MURRUMBIDGE SUICIDE PREVENTION AND POSTVENTION PRIORITY ACTION PLAN

ACKNOWLEDGEMENTS

Sincere thanks to the representatives of the following organisations who readily shared their views and experience about the suicide prevention activities and responses in the Murrumbidgee region.

The list of stakeholders invited to participate in this first suicide prevention roundtable and contribute to post meeting priorities are listed below:

- Zoe Evans (Wellways)
- Kristen Douglas (Headspace National)
- Commissioner Bob Noble (NSW Police)
- Shane Thomas (Headspace Wagga Wagga)
- Clare Klapdor (Relationships Australia)
- Adrian Larkin (Headspace National)
- Robyn Manzies (MLHD)
- Tracey Pahl (Centacare South West NSW)
- Judy Doherty (Department of Education)
- Erica Engelbrecht (Centacare South West NSW)
- The Hon. Sussan Ley MP (Federal Member for Farrer)
- Ray Stubbs (Riverina and Murray Joint Operations)
- Shane Manning (Office of The Hon. Michael McCormack MP)
- Jenna Roberts (MPHN)
- Melissa Neal (MPHN)
- Anita McRae (MPHN)
- Monica McInnes (MPHN)
- The Hon. Michael McCormack MP (Federal Member for Farrer)
- Tangerine Ingram (RivMed)

INTRODUCTION

On Friday, 30 November 2018, the first roundtable discussion with key stakeholders around suicide prevention in the Murrumbidgee Primary Health Network's region was held. During the roundtable discussion attendees shared current initiatives, challenges and gaps in suicide prevention and postvention strategies. The group considered existing responses to suicide and other critical incidents within the community and how the region and its emergency services and mental health services could improve localised support.

This document outlines recent suicide data both locally and nationally, existing activities around suicide prevention and postvention, and explores the agreed key priority areas to address the gaps in managing suicide in our region.

BACKGROUND

A death by suicide causes significant distress to individuals, families, workplaces and communities. A unified and coordinated response is necessary to ensure the community remains safe and has the appropriate support when needed. To do this we need to look at the available data and initiatives that are already happening at national, state and local levels.

Local and national data

Nationally there has been a 20 percent increase in the number of suicides over the past decade. We know that males are three times more likely to die by suicide than females. We also recognise that suicide rates of Aboriginal and Torres Strait Islander people is at least twice that of non-Aboriginal or Torres Strait Islander people.

Suicide is the leading cause of death for Australians aged 15 – 44 years of age.

Murrumbidgee PHN region has the second highest rate of self-harm hospital admissions in the state. There are a number of Local Government Areas (LGA) at particular risk (Berrigan, Junee, Lachlan and Snowy Valleys). Murrumbidgee also has a high number of LGA that have high suicide mortality rates (Berrigan, Bland, Federation, Greater Hume Shire, Griffith, Gundagai, Hay, Hilltops, Junee, Leeton, Snowy Valleys and Wagga Wagga).

Data available through the Lifespan trial has also given us further data and insight into groups of people who are at significant risk in our region, as well as highlighting opportunities to intervene and save lives. From the LifeSpan data we know in our region:

- Men aged 20 – 29 make up 21 percent of suicides and compared to females, males in this age group were 19 times more likely to die by suicide.
- Labourers/trade workers comprise 21 percent of suicides in the region which suggests gatekeeper training programs be implemented in these workplaces.
- Relationship breakdowns (i.e., separation) appear to be a key risk for suicide in this region.
- There are also high number of suicides by individuals who are retired/pensioners, comprising approximately 17 percent of all the suicides in the region.
- 53.6 percent of deaths in the period were by employed individuals.

LOCAL INITIATIVES

This section highlights key activity undertaken by Murrumbidgee PHN, Murrumbidgee LHD and headspace, it may not reflect the full extent of activity across the region.

LifeSpan

Murrumbidgee PHN is a NSW LifeSpan trial site. LifeSpan is a new, evidence-based approach to suicide prevention. It combines nine strategies that have strong evidence for suicide prevention into one community-led approach. For each strategy, LifeSpan selects and implements the interventions or programs that have the strongest evidence-base. LifeSpan is being implemented in local communities in the LGAs of Bland, Cootamundra-Gundagai, Griffith, Hay, Junee, Leeton, Snowy Valleys, Wagga Wagga and Hilltops.

The nine LifeSpan strategies are:

1. Improving **emergency and follow-up care** for suicidal crisis
2. Using **evidence-based treatment** for suicidality
3. Equipping primary care to **identify and support people** in distress
4. Improving the competency and confidence of **frontline workers** to deal with suicidal crisis
5. Promoting **help-seeking, mental health and resilience**
6. Training the community to **recognise and respond** to suicidality
7. Engaging the community and providing opportunities to **be part of the change**
8. Encouraging **safe and purposeful media** reporting
9. **Improving safety** and reducing access to means of suicide

Murrumbidgee Suicide Prevention Program

Murrumbidgee PHN has commissioned Wellways to provide the Murrumbidgee Suicide Prevention Program (MSPP). This program delivers:

- The Way Back Service
- Community Campaigns including delivering ASIST
- Regional Response to Suicide

LOCAL INITIATIVES

MLHD/MPHN Regional Mental Health and AOD Plan

In October 2017, the Australian Government released the Fifth National Mental Health and Suicide Prevention Plan. The "Fifth Plan" emphasises the importance of effective regional planning to support better mental health and wellbeing for individuals and communities. Importantly, the Fifth Plan recognises the importance of local action to address suicide attempts and deaths.

Murrumbidgee PHN and Murrumbidgee Local Health District (LHD) have committed to working with local stakeholders and community members to develop a Regional Mental Health and Suicide Prevention Plan (the Regional Plan) for the Murrumbidgee Region. The Plan will guide high quality decision making ensuring that resources are targeted to best respond to local mental health and suicide prevention needs. Work commenced on this plan with focus groups to develop a draft plan. MPHN and MLHD will continue this work in the beginning of 2019 and look forward to working together with the people present here today.

There are key documents which underpin the development of regional plans across Australia, they are:

- Fifth National Mental Health and Suicide Prevention Plan and Implementation Plan
- Living Well- A Strategic Plan for Mental Health in NSW
- Equally Well Consensus Statement
- Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide
- Strategic Framework for Suicide Prevention in NSW 2018-2023

On a local level, current:

- MLHD Clinical Services Plan- Mental Health, Drug and Alcohol
- MPHN Needs Assessment

LOCAL INITIATIVES

Murrumbidgee Local Health District (MLHD)

MLHD Suicide Prevention initiatives:

MLHD employees are required to complete MLHD suicide mandatory training "The Key to Suicide Prevention – Ask the Question" online training program. Suicide prevention is the business of all health staff, not just clinicians or Mental Health Services.

There are a range of 24/7 services available through the MLHD including:

Emergency Departments

Emergency departments (ED) are mandated by NSW Health policy guidelines to refer people presenting with suicide attempt or suicidal ideation to Mental Health Services for a full mental health assessment. These assessments are conducted by the Mental Health Emergency Consultation Service (MHECS), via videoconference in all sites except Wagga, face to face in Wagga ED.

Once the assessment is completed and on-call psychiatrist consulted, a management plan will be formulated, which might include an acute mental health unit admission to ensure the person's safety. They may be a voluntary admission if willing; if not they would be scheduled/involuntary. If not requiring admission, they will be referred to the local Community Mental Health team for followup.

Accessline

MLHD provide a freecall telephone triage, intake and support service. If a person is assessed as being at high or immediate risk, they will be advised to present to the nearest ED. If unwilling or unable, emergency services (Police or Ambulance) will be contacted to find the individual and take them to an ED (MHECS pick them up at that point). If not high/immediate they will be referred to the relevant Community Mental Health team for followup, usually within either 12 or 48 hours, depending on the assessment findings. Accessline will also do welfare checks out of hours to check how the person is travelling.

Follow up

Post discharge from the acute unit or referral from Accessline or MHECS, the Community Mental Health team follow them up and continue to see them for a period of time, dependent on risk. Risk is constantly reassessed and followup frequency and duration matches identified risk. Clinical reviews are routinely conducted to ensure that the clinician has access to advice/consultation.

Referrals to Wellways Way Back should always be part of the follow up where appropriate.

Postvention

If a current consumer of the service dies by suicide, the manager of the team caring for the person will always make contact with the family and discuss what has happened. Contact will be maintained as long as the family want it, and always an invitation to re-contact at a later date.

Supports are offered to the clinician and to the team.

Where there is community distress, or more than one suicide or attempted suicide, or perceived risk in a community, the team will get involved with other agencies in providing support to the community.

SUMMARY OF KEY THEMES

Roundtable discussions highlighted key a number of key themes. Extensive discussion between attendees provided the opportunity to reflect on the strengths of current initiatives and what changes could be considered strengthen responses and improve coordination.

1. Communications Protocol

Reflection and discussion regarding current notification processes highlighted challenges for agencies when responding and support communities after a suicide. It was highlighted that timely information was not always available to agencies. All participants acknowledged the importance of pulling together local networks after a suicide to support families and communities. The importance of centralised information gathering and communication was noted as being critical to informing responses. Approaches need to consider the needs and wants of families while ensuring communities are well supported.

Communication protocols from other regions were reviewed at a high level and the benefits of such a protocol for the Murrumbidgee region. A communication protocol will outline who is notified, how to support the family and community, what is involved in the response and recovery phases, how to manage the media and what happens in the event of a suicide attempt.

Work has commenced in the region following a recent cluster of suicides in MPHN region on the establishment of a core group to better coordinate responses. Attendees highlighted a formal protocol could also assist in improving communication for other critical incidents in the region.

2. Community Capacity Building

The importance of initiatives around suicide prevention to build capacity in communities to identify people in need of support and how to best support them was noted by attendees. Discussion considered the existing gatekeeper and mental health first aid courses available in the region, and who could participate in these programs, and how to reach them. In relation to support for young people it is also important to consider the role of peers, parents and trusted adults and consider initiatives that support up skilling. Attendees also discussed the role at a local or LGA level and the capacity to have an individual's trained at an LGA level. The role of local champions and ability to build local responses with trusted individuals was also discussed.

Attendees considered and discussed how training could be extended to agencies and other professions to expand existing approaches.

Other considerations under this key priority area related to communication using safe language, how suicide is reported in the media, and how to support first responders.

3. Awareness Building

Attendees considered how help seeking behaviours can be increased within communities and the importance of building awareness. Discussions highlighted that approximately 25 percent of people are known to the MLHD. Headspace was identified as one trusted brand that young people and their families engage with. This discussion noted the importance of ensuring that information and awareness building activities are broad reaching but also have credibility.

It was highlighted there are a number of campaigns and material available in this area developed by a range of agencies and organisations. It is known that 85 percent people have had contact with their GP in the last month. Initiatives should also consider how GPs could support activities and also screening activities.

The primary focus under this area was the potential to share and coordinate campaigns across the region to promote mental health services, reduce stigma and encourage help-seeking behaviour. Participants discussed the development a local services directory to ensure all agencies and organisations are aware of the various levels of support available for people and how to refer to services.

OTHER CONSIDERATIONS AND ISSUES

In addition to the key themes highlighted a number of other considerations and issues were identified during discussion including;

1. Workforce

Availability of an appropriately skilled workforce to meet demand and implications of awareness activities were discussed. Participants noted that there are existing workforce challenges across the region.

2. Increases in referrals

Awareness building activities may result in an increase in the supply of providers needs to meet demand

3. Acceptance of low intensity services/early intervention

At times there are challenges experienced with the acceptance of low intensity and early intervention services. Increased utilisation of these program would increase the capacity of low intensity services.

4. Consumer involvement

Inclusion of people with lived experience is critical as activity and work progresses. There is a need to ensure we understand how we could better support individuals based on their previous experience.

ACTIONS

This table set outs the key priority areas, associated actions and timeframes. Participants of the round table agreed to meet three months from the initial meeting to review progress against the priority areas.

KEY PRIORITY ITEM	ACTIONS	LEAD	TIMEFRAME
Communications Protocol			
Develop and implement region-wide communication protocol	Core group to meet and identify approach to development of communication protocol including Gain feedback on draft protocol roundtable participants Finalise existing Wellways Community Communication protocol	Wellways MPHN MLHD NSW Police	December 2018 – March 2019 Set of initial communication protocols agreed in November 2018 will be implemented Draft communication protocol released for consultation early February 2019
Community Capacity Building			
Mindframe training	Media and organisation spokespeople scheduled to undertake Mindframe training in March 2019	MPHN and Lifespan Murrumbidgee	March 2019
Develop information pack for businesses, schools and LGAs and distribute	Collate information regarding training currently available across Distribute MPHN Information about existing services QPR; ASIST; YAM	MPHN	December 2018 – May 2019
Promote safe language	Consider the adoption of the Mental Health Communications Charter	To be considered by each organisation	2019
Access to gatekeeper training and training such as Mental Health First Aid	Review of current training Consideration of how to promote training more broadly Extension of QPR training and monitoring of participation	MPHN Lifespan Murrumbidgee	Ongoing

ACTIONS

KEY PRIORITY ITEM	ACTIONS	LEAD	TIMEFRAME
Awareness Building			
Collate existing promotional materials and develop a strategic approach for use of these materials across all organisations at relevant times of the year	Consider existing campaigns and ability to develop campaign approach • Juntos from MPHN • Thought Talk Tackle • Striking Out Stigma • Staying On Track Imbed these kits in LGAs through the joint organisations	MPHN	June 2019
Develop a local services directory and promote the services	Mental Health and AOD alliance is currently working on mapping local services and developing a services directory. This work is being led by MLHD and MPHN	MLHD/MPHN	December 2018 – June 2019
Other			
Mental Health Regional Plan	Input from participants into suicide prevention chapter of the join regional plan	MLHD/MPHN	February/March 2019


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