

Central Queensland, Wide Bay, Sunshine Coast PHN

NATIONAL SUICIDE PREVENTION TRIAL

Work plan covering activities in 2019-20

SITES ARE EXPECTED TO CONTINUE TO IMPLEMENT TRIAL ACTIVITIES IN 2019-20 AND ALSO TO ENSURE THAT TRANSITION ARRANGEMENTS ARE IN PLACE FOR THE CONTINUING CARE OF AT-RISK INDIVIDUALS POST THE TRIAL

All sites participating in the National Suicide Prevention Trial are required to:

- Promote the development and trialling of strategies in communities with higher risk of suicide due to economic hardship or other circumstances.
- Focus on activities at a local level.
- Develop a systems-based approach to the delivery of suicide prevention services.
- Provide enhanced services for people who have attempted or are considered at higher risk of suicide, which builds upon base activities being undertaken by Primary Health Networks where appropriate.
- Trial strategies for preventing suicide attempts and deaths among one or more of four high risk populations:
 - Aboriginal and Torres Strait Islander peoples
 - Men, particularly in the very high risk age range of 25 to 54 years
 - Young people
 - Veterans.
- Gather evidence and participate in a comprehensive evaluation of their activity.

Work plans are to identify major activities in all stages of the trial that relate to these objectives.

Activities should be restricted to those undertaken in the 2019-20 financial year, irrespective of whether these are in part of the year only or extend beyond the financial year.

All work plans are to be assessed to ensure that activities are in line with the parameters of the National Suicide Prevention Trial as specified in the *National Suicide Prevention Trial: Background and overview*.

ACTION AREA	INFORMATION REQUIRED
<p>Summary of main activities</p>	<p><i>Provide a brief description of activities to be undertaken</i></p> <p><i>Identify major milestones and critical dates where relevant</i></p> <p>Continue to implement trial activities in 2019-20 and ensure that transition arrangements are in place for the continuing care of at-risk individuals post the trial.</p> <p>In 2017-18, resources were directed toward the engagement phase of activities, building relationships and forming partnerships with key stakeholders. In 2018-19 we finalised the planning and consolidation with a rapid commencement of procurement for activity implementation. In 2019-20 we will finalise the community action plans and undertake the implementation of activity.</p> <p>With the input of the locally established Suicide Prevention Working Groups, the PHN has engaged in stakeholder consultation and engagement to identify the needs of the Trial Site communities, including identifying service gaps, priority populations for suicide prevention and the need for education and training in alignment with the LifeSpan strategies.</p> <p>Suicide Prevention Community Action plans are being developed for each area of our PHN and for each trial site with further refinement of activities to target our priority populations; men and Aboriginal and Torres Strait Islanders.</p> <p>Service mapping has been completed, and identification of local barriers to community engagement has occurred, with strategies being put in place to work within existing local, state and national stakeholders to implement the activity.</p> <p>As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to impellent health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p>

Key partners

Identify all key partners in these activities and the following as applicable:

- *respective roles and responsibilities*
- *progress in establishing key partnerships for new activities this financial year*
- *formal and/or informal agreements and/or other arrangements to support partnerships*
- *any major barriers and how these may affect service delivery*

Hospital and Health Services

- Sunshine Coast Hospital and Health Service
- Wide Bay Hospital and Health Service
- Queensland Health
- Child and Youth Mental Health Service

Local Government

- Bundaberg Regional Council
- North Burnett Regional Council
- Fraser Coast Regional Council

State Government and Departments

- Department of Education and Training
- Department of Communities, Child Safety and Disability Services
- Queensland Police Service
- Queensland Corrective Services
- Maryborough Correctional Centre
- Queensland Fire and Emergency Services
- State Emergency Service

- University of Queensland GMT (Generalist Medical Training)
- James Cook University (JCU)
- The University of the Sunshine Coast (USC)
- University of Queensland Rural Clinical School

Primary, allied, community and Indigenous health

- North Coast Aboriginal Corporation for Community Health (NCACCH)
- Indigenous Wellbeing Centre (IWC)
- Galangoor Duwalami Primary Health Care Service
- Psychiatry and psychology services
- General Practice
- Local rural and community allied health
- Disability service providers
- Rural and Remote Mental Health
- Gayndah Community Health

- YMCA
- Excelcare
- Jaie's Journey
- Living Works Education
- Yoorana Women's Domestic Violence & Resource Service Inc
- Good Hope Men's Shelter
- United Synergies
- RM Williams Bush Learning Centre
- Stepping Black
- Centacare
- Impact Community Services
- Richmond Fellowship
- Flourish Australia
- St John's Ambulance
- Australian Red Cross
- Bridges Health and Community Care
- Salvation Army
- Wesley Lifeforce
- Black Dog Ride
- Men's Shed
- Save the Children
- Maryborough Community Housing

	<ul style="list-style-type: none"> • Department of Justice and Attorney General <p>Federal Government and Departments</p> <ul style="list-style-type: none"> • Personal Helpers and Mentors (PHaMs) <p>Tertiary education, research and training bodies</p> <ul style="list-style-type: none"> • The Sunshine Coast Mind and Neuroscience – Thompson Institute • The University of the Sunshine Coast <p>Mental health bodies/NGOs</p> <ul style="list-style-type: none"> • Roses in the Ocean • StandBy Response Service • headspace School Support • Mindframe • Mates in Construction • Artius Health • Uniting Care Community • United Synergies • Wesley Mission (or Wesley Mission Queensland) <ul style="list-style-type: none"> • North Burnett Family, Youth and Children working group • South Burnett CTC • Community Re-Entry Service Team (CREST) • Mundubbera Community Development Association (MCDA)
<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></p> <p>Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN) will deliver the following activities as part of the NSPT:</p> <p>Partner:</p> <p>1) Maintain the existing Suicide Prevention Working Groups (Gympie, North Burnett and Maryborough) to improve communication and referral pathways with existing and new services, assist in the implementation of education and training activities to ensure appropriate and supported allocation of resources (SPT-P1.1).</p> <p>2) Work with local Queensland Police Service (QPS) Vulnerable Person Unit (VPU), StandBy After Suicide Support Service, HHS, and Emergency Services to identify local trends. The PHN has commissioned QPS to contract an administrative role at 0.5 FTE to undertake retrospective and ongoing quarterly data analysis to identify local need and trends related to incidences of suicide across the trial site areas (SPT-P1.2).</p> <p>3) Link with existing, or assist in the establishment of, self-determined Aboriginal and Torres Strait Islander led Men’s Groups in the trial areas. This will assist in the implementation of education and training activities tailored to Aboriginal and Torres Strait Islanders to ensure appropriate and supported allocation of resources (SPT-P1.10).</p>

4) Work with Thompson Institute to ensure collaborative planning and implementation of suicide prevention activities under both trial site initiatives (SPT-P1.11).

Provide:

1) The PHN has invested in the development of HealthPathways, funded through After Hours funding. Health Pathways provides pathways for GPs and referral sources for service providers and community members. Relevant pathways will be designed and developed by GPs and subject matter experts. The PHN will be working with GP Liaison Officers and selected general practices within the trial site areas to identify education and engagement opportunities, as well as continued improvement opportunities to the development of referral pathways best suited to the region (SPT-P1.4).

2) The PHN is consulting with the Working Groups to deliver media campaigns (SPT-P3.3) to stakeholder networks and local community that will:

- a) promote the use of free access to Question, Persuade, Refer (QPR) training. This will align with LifeSpan strategies 6 and 7; training and engaging the community to recognise and respond to suicide and be part of the change.
- b) promote the suicide prevention trial activity including training opportunities and key events

Procure:

1) The PHN completed a formal Expression of Interest process to appoint locally based Suicide Prevention Coordinators in the North Burnett and Maryborough trial site area. These Coordinators will continue to lead the implementation of the Suicide Prevention Community Action Plans through the Working Groups (SPT-P1.3).

2) The PHN has completed an open tender process to encourage innovative and evidence-based suicide prevention education and training programs tailored to local community need across LifeSpan strategies (SPT-P1.12). These programs will be delivered across each of the trial site areas in consultation with the local Working Groups who will assist in identifying local need and best approach to community engagement. The tender outcomes are anticipated to include training programs delivered to diverse target audiences including:

	<ul style="list-style-type: none"> • Primary health professionals, inclusive of but not limited to; general practitioners, allied health workers, psychologists, pharmacists, Aboriginal and Torres Strait Islander health workers, nurse practitioners, nurses and midwives. • Hospital and Health Service staff, alcohol and other drug service staff, mental health clinicians, emergency services staff, social workers. • School students, teaching staff and principals, counselling staff and chaplains, parents and youth groups • General communities inclusive of but not limited to; Aboriginal and Torres Strait Islander communities, private business, sporting clubs, RSLs and rotary clubs, churches, charities, employment service providers. • Local Council members, key spokespeople and community leaders. • Journalists working in media outlets including newspaper, radio, and online editorials. <p>3) The PHN has completed a closed tender process for the National Psychosocial Support Measure (NPSM) with the design of this service integrating objectives and funding from the NPSM and NSPT (SPT-P1.13). Where NPSM providers are operating in a SPT area, the service will extend support to participants in suicidal crisis or psychological distress through the flexible adaptation of a 'Safe Space' model. This model will encourage collaboration and linkages between the service provider and local HHS to trial new referral pathways between local HHS emergency department, NPS services, and local emergency services such as Queensland Police and Queensland Ambulance.</p> <p><i>Identify how these activities differ from PHN base activities funded from the mental health flexible funding pool</i></p> <p>All activity under the NSPT seeks to value-add to activities commissioned under the mental health flexible funding pool. This includes utilising the established Working Groups to encourage service integration and improved pathways of care for people experiencing suicidal crisis or suicidal ideation. Please see mental health activity work plan for full details of expenditure of the mental health flexible funding pool.</p>
<p>Areas for focussed activity</p>	<p><i>Identify any new areas or populations being targeted this financial year</i></p>

	<p>Each of the Working Groups are taking unique approaches to build relationships with their local Chamber of Commerce as a means to assist in the implementation of training and education activity.</p> <p><i>Provide supporting evidence where available</i></p> <p><i>Summarise where and what services are to be provided for each target area and population this financial year</i></p>
<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>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>Between 2017 and 2018 there were challenges in the suicide prevention workforce in our PHN, including resignations and re-allocations of internal duties. This has delayed the implementation of activities in the North Burnett and Maryborough areas. Following community feedback, the PHN has commissioned coordinators in the North Burnett and Maryborough areas who work within organisations already involved in the established Working Groups. Since the appointments, community engagement has improved. Relationships with key stakeholders, including local councils, has strengthened.</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>Our PHN is being supported by Strategic Data and the University of Melbourne to evaluate in evaluating the suicide Prevention trial sites. From 1 Mar 2019 our PHN will begin routine reporting into the NSPT Activity-based Minimum Data Set. We will undertake a body of work to gather retrospective data on all training, events and consultation activity that has already been undertaken as a means to best contribute to the national evaluation of the trial.</p> <p>The PHN also reviews a wide range of data from various sources including: Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), Department of Social Services (DSS), National Coronial Information Service (NCIS), Australian Bureau of Statistics (ABS), and service level data from partner NGOs.</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>

	<p>The reporting requirements of the NSPT Activity based MDS have not historically been consistently collected, and this may pose a challenge for retrospective data input. Ongoing education, training and ad-hoc events will have the reporting requirements of the NSPT built in to assist in improved reporting compliance.</p>															
<p>Other</p>	<p><i>Identify any other major factors affecting conduct of trial activities not covered above</i></p> <p>Community consultation is continuing in Maryborough, North Burnett and Gympie and greater catchments. The time required to engage is substantial due to the size of the region and the already stretched capacity of services and community members to engage in the consultation and planning processes. In addition, community activity and engagement has needed to be mindful of the sensitivities related to recent losses and bereavements of community members.</p> <p>Other training programs funded by Commonwealth or national peak bodies for specific delivery in the trial areas have had mixed reception in our trial communities. There are challenges in engaging communities to consider these additional training options when the community consultation on training and education commenced in 2017 under the system-based approach of the LifeSpan model.</p>															
<p>Transition arrangements</p>	<p><i>Confirm arrangements or proposed strategies for managing the transition of consumers post the trial</i></p> <p>The leadership and functioning of the local Working Groups will transition to relevant community organisations. The Suicide Prevention Community Action Plans will become a resource to enable communities and stakeholders to “own” the direction of existing and future activities in each area. In addition, establishing helper (or gatekeeper) networks to help maintain and share knowledge.</p>															
<p>Planned expenditure 2019-20</p>	<table border="1"> <thead> <tr> <th data-bbox="674 1074 1010 1142">Year</th> <th data-bbox="1010 1074 1238 1142">16/17</th> <th data-bbox="1238 1074 1464 1142">17/18</th> <th data-bbox="1464 1074 1691 1142">18/19</th> <th data-bbox="1691 1074 1917 1142">19/20</th> </tr> </thead> <tbody> <tr> <td data-bbox="674 1142 1010 1212">Funding</td> <td data-bbox="1010 1142 1238 1212">1,000,000</td> <td data-bbox="1238 1142 1464 1212">1,000,000</td> <td data-bbox="1464 1142 1691 1212">1,000,000</td> <td data-bbox="1691 1142 1917 1212">1,000,000</td> </tr> <tr> <td data-bbox="674 1212 1010 1283">Brought Forward</td> <td data-bbox="1010 1212 1238 1283">-</td> <td data-bbox="1238 1212 1464 1283">1,000,000</td> <td data-bbox="1464 1212 1691 1283">1,699,261</td> <td data-bbox="1691 1212 1917 1283">1,725,261</td> </tr> </tbody> </table>	Year	16/17	17/18	18/19	19/20	Funding	1,000,000	1,000,000	1,000,000	1,000,000	Brought Forward	-	1,000,000	1,699,261	1,725,261
Year	16/17	17/18	18/19	19/20												
Funding	1,000,000	1,000,000	1,000,000	1,000,000												
Brought Forward	-	1,000,000	1,699,261	1,725,261												

	Project management, coordination and administration (excluding travel)	-	176,160	424,000	460,000
	Travel	-	38,880	50,000	50,000
	Training and education activities	-	54,503	100,000	1,165,261
	Individual client services, group and other activities	-	0	380,000	1,000,000
	Other <i>Please specify</i>	-	31,196 Communication, events, engagement activity	20,000 Communication, events, engagement activity	50,000 Communication, events, engagement activity
	Total (GST exclusive)	-	300,739	974,000	2,725,261
	Surplus	1,000,000	1,699,261	1,725,261	-