



National Suicide Prevention Trial

Activity Work Plan

2019-2020

phn
COUNTRY SA

An Australian Government Initiative

Head Office
PO Box 868
NURIOOTPA SA 5355

countrysaphn.com.au

SA Rural Health Network Limited trading as Country SA PHN
ABN 27 152 430 914

ACTION AREA	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p><i>Provide a brief description of activities to be undertaken & Identify major milestones and critical dates where relevant</i></p> <p>Project Management and Coordination</p> <p>NSPT Coordinator - Ongoing facilitation and coordination to drive and assist project activities within the National Suicide Prevention Trial. The position will continue to engage a range of internal and external organisations, to ensure coordination of evidence-based suicide prevention activities across the region.</p> <p>Suicide Audit - CSAPHN will continue to work to find a suitable mechanism and data sets to conduct a Suicide Audit within the trial region.</p> <p>Client Services & Community Capacity Building</p> <p><i>Commissioned Services</i></p> <ul style="list-style-type: none"> • Continuation of Emergency and Follow up Care for suicidal crisis in the Yorke Peninsula, Port Pirie, Port Augusta, Whyalla and Port Lincoln. • Continuation of Aboriginal specific Emergency and Follow up Care for suicidal crisis service within the Aboriginal community integrated with the local ACCHO and LHN in Port Augusta. • Continuation and extended roll out of the You Me Which Way (YM-WW), a culturally appropriate suicide prevention training program in 5 Aboriginal and Torres Strait Islander communities within the NSPT region. CSAPHN are supporting local adaption and evaluation of YM-WW in a regional SA context. • Integrated program of community development and support for male dominated industry and workplace across the trial region. Mates in Construction will use training as a tool to raise awareness about suicide and it's contributing risk factors, delivering a suite of training and providing access to ongoing support to workers at risk.

Capacity Building

- Continuation of funds (Small Grants) targeted to Community Groups, SA Suicide Prevention Networks and non-government organisations to undertake activities which align with a systems approach to suicide focusing on improving mental health literacy, decrease stigma, increasing help seeking behaviours and building capacity and confidence in suicide prevention and/or progress one or more of the recommendations from the NSPT Community Consultations Reports.
- Continuation of QPR training as a whole of community capacity building strategy across the trial region.
- Explore and trial a youth tool kit for General Practice to support appropriate engagement strategies, referral mechanisms for at risk youth throughout the trail region.
- Explore the use and appetite for an electronic, mental health screening tool to be used in general practice waiting rooms.
- Stigma reduction campaigns to increase help seeking behaviours, across multiple platforms and resources.

Professional Development and Training

- Equipping Primary Care providers to identify and support people in distress – Targeted GP suicide prevention education and training via webinar and face to face modalities.
- Continuation of targeted opportunities for professional development and upskilling for GPs, health professionals, AOD workforce, community, sector workforce and DECD to access best practice evidence-based suicide prevention training via online and face to face modalities. Programs which will be offered throughout the trial region include:
 - Question Persuade Refer (QPR)
 - Applied Suicide Intervention Skills Training (ASIST)
 - General Awareness Training (GAT)
 - Connector Development
 - SafeTalk
 - Youth Aware Mental Health (YAM)
 - Suicide Prevention in Aboriginal Communities
 - Advanced Training in Suicide Prevention (ATSP)
 - Connecting with People

	<ul style="list-style-type: none"> ○ Lived Experience Speakers Training <ul style="list-style-type: none"> ● Continuation of advocating and supporting the regional roll out of SA Health’s ‘Connecting with People’ Training for commissioned services under the NSPT and identified frontline staff in the trial region to ensure commonality in language, assessment and risk stratification of suicidal clients. ● Forums across the trial region to bring together a select group of expert clinicians, researchers and consumers with lived experience. Combining presentation and interactive discussion, the forums will aim to provide participants with intimate access to the knowledge and expertise of the speakers with a focus on suicide prevention. Focus topics will be a result of the NSPT consultation findings. <p>School Communities</p> <ul style="list-style-type: none"> ● Continuation of delivery of Youth Aware of Mental Health (YAM) to targeted schools as identified by DECD. ● Continuation of implementation of Question Persuade Refer (QPR) to all school staff in the trial regions and Applied Suicide Intervention Skills Training (ASIST) in identified schools.
<p>Key partners</p>	<p><i>Identify all key partners in these activities and the following as applicable:</i></p> <ul style="list-style-type: none"> ● <i>respective roles and responsibilities</i> ● <i>progress in establishing key partnerships for new activities this financial year</i> ● <i>formal and/or informal agreements and/or other arrangements to support partnerships</i> ● <i>any major barriers and how these may affect service delivery</i> <p>Key Partners</p> <ul style="list-style-type: none"> ● The South Australian Premiers Council for Suicide Prevention, SA government ● Country Health SA Local Health Network: engaged via direct approach and follow up meetings ● Headspace Port Augusta and Whyalla: engaged via direct approach and follow up meetings ● ACCHO’s in the trial region: engaged via direct approach and follow up meetings

- University Department of Rural Health, Uni SA: engaged via direct approach and follow up meetings
- University of Adelaide- Rural Clinical School: engaged via direct approach and follow up meetings
- LGA's in the trial region: engaged via direct approach, presentations and follow up meetings
- Department for Education t: engaged via direct approach, presentations and follow up meetings.
- Office of the Chief Psychiatrist, SA Health: engaged via direct approach and follow up meetings
- South Australian Police: engaged via direct approach and follow up meetings
- South Australian Ambulance Service, Country North Region: engaged via direct approach and follow up meetings
- Country SA PHN Lived Experience Reference Group: engaged via Roses in thr Ocean and follow up meetings
- Black Dog Institute
- University of Melbourne

To be Engaged, or in process

- The 6 new Country Health SA Local Health Networks, to be established on July 1, 2019

Formal and Informal Agreements

- Office of the Chief Psychiatrist – informal agreement to roll out “Connecting with People” training to emergency department staff in the trial region as a priority.
- South Australian Ambulance Service – informal agreement to collect suicide attempt data and report this to Country SA PHN monthly.
- South Australia Police – formal postvention referral mechanism

Barriers

South Australian Government is undergoing significant transformation. Currently we have 1 LHN aligned to CSAPHN but under Country Health SA's realignment of LHNs we will have 6 LHNs as of July 1st, 2019 aligned to CSAPHN. The scale of transformation will cause major disruption, existing relationships and arrangements with key decision-making personnel will have to be renegotiated and realigned with the new LHN regions.

	<p>In the NSPT trial region 3 new LHN's will be established under this realignment.</p>
<p>Enhanced services for people who have attempted or are at higher risk of suicide</p>	<p><i>Describe activities to be undertaken, including referral pathways and services</i> <i>Identify how these activities differ from PHN base activities funded from the mental health flexible funding pool</i></p> <p>1. Continuation of commissioned activity for mainstream Aftercare services Location: Whyalla, Port Augusta, Port Pirie, Port Lincoln and the across the Yorke Peninsula. FTE: 4.0 FTE Referral pathways: Referral and intake processes are established and operating via providers centralised intake system. Client follow up within 24 hours (on Monday if over the weekend). Referrals received via fax from LHN's and General Practice or alternatively via phone and email from police, service providers, and wider primary health sector.</p> <p>CSAPHN is trialling the mainstream Aftercare service in rural locations, to see if current national Aftercare models are adaptable to smaller populations and health units where infrastructure and resourcing is limited.</p> <p>CSAPHN base activity in the Aftercare space is currently located 35Km's from Adelaide in the Adelaide Hills where there is increased access to resources and acute mental health teams.</p> <p>2. Continuation of Aboriginal and Torres Strait Islander Aftercare Service Location: Port Augusta FTE 2.5 Referral pathways: CSAPHN will facilitate meetings between the LHN, Emergency Department, Community Mental Health team and the local ACCHO to have shared guidelines for implementation and referrals mechanisms across acute, primary and community sectors for the Aboriginal Aftercare service.</p> <p>The need for a specific Aboriginal aftercare service was deemed a key priority from community consultations held in Port Augusta and is supported by the local Aboriginal community.</p> <p>The service was co-designed by local aboriginal people and key stakeholders, guided by key principles identified by the ATSIPEP report and national Aftercare models which have evidence base evaluations.</p> <p>Currently no CSAPHN base activity in the Aboriginal Aftercare space.</p>

<p>Areas for focussed activity</p>	<p><i>Identify any new areas or populations being targeted this financial year</i></p> <ul style="list-style-type: none"> • No new areas or populations have been added to the trial this financial year, instead we will continue to work within the Northern Country Region, inclusive of: Eyre – Flinders, Yorke and Northern with capacity building spillage across Far West and Outback. • We will continue to target three of the four possible population groups, Aboriginal and Torres Strait Islander, Young and Middle-Aged Males and Youth. <p><i>Provide supporting evidence where available</i></p> <p>General: Approximately 504 Suicides (2007-2015) and 1,830 Suicide attempts were reported within the Country SA PHN region between 2013 and 2016. In 2017, 224 deaths in South Australia were attributed to Suicide or Intentional self-harm (164 males, 60 females). Overall 7.2% of deaths reported were linked to suicide in South Australia.</p> <p>Aboriginal and Torres Strait Islander peoples- Suicide rates among ATSI are roughly twice that of non-indigenous people. Aboriginal and Torres Strait Islander South Australians completed suicide at a rate more than twice that of non-Indigenous South Australians, at 25.5 deaths to 12.5 per 100,000 respectively. Suicide was the second leading cause of death among Aboriginal and Torres Strait Islander men at a rate of 39.2 per 100,000</p> <p>Young and Middle-Aged Males- Males in the Country SA region accounted for 79% of all deaths by suicide, a ratio of more than 3:1. However females accounted for the highest rates of suicide attempts. ABS statistics (2001-2010) show males in South Australia suicided at a rate (1.8 per 10,000) three times than that of females (0.5 per 10,000). Of these deaths, frequency was highest in the young to middle age cohorts (21-50 years). Females are more likely to be hospitalized than males for intentional self-harm, however this difference is likely due to males being more than three times more likely to complete suicide than females. This is not a difference in need for suicide prevention, but a reflection of lethality of mechanism.</p> <p>Youth - Suicide is the leading cause of death among those aged 15-24 years, accounting for about one third of all deaths among 15-24 year olds (34% in 2017), a tied highest proportion with the 25-34 age group. Within the Country North region, the youth age cohort accounted for 15% of deaths by suicide.</p>

Summarise where and what services are to be provided for each target area and population this financial year

Aboriginal and Torres Strait Islander peoples

- Continuation of the Aboriginal Aftercare Service for Improved Emergency and Follow up Care for Suicidal Crisis in Port Augusta;
- Continuation of the You, Me, Which Way program to deliver culturally appropriate suicide prevention training to be delivered throughout the trial region;
- Formal evaluation of the Aboriginal Aftercare Service to be undertaken by the University of South Australia Department of Rural Health

Youth

- Continued partnership with DECD to provide YAM workshops to year 8-9 students at schools identified as high needs or at risk of poor mental health outcomes in the trial region;
- Deliver youth suicide prevention, resilience and anti-bullying workshops throughout the trial region;
- Commissioning of youth driven suicide prevention strategies throughout the trial region;
- Development in partnership with key stakeholders a GP Tool Kit to assist GPs engaging with at risk youth.

Young and Middle-Aged Males

- Funded QPR training for identified male community groups;
- Mates in Construction to provide on-site suicide prevention through an integrated program of community development and support targeting the construction industry. MATES will deliver a suite of training and provide access to ongoing support to works at risk. The training that will be delivered includes:
 - General Awareness Training (GAT)
 - Connector Development
 - Applied Suicide Intervention Skills (ASIST)

<p>Other suicide prevention activity</p>	<p><i>Identify any new initiatives being implemented within the trial area(s) and who is responsible for these</i></p> <p>The South Australian Government established The Premier’s Suicide Prevention Council in July 2018, it will build on the vital work of Suicide Prevention Networks across the state and will devote their efforts to delivering improvements in policy and services.</p> <p>Opportunities for collaboration, integration and knowledge exchange between the Premier’s Council and NSPT activity will be a focus.</p>
<p>Recruitment and workforce</p>	<p><i>Identify any issues that may affect recruitment and/or commissioning of services as necessary to progress activities</i></p> <p>Recruitment and retention of workforce in regional and rural areas with appropriate skills sets is an ongoing challenge. This has been true for both Aftercare services.</p>
<p>Data collection and reporting</p>	<p><i>Confirm what data are being collected routinely on services and consumers, including outcome measures</i></p> <p><i>Identify any major ad hoc or one-off collections to be undertaken this financial year</i></p> <p><i>Identify any major issues affecting compliance with reporting requirements and how these are to be remedied</i></p> <ul style="list-style-type: none"> • Both Aftercare services will submit client services data via PMHC MDS (augmented MDS for the NSPT) • All non-client activity is submitting data via Non-Individual activity MDS <p>Individuals and organisations engaged in the trial whom do not or cannot submit data via the PMHC MDS will be supported in adopting alternate data submission options.</p> <p>We are continually working Strategic Data and University of Melbourne towards quality improvement in this space and all individuals/organisations to be commissioned to provide trial services that fall under the scope of the PMHC MDS will also be managed and monitored for compliance.</p> <p>Engagement with South Australian Ambulance Service to gather monthly data regarding suicide attempts and suicides in the Whyalla, Port Augusta, Port Lincoln and Yorke Peninsula region with plans to obtain data from Port Pirie in the near future.</p>

	<p>CSAPHN will continue to work to find a suitable mechanism and data sets to conduct a Suicide Audit within the trial region.</p>
Transition arrangements	<p><i>Confirm arrangements or proposed strategies for managing the transition of consumers post the trial</i></p> <p>Across both mainstream and Aboriginal specific Aftercare programs demand management and service wind down strategies and processes will be ingrained and in place throughout the service lifespan.</p> <p>We are in discussion with Beyond Blue regarding potential transition of the Aboriginal Aftercare program to them post June 30, 2020.</p> <p>Post the trial it is envisioned that the strengthening of referral pathways, changes to discharge practices and improved education and increased health literacy of the community surrounding suicide prevention, will help ensure sustainable long-term practices and support for consumers.</p>