and where need is identified.



Our partners

Throughout the North Coast National Suicide Prevention Trial, we have appreciated the support, links to research, and best practice and advice from several of our partners.



Australian Government
Department of Health

Australian Government Department of Health – Suicide Prevention Section

The Department of Health has provided significant funding to assist with the implementation of the North Coast National Suicide Prevention Trial. Through the trial's duration, the Suicide Prevention Section has provided a range of support and advice.



**Black Dog
Institute**

Black Dog Institute

The Black Dog Institute received funding from the Commonwealth Department of Health to support the implementation of the National Suicide Prevention Trial across 12 sites.

The Black Dog Institute has provided implementation expertise to the sites over the five-year trial, including reviewing action plans, providing data analysis reports and attending community-based workshops. The team has provided our site, and project coordinators, with one-on-one support and immersion visits to build capacity.



EVERYMIND

Everymind - Mindframe

Mindframe encourages the responsible, accurate and sensitive representation of mental ill-health and suicide in the Australian mass media by collaborating with media and various sectors that work with the media.

The Mindframe team has supported the North Coast trial sites by reviewing content for safety, supporting effective responses in communities at risk. The team has also provided Mindframe training to PHN staff, local project coordinators and stakeholders, including media outlets.

Support services

If you, or someone you know, is in immediate danger, please call 000 or go to your nearest hospital emergency department.

If you, or someone you know, is thinking about suicide, or experiencing a personal crisis or distress, help is available. Tell someone about what you are thinking, even at the earliest signs. Please contact one of the services listed below or speak to your general practitioner.

Adult

Lifeline

13 11 14, 24 hours, 7 days a week
www.lifeline.org.au

Suicide Call Back Service

1300 659 467
www.lifeline.org.au/Get-Help

Beyond Blue

1300 224 636
www.beyondblue.org.au

MensLine Australia

1300 78 99 78
www.mensline.org.au

Youth

Kids Helpline

1800 551 800
www.kidshelpline.com.au

Headspace

1800 650 890
au.reachout.com.au

ReachOut

au.reachout.com.au

Image: Bec Hamaford

CONTACT

Mental Health and Alcohol
and Other Drugs Team
MH&AOD@hnc.org.au

MEDIA ENQUIRIES

media@hnc.org.au

HEALTHY
NORTH COAST

phn
NORTH COAST
An Australian Government Initiative

Healthy North Coast is an independent, not-for-profit organisation proudly delivering the PHN Program in North Coast NSW. We are committed to improving the health of our communities through quality primary health care. The PHN Program is an Australian Government initiative.

hnc.org.au