

Monthly Meeting Minutes – 11 April 2019  
8:30-9:30am, COORDINARE office, Ground floor The Central building  
Squires Way, Innovation Campus, North Wollongong  
& video link to GPH Centre, 107 Scenic Dr, Nowra

1. Attendees

WOLLONGONG:

ALEX HAINS	(AH)	SP Collaborative
BRIAN BOULTON	(BB)	Citylife Community Initiatives
COREY DE BRUIN	(CdB)	Lived Experience
CYNTHIA MCCAMMON	(CM)	Catholic Education Office
EMMA RINGLAND	(ER)	SP Collaborative
JANET JACKSON	(JJ)	NSW Trains
JOAN GISSING	(JG)	Department of Education
LAURA SERGEANT	(LS)	Settlement Services International, Ability Links
MARK WILDER	(MW)	Lived Experience
MARY-ANNE FLEETON	(MF)	Anglicare
MELISSA CAMERON	(MC)	Department of Education
RACHEL NORRIS	(RN)	Lifeline South Coast
REBECCA SNG	(RS)	SP Collaborative Executive; Grand Pacific Health
TIFFANY WESTON	(TW)	UOW
VIDA BLOKAS	(VB)	SP Collaborative Executive; School of Psychology, UOW

NOWRA:

ANN FRANKHAM	(AF)	Lived Experience
SHARLENE CRUICKSHANK	(SC)	SP Collaborative Executive; South Coast Medical Service Aboriginal Corporation
TEAGAN STARR	(TS)	Shoalhaven City Council
WENDI HOBBS	(WH)	SSPAN, ISLHD

APOLOGIES:

ADAM BRYANT	(ABr)	ISLHD
CARRIE LUMBY	(CLu)	Lived Experience
CLARE LESLIE	(CLe)	Lifeline South Coast
JOHN PULLMAN	(JP)	ISLHD
KIM KELLY	(KK)	COORDINARE
LINDA LIVINSTONE	(LL)	SP Collaborative Executive; COORDINARE
LORNA MOXHAM	(LM)	UOW Global Challenges Program
MICHELLE ELLIS	(ME)	Anglicare
NICK GUGGISBERG	(NG)	Kiama Municipal Council
NICKY SLOSS	(NS)	Association of Independent Schools
TEDDY COOK	(TC)	ACON
WADE NORRIE	(WN)	ISLHD

2. Welcome and introduction

RS welcomed attendees and did Acknowledgement of Country and Acknowledgement of people with lived experience.

### 3. Working Group (WG) updates

#### a. WG1 (health interventions)

AH reminded members that at the end of last year, the Collaborative agreed to put more of a focus on improving the care available for people who are suicidal. As a result, there is a lot of work being done in the health strategies and it will be an exciting period for the Collaborative. AH noted that there are also a number of funding announcements at the moment related to health interventions that will complement our work.

#### *Recovery Camp*

AH reported that WG1 has been looking at how to support health professionals to work in a recovery orientated way and to foster a culture of compassion in the workforce. The group has agreed to utilise the locally based [Recovery Camp](#). Some of the additional LifeSpan funding will be used to fund 10 x local health professionals working in mental health to attend the Recovery Camp. An [expression of interest](#) has been prepared which will be distributed to Collaborative members for further dissemination. AH invited Collaborative members to share ideas of how to make sure health professionals know about the opportunity.

WH highlighted that it will be important for health professionals to get permission and support from their managers to attend the camp. AH noted that the EOI includes the question 'Do you have support from your manager to attend?' AH reaffirmed that representatives from local health services were involved in preparing the EOI and are aware it is happening, however staff will still need to get permission from their manager to go. AH highlighted that people will need to take annual leave to attend the camp, however they will be paid for their time as part of the sponsorship.

RN suggested that the EOI is sent to service directors with a covering letter encouraging local services to support their staff to attend. It was agreed that this is a good idea and suggested the letter also includes guidelines for which staff would ideally attend (e.g. workplace champions who can help spread the influence of the training).

TW asked how many recovery camps are held per year, and whether there are 10 spots per camp or for the whole year. AH noted there are five-six camps per year. The 10 spots are for the whole year, not per camp. AH also noted that evaluation of the impact of the Recovery Camp will also be undertaken to see if it is something the Collaborative wants to support in future.

ACTION 1: Alex/Emma preparing covering letter for the <a href="#">Recovery Camp EOI</a> .	AH/ER
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ACTION 2: Collaborative members distribute <a href="#">Recovery Camp EOI</a> to local health professionals working in mental health.	All
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#### *Psychological treatment subgroup*

AH reported that there is a subgroup working on how to make sure that the psychological treatments being provided in the region are evidence-based and effective. The group has decided to target private providers and are developing an education process that involves engaging private practitioners in a self-assessment against the core components of effective care. In exchange for doing the self-assessment, practitioners will be invited to a free one-day training on those core components.

### *SafeSpace subgroup*

AH reported the SafeSpace subgroup has been working on a proposal for a local alternative to emergency departments (EDs), currently being called a SafeSpace. The project is being driven by a group of people with lived experience and local services are now getting involved. AH noted that the NSW Mental Health Commission's recent midterm review of the [Living Well Strategic Plan](#) included a video case study of the SafeSpace subgroup, highlighting the involvement of people with lived experience in the project. Group viewed the video ([click here to access](#)).

AH noted that the group has been preparing the SafeSpace proposal in anticipation of funding opportunities, such as NSW Health's [Towards Zero Suicides Initiatives](#), which includes funding for alternatives to EDs. AH reinforced that funding has been announced for other initiatives, and there will be opportunities for the Collaborative to use this funding to complement our work. More details on this will be discussed at the next few monthly meetings.

### *SafeSide training*

AH reported that the SafeSide training on risk formulation (one of the core components of effective care) was delivered last week. It was attended by 56 health professionals, including approximately 35 staff from ISLHD and 20 from local NGOs. The Collaborative will now support the adoption of the SafeSide approach within standard practice.

### **b. WG2 (community interventions)**

CdB reported that WG2 has been working to distribute the [Where to go for support resource](#). The resource will be shared via pubs, cafes, hairdressers, Centrelink, health professionals and more. ER noted that the resource has been sent out to Collaborative members in an email which also outlines the formats the *Where to go for support* resource is available as well as ways the resource can be shared. Orders for the foldup business-sized cards are due to the Collaborative by COB Friday 26<sup>th</sup> April. JJ noted that the [Where to go for support resource](#) has been put up at every train station in the region.

CdB reported that WG2 is also working to embed universal evaluation into local community suicide prevention trainings. This evaluation will tell us whether people who do suicide prevention training are using their skills to help others.

**ACTION 3:** Collaborative disseminate *Where to go for support resource* and submit orders for fold-up business-sized cards to [suicideprevention@coordinare.org.au](mailto:suicideprevention@coordinare.org.au) by COB Friday 26<sup>th</sup> April 2019.

All

### **c. WG3 (school interventions)**

MC reported that 17 schools in the region have completed the [Youth Aware of Mental Health \(YAM\) program](#) this year. MC emphasised that this has been a huge effort and has been made possible by collaboration between the school systems who have been working together to deliver YAM across all schools. MC also reported that WG3 has reviewed preliminary results from the Black Dog Institute's evaluation of YAM which shows we are heading in the right direction.

MC noted YAM will be delivered in more schools next term, including 4 schools in the Shoalhaven. Although there has been a significantly lower drop-out rate for volunteer YAM Helpers this year compared with last year, there are still YAM Helper spots available at the remaining schools (particularly Shoalhaven schools). Collaborative members were invited to get involved and share the opportunity with others who may be interested. WH and RN will promote

the opportunity through their networks. MC noted there are no more formal YAM Helper trainings scheduled for 2019, however training can be provided one-on-one with a YAM Coordinator.

**ACTION 4:** Melissa send details of YAM Helper spots available to Rachel & Wendi for distribution.

MC

**d. WG4 (data-driven suicide prevention)**

AH reported WG4 has received the second instalment of the Suicide Audit Report from the Black Dog Institute. The report includes data on suicide deaths and attempts (from coroners, hospitals and police). WG4 is in the process of putting all the data together so that we can get a fuller picture of what is happening and map changes in suicide rates over time, to see if the work we are doing is making a difference. A succinct summary will be prepared and shared with the broader Collaborative.

AH reported that WG4 has also been working to develop a theoretical model that shows how all the activities we are doing fit together and how they are intended to result in reduced suicide. The model will also be used to help measure if and how the work we are doing is having an impact, and to identify what areas we can improve. AH stressed that this model has never been done before and will be a very helpful resource for the Collaborative.

**e. WG5 (Aboriginal suicide prevention)**

SC reported that there will be a Sorry Day event held Friday 24<sup>th</sup> May – [click here for flyer](#) and see details below:

***The Reconciliation Walk will depart at 11am from Moorhouse Park, 1 Scenic Drive Nowra, over the Nowra Bridge to the Bomaderry Homes, 59 Beinda Street Bomaderry.***

SC emphasised that Sorry Day is about Aboriginal and non-Aboriginal people coming together, and strongly encouraged Collaborative members to get involved and support the event.

**ACTION 5:** Emma distribute [Sorry Day flyer and invitation](#) to Collaborative members.

ER

**ACTION 6:** Collaborative members share [Sorry Day flyer & invitation](#) with their networks.

All

**4. Local Key Highlights & Update on LifeSpan trial sites**

RS went over the [Key Highlights March 2019 document](#). Collaborative members were encouraged to use the Key Highlights to communicate the work of the Collaborative with their networks, and spread the word about local suicide prevention efforts. JG emphasised that the Key Highlights will be very useful for showing schools how YAM is part of a bigger piece of work.

AH asked members if there is any information missing in the Key Highlights or if there is anything they would change. RN noted that including the number of public locations which have been improved would bring about questions about where these locations are. Group suggested that this point is changed to 'Suicide Audit Reports received from the Black Dog Institute have helped Collaborative identify and improve the safety of public locations'. A statement directing people to get in touch if they would like more information will also be added to the bottom of the document.

AH noted that at the last meeting there was a question about how the other LifeSpan trial sites are going. AH reminded Collaborative that the other sites will finish LifeSpan at different times - Newcastle in July 2020 (same as us), Central Coast in December 2020, and Murrumbidgee in April 2020. We do not have access to detailed data on how sites are doing with specific strategies. However, in general the other sites have also done more activity in the strategies that increase the likelihood someone is connected with care versus those aiming to improve care.

All the other sites also have a Collaborative of some form. The Collaboratives have been identified as critical to the success of the work, along with the backbone staffing that helps keep things ticking over. Illawarra Shoalhaven is the only site who has committed to resourcing the Collaborative post LifeSpan, although the other sites are keen to as well. AH noted that aside from the 4 NSW trial sites, there are also 12 Commonwealth trial sites, and other sites in ACT and Victoria. It has been clear that sites without consistent backbone staffing have made significantly less progress, reinforcing the need to continue resourcing the Collaborative.

MC reaffirmed the benefit of the Collaborative for the implementation of YAM, which was significantly easier to do in the Illawarra Shoalhaven because the schools working group have worked as a team, met regularly and been supported by the Collaborative. RN stated she has an immense sense of pride about the work being done and how thrilled the community is to know that there is an entity coordinating suicide prevention efforts locally.

AH reinforced that there is still a lot of work to be done, but we are on the right track. RS highlighted that all the work we have done has allowed us to focus more on the challenging task of improving care.

AH highlighted that there are lots of organisations doing work to help prevent suicide locally. Members were encouraged to use the Collaborative as a resource that can help support their work.

## 5. Other

### a. Suicide bereavement groups

MW reported the Salvation Army's First Floor Program is expanding so that there will be suicide bereavement support groups at Ulladulla, Nowra & Wollongong.

### b. Mental Health Academy

MW noted the Mental Health Academy & Lifeline Australia a running a free online suicide prevention conference from 12<sup>th</sup> – 14<sup>th</sup> April ([click here for more details](#)).

## 6. Next meeting

Date: Thurs 9 May 2019  
Time: 8:30-9:30am  
Venue: COORDINARE office, Ground floor The Central building  
Squires Way, Innovation Campus, North Wollongong  
& video link to GPH Centre, 107 Scenic Dr, Nowra

Meeting schedule for 2019 available [here](#). Please put these dates into your diary.