

# NATIONAL SUICIDE PREVENTION TRIAL

## Work plan covering activities up to June 2018

This work plan focuses on trial activities up until 30 June 2018 as follows:

- Planning and development activities beginning in 2016-17
- Identification of service areas and target populations
- Activities to be undertaken in 2017-18, including implementation in all focus areas
- Indicative timelines and expenditure.

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 all major activities relating to these objectives that have been undertaken or are planned in the period covered by the work plan, irrespective of whether these were for part of the year only or they will continue beyond the period.

**It is acknowledged that sites are at different points in planning and implementation, and may adapt or change activities as the trial progresses, including in response to further consultations and/or to better meet local needs.**

**Should there be substantive change in the focus or type of activities identified in the work plan, the Department is to be advised in writing and the changes reflected in the next performance report.**

PLANNING AND DEVELOPMENT	INFORMATION REQUIRED
<p><b>Summary of main activities</b></p>	<p><i>Provide an overview of planning, initial consultations, community engagement and service integration arrangements</i></p> <p>WNSW PHN originally considered a cluster of four LGAs in the Northwest (Cobar, Bourke, Brewarrina and Walgett) and proceeded to develop this AWP accordingly. However, there is some risk that expenditure targets may not be met, especially given the comparatively low cost of community programs and the relatively low populations in those LGAs.</p> <p>Although WNSW has many communities that have a high need for suicide prevention activity, WNSW PHN has identified two additional LGAs that could be included in the trial site – Lachlan and Weddin shires.</p> <p>The benefit of expansion will be the better application of the available funding to a broader high need population, however the inclusion of these two LGAs will be dependent on the immediate availability of a local coordinator. If this resource cannot be deployed, then the necessary time to mobilise a regional advisory group for the southern cluster and have that group consider and recommend local solutions may be prohibitive. The Regional Advisory Group is a key piece of community infrastructure for the trial and needs to be functioning by the end of the Calendar year.</p> <p>WNSW PHN finalised recruitment of a Senior Project Officer – Suicide Prevention and she commenced in mid-August. WNSW PHN has also recently engaged a consultant to undertake a Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment for the entire catchment which includes identifying service gaps and consulting with key stakeholders such as consumers, carers and providers of primary care services. The report for this consultancy will be available shortly and findings concerning the trial site area will be used to inform the planning of trial initiatives.</p> <p><u><i>Northern Cluster:</i></u></p> <p>As advised in the previous plan, WNSW PHN has contracted the Centre for Rural and Remote Mental Health (CRRMH) to undertake a literature review and consultations with each local government area. CRRMH have completed three consultations and results have informed many activities described in this updated plan.</p> <p>As part of its ongoing mental health, suicide prevention and drug and alcohol initiatives, earlier this year, WNSW PHN had commissioned:</p>

- a) Wesley LifeForce to establish Indigenous Suicide Prevention Networks across the catchment. They have already liaised with relevant services and community groups in trial site areas with higher proportions of Indigenous residents with a view to establishing 1-2 new networks.
- b) the Outback Division of General Practice (ODGP) to undertake a range of work consistent with the Lifespan systems approach across the four trial site LGA's. They have developed a service model composed of three 'hubs:' one non-Indigenous hub based in Cobar and one Indigenous hub in each of Bourke and Walgett LGA's. They have sub-contracted the Aboriginal Medical Services (AMS) in Bourke and Walgett to undertake work in their local communities (Walgett AMS also oversees Brewarrina Aboriginal Health Service). The organisations involved have engaged some mostly part-time staff and commenced some activities. Their current contract concludes in June 2018 and we are negotiating with them to re-orientate their focus to include preparatory work for the trial such as conducting audits of workforce training, media training, school programs and community awareness raising activities in their local area over the past two years.

WNSWPHN has also been working in partnership with the ODGP and other key stakeholders to establish a governance structure for the trial composed of a Regional Advisory Group and local Working Committees (in each LGA). The Regional Group is scheduled to have its first meeting on 31 October and membership includes senior representatives of: NSW Police and Ambulance, Department of Education (Student Wellbeing); Local Governments; Local Health District (Mental Health and Emergency Departments); Aboriginal Medical Services; a person with lived experience; and relevant Non-Government Organisations.

In collaboration with the ODGP, a Terms of Reference for the Regional Advisory Group has been drafted and specifies the roles and function of the group which include the development and implementation of a Regional Suicide Prevention Plan. This will consist of strategies for workforce and community gatekeeper training, work in schools, community awareness raising and the development, trial and evaluation of crisis and aftercare support service.

The (Wesley) Suicide Prevention Networks that exist or are currently being established in each LGA will form the foundations for the trial site local working committees. These committees will have responsibility for planning and implementing local plans, which will also 'feed up and down' from the Regional Advisory Group.

WNSWPHN is currently developing a procurement approach for all of its suicide prevention initiatives, including those undertaken for the trial. A copy of this strategy will be forwarded to the Department before the end of November 2017 and it is likely that WNSW PHN will release a closed and competitive Request for Proposals (RFP) and seek consortium based proposals to commission the first wave of initiatives.

Southern Cluster:

The suite of activities to be delivered in the southern cluster will be the same as the northern cluster. However, there are currently no WNSW PHN funded suicide prevention activities in these areas and the CRRMH has not undertaken community consultations.

	<p>Wesley Mission may consider communities in one or both LGAs for indigenous suicide prevention networks which would be supportive of the trial, and the community consultation will be undertaken by PHN staff primarily through the Regional Advisory Group.</p>
<p><b>Systems-based approach</b></p>	<p><i>Identify the main elements of how this is to be undertaken and how this responds to local circumstances and needs</i></p> <p><u>Northern Cluster:</u></p> <p>The CRRMH community consultations, further analysis of relevant data and service provider mapping have identified various critical factors occurring in local communities that will shape the degree of focus on each of nine strategies in the systems based approach. The main factors in relation to each strategy are:</p> <ol style="list-style-type: none"> <li>1. Improving emergency and follow-up care for suicidal crisis        Consultations have identified that some community members have a distrust of both Police and Emergency Department/Mental Services and a desire for a more 'community based' crisis and aftercare support service. WNSW PHN proposes to commission a consultant to research relevant models, consult with key stakeholders and make recommendations for a local model. The model will then be trialled and externally evaluated.</li> <li>2. Using evidence based treatment for suicidality/Improving the competence of front workers        Currently commissioned suicide prevention services across the trial site are undertaking an audit of clinical and other workforce training that has been done in their areas over the past two years. This information will be combined with the results from the Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment to provide a map of what training has been undertaken recently and what gaps exist. The regional Advisory group will prepare a workforce and community gatekeeper strategy specifying categories of audiences and evidence based training packages to be offered to each of them either face to face or on-line – for example, first responders to be offered introductory sessions such as QPR or SuicideTALK.</li> <li>3. Equipping primary care to identify and support people in distress        WNSW PHN has conducted a trial of BDI's StepCare intervention for GP's and this included a number of practices across the trial site. Initial feedback from those practices has been very positive and the PHN will roll out the intervention across its entire catchment. Priority will be given to the practices in the suicide prevention trial area who have not already implemented the intervention. The primary care workforce will also be targeted under the regional training strategy to be developed.</li> <li>4. Improving the competency and confidence of frontline workers        Front-line workers in primary care, human and welfare services will also be a target group in the training strategy to be developed. We will also seek to engage front line staff in private businesses such as mining, agricultural suppliers, banking and retail.</li> </ol>

5. Promoting mental health and resilience in schools

Currently commissioned services across the trial site are undertaking an audit of mental health and wellbeing initiatives being undertaken in schools. Early scans have identified, for example, that two High Schools with a majority percentage of Indigenous students are currently running whole of school approaches developed by the Healing Foundation. Consistent with findings of the ATSIPEP report, these involve community leaders and address intergenerational trauma, promote healing and strengthen culture and community. The Regional Advisory group will prepare a strategy for undertaking work in schools and it will ensure that any initiatives complement existing work and have been assessed as culturally appropriate.

6. Community training

Currently commissioned services across the trial site are undertaking an audit of training that has been conducted for community members/gatekeepers in the past two years. Results will be used to identify gaps and measures to address them will be identified in the training strategy. While the audits are being undertaken a training strategy will also be developed and WNSW PHN will arrange for community information sessions about e-mental health resources to be held in each of the LGA's.

7. Community engagement

There are several mechanisms being established to ensure that the community is engaged in many different aspects of the trial.

- a) The CRRMH has been undertaking community consultations in each local government area
- b) WNSW PHN has recently engaged a consultant to undertake a Mental Health, Drug and Alcohol and Suicide Prevention needs assessment for the entire catchment and this will include interviews and focus
- c) The Regional Advisory Group and local Working Committees in each Shire will be composed of representatives from local service providers and community members. These bodies will have a range of responsibilities for the planning, monitoring and evaluation of initiatives.
- d) Stakeholders will be consulted during specific initiatives – for example, research for the crisis and aftercare support service will seek views of consumers, carers and key services such as Police and Hospital Emergency Departments.
- e) We will be surveying the interests and needs of people with lived experience across the trial site and if desired, set up and support an Indigenous and non-Indigenous Lived Experience Network.

8. Encouraging safe media reporting

Currently commissioned services will do an audit of media stories about suicide in their local papers over the past two years. They will also do an audit of any relevant training that has been provided and/or journalist's awareness of Mindframe resources. If relevant (refresher) training for media will be identified in the training strategy and arranged.

The Regional Advisory Group will also be preparing a community awareness raising strategy and this will include partnerships with local media outlets to prepare and publish regular items and stories (about promoting mental health and identifying and supporting people in distress etc)

9. Reducing access to means of suicide

Presently only general, publicly available data can be access for information about the means used in suicide and suicide attempts. One of the responsibilities of the Regional Advisory group will be to explore improved timeliness and depth of data concerning methods used in suicide and suicide attempts. Key players for this will be Police and Ambulance representatives. As processes for this are developed, it is anticipated that measures to reduce access to means can be considered.

Southern Cluster:

We expect that the Regional Advisory Group in the southern cluster will identify mostly similar issues, albeit influenced by local factors. The Regional Advisory Group will perform the same role in understanding local issues and developing local solutions as described for the Northern Cluster.

<p><b>Key partners</b></p>	<p><i>Identify other services or agencies that have agreed or are to be approached to be key partners in trial activities</i>  <i>Confirm progress in establishing key partnerships and any major barriers in doing so that may affect service delivery</i></p> <p><b>Black Dog Institute</b> – national coordinator of the trial sites.</p> <p><b>CRRMH</b> – this partnership has been established to undertake research and consultation for the northern cluster.</p> <p><b>WNSW LHD</b> – this partnership is well established and we are in the process of confirming representatives on the Regional Advisory Group from Mental Health and Hospital Emergency Department divisions</p> <p><b>NSW Police, Ambulance and Department of Education</b> as well as <b>Bourke and Walgett Aboriginal Medical Services</b> have also agreed to have a senior person represent their organisations on the Regional Advisory Group. Aboriginal medical services and other community groups will be similarly approached for the southern cluster.</p> <p>The Mayors of each of the four Local Shire Councils in the northern cluster have been briefed about the trial and invited to liaise with each other and nominate a <b>local government representative</b>, and this will be replicated for the southern cluster</p> <p><b>Other WNSW PHN Contracted Providers</b> who provide mental health and drug and alcohol services in the area including mental health nursing services, psychological therapies and suicide prevention activities.</p>
<p><b>Community engagement</b></p>	<p><i>Confirm arrangements for establishment of a Community Working Group, including membership and role</i>  <i>Identify other strategies for engagement of the relevant communities and/or representative bodies, incorporation of their input into service development and delivery, and gaining ongoing support</i></p> <p><u>Northern cluster:</u></p> <p>As described above, a Regional Advisory Group has been established and is scheduled to have its first meeting on 31 October 2017. Confirmed members are: NSW Police, Ambulance and Department of Education, Aboriginal Medical Services, people with lived experience, the LHD (Mental Health and Emergency Departments), Local Government, ODGP and WNSW PHN. Current members will identify if others should be recruited.</p> <p>The primary role of the Regional Advisory Group is to oversee the development, implementation and evaluation of a Regional Suicide Prevention Action Plan. This plan will include:</p> <ol style="list-style-type: none"> <li>a) Processes for the collection and monitoring of relevant data and in particular ‘real time’ data concerning suicide attempts and deaths across the catchment;</li> <li>b) Initiatives to improve care for people seeking assistance during times of crisis and following a suicide attempt;</li> <li>c) A plan for the provision of support services across communities following a death by suicide (a post-vention plan);</li> </ol>

- d) The design and implementation of a workforce development and community gatekeeper training strategy;
- e) The development and implementation of a community engagement and awareness raising strategy;
- f) The development and implementation of initiatives to promote help-seeking and resilience in school students;
- g) Processes to ensure that local media outlets use guidelines for the responsible reporting of news concerning suicide and mental illness.
- h) Examination of data concerning methods or means used for suicide and suicide attempts and development of actions to reduce access to these means
- i) The trial of specific interventions targeting priority populations including Aboriginal and Torres Strait Islanders, young people, farmers and workers in the mining industry.

Southern cluster:

The Regional Advisory Group will be replicated for the Southern Cluster.

**Input from people with lived experience**

*Identify mechanisms by which people with lived experience can provide input to planning, and feedback on services and how these are targeted*

WNSW PHN has consulted with the CEO of Roses in the Ocean and coordinator of the SPA National Lived Experience Networks regarding the feasibility of various approaches for engaging and supporting the participation of people with lived experience. These two organisations have made in principle agreements to support our work by firstly distributing communications from our organisation to people on their mailing lists who reside in the trial site area. They will also then make available various training and support programs, tailored to local needs, if there is interest from people with lived experience in establishing a network.

Wesley LifeForce has long history of establishing Suicide Prevention Networks (SPN) in communities across Australia and these commonly attract people with lived experience. Some time ago, a network was set up in Walgett, one of the trial site LGA but it has lost founding members and been in recession for at least 12 months. WNSWPHN has negotiated with Wesley to focus efforts on revitalising this group and also continuing to work towards the establishment of a network in Bourke.

Within this context WNSWPHN plans to undertake overlapping initiatives to engage people with lived experience in trial activities:

- a) Dedicate two positions on the Regional Advisory Group for people with lived experience
- b) Conduct a survey through existing national and local networks of people residing in the trial site area about their interests in being involved trial activities. Depending on the results, the trial will then:
  - Establish either or both a regional Indigenous and non-Indigenous lived experience network, provide training and support and seek their input about the design and evaluation of other initiatives.



	<ul style="list-style-type: none"> <li>• Offer information and training sessions to support them undertake or participate in community awareness raising events and relevant consumer committees etc.</li> </ul> <p>The survey will be conducted during November and offer people the option of responding on-line or through local worker's in suicide prevention services that have already been commissioned. Results will be collated and forwarded to the Regional Advisory groups by Dec 2017.</p>
<b>State/Territory engagement</b>	<p><i>Confirm if State/Territory policy or other units have been consulted or plans for this</i></p> <p><i>Identify strategies for engaging and partnering with State/Territory services - particularly Local Hospital Networks and mental health services</i></p> <p>No policy unit has been consulted yet but state policies are likely to influence work in the trial now that members of the Regional Advisory Groups represent various NSW departments such as Police, Education and the LHD.</p>
<b>Local Government involvement</b>	<p><i>Identify how and when Local Government are to be involved</i></p> <p>Each of the Local Government Mayors in the northern cluster have been briefed about the trial and will nominate one of them to represent their collective interests on the Regional Advisory Group. They have also been invited to participate or nominate a Shire representative to be involved in the local working committee to be established in each Local Government area.</p> <p>This will be replicated in the southern cluster.</p>
<b>Primary care involvement</b>	<p><i>Identify any strategies for engagement and involvement of general practitioners and other primary care services in the trial</i></p> <p>Western NSW PHN has a team of General Practice Liaison Officers who are in regular contact with all of the practices across the trial site and they have briefed GP's about the trial. We will continue to use this team as a vehicle for exchange of information to and from practices. We are also liaising with the WNS PHN Primary Care Workforce and Education Manager who oversee delivery of training to GP's with a view to including a range of suicide risk assessment and intervention training programs in their annual training calendar (consistent with the training strategy to be developed by Local Working Committees and the Regional Advisory Groups).</p> <p>The local trial site project team in each LGA will have responsibilities to ensure that relationships are established with all primary care services in their communities and that avenues are created for them to be involved.</p>
<b>Other</b>	<p><i>Identify any other major factors affecting development of trial activities not covered above</i></p>

IMPLEMENTATION	INFORMATION REQUIRED
<p><b>Summary of main trial activities and approach</b></p>	<p><i>Provide a brief description of activities to be undertaken Services/Interventions should be evidence based and any models that underpin the approach identified.</i></p> <p>WNSWPHN proposes to undertake a program of activities with the following main components:</p> <ul style="list-style-type: none"> <li>a) Establishment of Regional Coordinating Advisory groups and local (LGA based) working groups to further develop a local suicide prevention plan delivering and monitoring a suite of activities (in addition to those specifically listed below). Applying a systems-based approach, this plan will include specific strategies for: workforce development and community gatekeeper training; community and media awareness raising; and work in schools.</li> <li>b) The allocation of a flexible pool of funds for the Regional Advisory Groups to use in accordance with the plan(s) that they and the local working groups develop (any underspend generated in 2017/2018 or through changes to proposed staffing will be included in this flexible pool).</li> <li>c) The funding of a local trial site workforce (one senior project officer and 2-4 project officers)</li> <li>d) Commissioning research and stakeholder consultations on crisis support and after care services; and then the development, trial and evaluation of a new service across the six LGA's.</li> <li>e) Commissioning a workforce capacity building project to recruit and support 12-16 local residents to complete Certificate Level 4 qualifications in Aboriginal Social and Emotional Wellbeing, Community Services, Peer Work or similar.</li> <li>f) Conducting a survey of people with lived experience across the trial sites and depending on results, the establishment and support of a networks for Indigenous and non-Indigenous people.</li> <li>g) Conducting Information sessions in each LGA about e-mental health resources available.</li> </ul>
<p><b>Service areas</b></p>	<p><i>Identify the geographical areas that are to be targeted and where services are to be provided Identify relevant community issues that led to areas being selected</i></p> <p><u>Northern Cluster:</u> The WNSW PHN will target the LGAs of Bourke, Cobar, Brewarrina, and Walgett.</p> <p><u>Southern Cluster:</u> The WNSW PHN will target the LGAs of Lachlan and Weddin</p> <p>These areas have been selected because of the mix of</p> <ul style="list-style-type: none"> <li>a) higher rates of suicide, suicide attempts, and psychological distress</li> <li>b) higher proportions of residents in known risk groups such as Indigenous people, young people and farming and mining workers</li> </ul>

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	<p data-bbox="757 217 1599 244">c) higher prevalence of risk factors such as low socioeconomic status.</p> <p data-bbox="705 268 1451 295">A snapshot of relevant data is provided in the following tables.</p> <p data-bbox="705 371 1839 399"><b>Table 1. SEIFA Index, percentage of young and Aboriginal and Torres Strait Islander residents.</b></p> <table border="1" data-bbox="705 432 2092 876"> <thead> <tr> <th data-bbox="705 432 999 579">LGA</th> <th data-bbox="999 432 1146 579">SEIFA</th> <th data-bbox="1146 432 1323 579">Total population (ABS 2016)</th> <th data-bbox="1323 432 1547 579">Young people (0-24) (ABS 2016)</th> <th data-bbox="1547 432 1823 579">Aboriginal &amp; Torres Strait Islander young people (0-24) (ABS 2016)</th> <th data-bbox="1823 432 2092 579">Aboriginal &amp; Torres Strait Islanders (all ages) (ABS, 2016)</th> </tr> </thead> <tbody> <tr> <td data-bbox="705 579 999 616">Walgett</td> <td data-bbox="999 579 1146 616">864</td> <td data-bbox="1146 579 1323 616">6107</td> <td data-bbox="1323 579 1547 616">1800 (29.6%)</td> <td data-bbox="1547 579 1823 616">813 (45.2%)</td> <td data-bbox="1823 579 2092 616">1798 (29.4%)</td> </tr> <tr> <td data-bbox="705 616 999 652">Bourke</td> <td data-bbox="999 616 1146 652">934</td> <td data-bbox="1146 616 1323 652">2634</td> <td data-bbox="1323 616 1547 652">903 (34.3%)</td> <td data-bbox="1547 616 1823 652">411 (45.5%)</td> <td data-bbox="1823 616 2092 652">829 (31.5%)</td> </tr> <tr> <td data-bbox="705 652 999 689">Brewarrina</td> <td data-bbox="999 652 1146 689">816</td> <td data-bbox="1146 652 1323 689">1651</td> <td data-bbox="1323 652 1547 689">599 (36.1%)</td> <td data-bbox="1547 652 1823 689">426 (71.1%)</td> <td data-bbox="1823 652 2092 689">1011 (61.5%)</td> </tr> <tr> <td data-bbox="705 689 999 726">Cobar</td> <td data-bbox="999 689 1146 726">944</td> <td data-bbox="1146 689 1323 726">4647</td> <td data-bbox="1323 689 1547 726">1540 (33%)</td> <td data-bbox="1547 689 1823 726">323 (21%)</td> <td data-bbox="1823 689 2092 726">638 (13.7%)</td> </tr> <tr> <td data-bbox="705 726 999 762">Lachlan</td> <td data-bbox="999 726 1146 762">934</td> <td data-bbox="1146 726 1323 762">6194</td> <td data-bbox="1323 726 1547 762">2026 (32.7%)</td> <td data-bbox="1547 726 1823 762">589 (29.1%)</td> <td data-bbox="1823 726 2092 762">1098 (17.7%)</td> </tr> <tr> <td data-bbox="705 762 999 799">Weddin</td> <td data-bbox="999 762 1146 799">939</td> <td data-bbox="1146 762 1323 799">3664</td> <td data-bbox="1323 762 1547 799">911 (24.8%)</td> <td data-bbox="1547 762 1823 799">53 (5.8%)</td> <td data-bbox="1823 762 2092 799">112 (3.1%)</td> </tr> <tr> <td data-bbox="705 799 999 836"><b>NSW Average</b></td> <td data-bbox="999 799 1146 836"></td> <td data-bbox="1146 799 1323 836"></td> <td data-bbox="1323 799 1547 836"><b>31%</b></td> <td data-bbox="1547 799 1823 836"></td> <td data-bbox="1823 799 2092 836"><b>2.9%</b></td> </tr> <tr> <td data-bbox="705 836 999 876"><b>WNSWPHN average</b></td> <td data-bbox="999 836 1146 876"><b>946-954</b></td> <td data-bbox="1146 836 1323 876"></td> <td data-bbox="1323 836 1547 876"><b>31.06%</b></td> <td data-bbox="1547 836 1823 876"><b>22.82%</b></td> <td data-bbox="1823 836 2092 876"><b>11.9%</b></td> </tr> </tbody> </table> <p data-bbox="705 938 1323 965"><b>Table 2. Suicide mortality rates 2010 -14 combined</b></p> <table border="1" data-bbox="721 999 1778 1370"> <thead> <tr> <th data-bbox="721 999 1061 1070">LGA</th> <th data-bbox="1061 999 1778 1070">2010 – 14 Combined suicide mortality rate per 100,000 (PHIDU 2017)</th> </tr> </thead> <tbody> <tr> <td data-bbox="721 1070 1061 1107">Walgett</td> <td data-bbox="1061 1070 1778 1107">21.2</td> </tr> <tr> <td data-bbox="721 1107 1061 1144">Bourke</td> <td data-bbox="1061 1107 1778 1144">NA</td> </tr> <tr> <td data-bbox="721 1144 1061 1181">Brewarrina</td> <td data-bbox="1061 1144 1778 1181">NA</td> </tr> <tr> <td data-bbox="721 1181 1061 1217">Cobar</td> <td data-bbox="1061 1181 1778 1217">26.7</td> </tr> <tr> <td data-bbox="721 1217 1061 1254">Lachlan</td> <td data-bbox="1061 1217 1778 1254">29.1</td> </tr> <tr> <td data-bbox="721 1254 1061 1291">Weddin</td> <td data-bbox="1061 1254 1778 1291">30.9</td> </tr> <tr> <td data-bbox="721 1291 1061 1327"><b>All NSW</b></td> <td data-bbox="1061 1291 1778 1327"><b>9.3</b></td> </tr> <tr> <td data-bbox="721 1327 1061 1370"><b>All Australia average</b></td> <td data-bbox="1061 1327 1778 1370"><b>11.2</b></td> </tr> </tbody> </table>	LGA	SEIFA	Total population (ABS 2016)	Young people (0-24) (ABS 2016)	Aboriginal & Torres Strait Islander young people (0-24) (ABS 2016)	Aboriginal & Torres Strait Islanders (all ages) (ABS, 2016)	Walgett	864	6107	1800 (29.6%)	813 (45.2%)	1798 (29.4%)	Bourke	934	2634	903 (34.3%)	411 (45.5%)	829 (31.5%)	Brewarrina	816	1651	599 (36.1%)	426 (71.1%)	1011 (61.5%)	Cobar	944	4647	1540 (33%)	323 (21%)	638 (13.7%)	Lachlan	934	6194	2026 (32.7%)	589 (29.1%)	1098 (17.7%)	Weddin	939	3664	911 (24.8%)	53 (5.8%)	112 (3.1%)	<b>NSW Average</b>			<b>31%</b>		<b>2.9%</b>	<b>WNSWPHN average</b>	<b>946-954</b>		<b>31.06%</b>	<b>22.82%</b>	<b>11.9%</b>	LGA	2010 – 14 Combined suicide mortality rate per 100,000 (PHIDU 2017)	Walgett	21.2	Bourke	NA	Brewarrina	NA	Cobar	26.7	Lachlan	29.1	Weddin	30.9	<b>All NSW</b>	<b>9.3</b>	<b>All Australia average</b>	<b>11.2</b>
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<b>WNSWPHN average</b>	<b>946-954</b>		<b>31.06%</b>	<b>22.82%</b>	<b>11.9%</b>																																																																				
LGA	2010 – 14 Combined suicide mortality rate per 100,000 (PHIDU 2017)																																																																								
Walgett	21.2																																																																								
Bourke	NA																																																																								
Brewarrina	NA																																																																								
Cobar	26.7																																																																								
Lachlan	29.1																																																																								
Weddin	30.9																																																																								
<b>All NSW</b>	<b>9.3</b>																																																																								
<b>All Australia average</b>	<b>11.2</b>																																																																								

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	<p><b>Table 3. Self-harm related hospitalisations and rates of high or very high psychological distress</b></p> <table border="1" data-bbox="723 308 2089 715"> <thead> <tr> <th data-bbox="723 308 1061 416">LGA</th> <th data-bbox="1068 308 1608 416">Self-harm related hospitalisations per 100,000 (Health Stats NSW, 2015-2016)</th> <th data-bbox="1615 308 2089 416">2014-15 Rates of high/very high psychological distress per 100 (PHIDU, 2017)</th> </tr> </thead> <tbody> <tr> <td data-bbox="723 421 1061 453">Walgett</td> <td data-bbox="1068 421 1608 453">114.6</td> <td data-bbox="1615 421 2089 453">NA</td> </tr> <tr> <td data-bbox="723 458 1061 489">Bourke</td> <td data-bbox="1068 458 1608 489">166.7</td> <td data-bbox="1615 458 2089 489">NA</td> </tr> <tr> <td data-bbox="723 494 1061 526">Brewarrina</td> <td data-bbox="1068 494 1608 526">132.2</td> <td data-bbox="1615 494 2089 526">NA</td> </tr> <tr> <td data-bbox="723 531 1061 563">Cobar</td> <td data-bbox="1068 531 1608 563">173.3</td> <td data-bbox="1615 531 2089 563">12.8%</td> </tr> <tr> <td data-bbox="723 568 1061 600">Lachlan</td> <td data-bbox="1068 568 1608 600">127.8</td> <td data-bbox="1615 568 2089 600">10.5%</td> </tr> <tr> <td data-bbox="723 604 1061 636">Weddin</td> <td data-bbox="1068 604 1608 636">176.4</td> <td data-bbox="1615 604 2089 636">8.9%</td> </tr> <tr> <td data-bbox="723 641 1061 673"><b>NSW Average</b></td> <td data-bbox="1068 641 1608 673"><b>140.6</b></td> <td data-bbox="1615 641 2089 673"><b>11.7%</b></td> </tr> <tr> <td data-bbox="723 678 1061 710"><b>WNSWPHN average</b></td> <td data-bbox="1068 678 1608 710"><b>117</b></td> <td data-bbox="1615 678 2089 710"><b>11.9%</b></td> </tr> </tbody> </table>	LGA	Self-harm related hospitalisations per 100,000 (Health Stats NSW, 2015-2016)	2014-15 Rates of high/very high psychological distress per 100 (PHIDU, 2017)	Walgett	114.6	NA	Bourke	166.7	NA	Brewarrina	132.2	NA	Cobar	173.3	12.8%	Lachlan	127.8	10.5%	Weddin	176.4	8.9%	<b>NSW Average</b>	<b>140.6</b>	<b>11.7%</b>	<b>WNSWPHN average</b>	<b>117</b>	<b>11.9%</b>
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<p><b>Enhanced services for people who have attempted or are at higher risk of suicide</b></p>	<p><i>Describe activities to be undertaken and particular strategies to enhance PHN regional activity in this area Identify any targets set in terms of service delivery or other outcomes that hope to be achieved</i></p> <p>Community consultations identify a range of concerns and dissatisfaction with accessing crisis mental health and hospital emergency care. For some Indigenous community members in particular, these are compounded with (historical) experiences of discrimination by Police and Hospital staff as well as limited or no liaison by mental health services about what has happened to family members transferred to psychiatric inpatient units hundreds of kilometres away. WNSW PHN plans to commission a provider to research existing models of crisis and after care support for people who are been suicidal/attempted suicide, consult with stakeholders, and make recommendations for a trial site service. The trial will be conducted for a period of 12 months and an external evaluator will be engaged to monitor and measure activities.</p>																											
<p><b>Areas for focussed activity</b></p>	<p><i>Identify the main target population(s)</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Aboriginal and Torres Strait Islander peoples</li> <li><input checked="" type="checkbox"/> Men in farming and mining industries</li> <li><input checked="" type="checkbox"/> Youth, focussing on Aboriginal and Torres Strait Islander young people</li> </ul>																											

IMPLEMENTATION	INFORMATION REQUIRED
	<p><i>Provide supporting evidence of local target population needs where available</i></p> <p><i>Provide summary information on service criteria, assessment of need, main services being offered, and strategies to encourage use of services or participation in other activities for each target population</i></p> <p><i>Identify services/interventions to be delivered for each target area/population</i></p> <p><i>Identify the main aims of activities for each target population and for differing sites if relevant</i></p> <p>In addition to general academic evidence concerning higher rates of suicide and suicidal behaviour in the target populations identified above, the CRRMH community consultations have affirmed high needs of particular groups in individual communities. For example, Cobar Shire has a concentration of mining industries and the consultation identify a range of vulnerabilities in the Fly In, Fly Out workforce. Similarly, and as illustrated in Table 1. above, three Shires have high or very high percentages of Indigenous residents and a primary focus for the trial is supporting local community leadership in the design and delivery of initiatives. The Regional Suicide Prevention Plan to be developed by the Regional Advisory Group will identify specific strategies to undertake for each target group. The trial site procurement strategy that is being develop by WNSW PHN will have performance and accountability measures identified to ensure commissioned services:</p> <ul style="list-style-type: none"> <li>○ Use evidence based approaches/programs</li> <li>○ Target priority groups,</li> <li>○ Adopt Indigenous holistic concepts of wellbeing, are cultural safety and</li> <li>○ Engage/support local community leadership.</li> </ul>

IMPLEMENTATION	INFORMATION REQUIRED
<p><b>Distinguishing activities in focus areas from PHN base activity</b></p>	<p><i>Confirm if other enhancements to PHN base mental health and suicide prevention activities are planned State how these can be distinguished from other activities funded from the mental health flexible funding pool</i></p> <p><u>Northern Cluster:</u></p> <p>As described above in the Planning and Development section, earlier this year, WNSW PHN commissioned one suicide-prevention specific program in the trial site (ODGP) and this will conclude in June 2018. We have negotiated with that service to re-orientate their activities to include undertaking preparatory audits for the trial. It is likely that we will invite currently commissioned services to undertake further activity for the trial because of their existing knowledge, infrastructure and community connections etc.</p> <p>WNSW PHN has either funded or plans to fund in the next financial years a range of different initiatives from the base flexible Mental Health pool across the trial site. These include psychological therapies for underserved groups, MHNIP's and BDI's StepCare intervention for GP's. The trial funds will not be used to enhance any of these services and trial activities have separate planning, reporting and commissioning processes.</p> <p><u>Southern Cluster:</u></p> <p>No other PHN Funded Suicide Prevention activities in these LGAs.</p>
<p><b>Related suicide prevention activity</b></p>	<p><i>Confirm if it is expected that there will be any other significant, new suicide prevention activities or initiatives within the trial area(s) over this period and who is responsible for these If these target the same areas, then confirm how trial services differ and how they may impact on trial activities</i></p> <p><u>Northern Cluster:</u></p> <p>WNSW PHN is aware that the Rural Adversity Mental Health Program and Lifeline Central West have been undertaking suicide prevention in the trial site LGA's and we have made contact with them. The currently commissioned service (ODGP) is undertaking audits of suicide prevention training and activities in the LGA's over the past two years and this should identify any other work/organisations involved. Once this initial mapping is completed, we will liaise with and collaborate with other providers with a view to incorporating their work into relevant plans and strategies (for example, workforce training and community awareness raising). It may also be appropriate for such providers to take up positions on either the Regional Advisory Group or local working committees.</p> <p><u>Southern Cluster:</u></p> <p>No known significant suicide prevention activities in the southern cluster.</p>

IMPLEMENTATION	INFORMATION REQUIRED
<p><b>Recruitment and workforce</b></p>	<p><i>Identify personnel requirements for management, project coordination, community engagement and stakeholder consultations, and development of regional and/or local partnerships</i></p> <p><i>Provide details of services to be commissioned, including indicative staffing levels and qualifications</i></p> <p><i>Identify any issues affecting recruitment or commissioning of services as necessary to progress activities</i></p> <p><u>PHN trial management</u></p> <p>WNSW PHN has recruited a Senior Project Coordinator – Suicide Prevention, who is taking the lead in developing and implementing the trial and is being supported by the broader WNSW PHN Mental Health and executive management teams. This position also has oversight over other base suicide prevention activity, so that consistency and information sharing can occur across all PHN funded suicide prevention activity and duplication can be avoided. All major reports and work undertaken by the co-ordinator will be submitted for prior approval by senior executives and the Board.</p> <p><u>Local trial workforce</u></p> <p>WNSW PHN will develop position descriptions for and will commission a provider to recruit and support the following personnel across the trial areas (both Northern and Southern Clusters):</p> <ol style="list-style-type: none"> <li>a) 1 FTE senior project officer with relevant Bachelor or higher level qualifications. Key responsibilities for this position are: <ul style="list-style-type: none"> <li>• Supervise and support a team of project officers based in each LGA (described further below)</li> <li>• Act as Executive Officer for the Regional Advisory Group</li> <li>• In consultation with the Regional Advisory Group and Local Working Committees, lead the preparation, implementation and monitoring of the Regional Suicide Prevention Plan and the specific strategies that inform it: <ul style="list-style-type: none"> <li>○ Workforce and community gatekeeper training</li> <li>○ Community Engagement and awareness raising (including media training &amp; campaigns)</li> <li>○ Work in Schools</li> <li>○ Post-vention response and support</li> </ul> </li> </ul> </li> <li>b) 2-4 x FTE project officers with relevant Certificate 4 or higher level qualifications. One project officer will be based in each LGA and key responsibilities are: <ul style="list-style-type: none"> <li>• Facilitate the establishment of a Local Working Committee and ensure that high priority population groups (including people with lived experience) are represented</li> </ul> </li> </ol>

IMPLEMENTATION	INFORMATION REQUIRED
	<ul style="list-style-type: none"> <li>• Act as executive officer for the Local Working Committee and support the ongoing achievement of tasks such as ensuring local input/feedback for the preparation and implementation of the Regional plan and strategies.</li> <li>• Be directly involved in relevant activities such as gatekeeper training and community awareness raising.</li> <li>• Provide initial support to individuals to engage with mental health services if required.</li> </ul> <p>Workforce availability may be a challenge for any service that is commissioned and WNSW PHN will require services to provide a recruitment strategy in their tender so that difficulties can be identified and responded to early.</p> <p><u>Future workforce</u></p> <p>As mentioned earlier, community consultations have identified significant and chronic problems with recruiting and retaining personnel to health and welfare positions across the trial site. To address this problem, WNSW PHN will commission a provider to recruit and support 12-16 local residents to undertake relevant Certificate 4 level qualifications in for example, Aboriginal Social and Emotional Wellbeing or Community Services. A scholarship of \$15,000 each will be provided to cover educational expenses such as computer, internet and travel and accommodation to attend block classes. The provider will be funded to recruit a 0.6 coordinator (qualified with Cert 4 or above) to ensure that each student is keeping up with their studies and linked in with relevant academic or other support services if difficulties arise. The students will participate in relevant training conducted during the trial and be mentored by their local trial project officer for work experience purposes. Priority will be given to applicants from high risk groups.</p> <p>As the Regional Advisory Groups develop and implement their own strategies, they may identify further personnel needs.</p>
<b>Other</b>	<i>Identify any other major factors affecting conduct of trial activity, including barriers, not covered above</i>
REPORTING AND DATA COLLECTION	INFORMATION REQUIRED
<b>Current data collection</b>	<p><i>Confirm if Primary Mental Health Care Data Minimum Data Set (PMHC MDS) data are currently collected routinely by individuals/organisations to be commissioned to provide trial services</i></p> <p>Organisations to be commissioned have not yet been identified, but PMHC MDS data will be a mandated requirement for clinical service delivery. WNSW PHN is currently reviewing its provider reporting templates to</p>



IMPLEMENTATION	INFORMATION REQUIRED
	ensure that all other key performance indicators such as service integration, community engagement and workforce training activities can be clearly reported.
<b>Provisions for trial-specific data</b>	<p><i>Identify provisions being made to capture and report information on all activities funded through the trial, including requirements for data that are out of scope for the Primary Mental Health Care Minimum Data Set (PMHC MDS)</i></p> <p><i>Identify any major issues that may affect future compliance with reporting requirements as outlined in the trial documentation and how these are to be remedied</i></p> <p>As mentioned above, WNSW PHN is currently updating its provider reporting templates. Reporting of activities planned so far for the trial and measures outlined in available documentation for the trial external evaluation will be included in the updated versions. If necessary, further template updates will be made to meet reporting needs for the trial.</p>
<b>Reporting responsibility</b>	<p><i>Identify who is responsible for routine data collection and reporting, and performance reports</i></p> <p>Prior to commissioning any services for the trial, WNSW PHN will release tender information specifying (among other things) performance measures and reporting requirements. Tenders will need to articulate how providers will comply with these and Contract Service Schedules will then specify essential requirements. The PHN Senior Project Coordinator -Suicide Prevention, in consultation with the Procurement Coordinator will manage compliance.</p>
<b>Site specific contact(s)</b>	<p><i>Identify person(s) at each site that may be contacted regarding evaluation inputs and data collection issues.</i></p> <p>Contact details will be provided when staff are recruited.</p>