

Illawarra Shoalhaven Suicide Prevention Collaborative

Breakfast Meeting Minutes – 12 May 2016

8:00am – 9:00am

Venue: IHMRI Level 3.301 / Video Conference from UOW Shoalhaven Campus UG23

Attendees:

| | | |
|--------------------------|-------|---|
| Dr Vida Bliokas | (VB) | ISSPC Executive |
| Prof Brin Grenyer | (BG) | ISSPC Executive |
| Dr Alex Hains | (AH) | ISSPC Executive |
| Mr Tim Heffernan | (TH) | ISSPC Executive |
| Ms Linda Livingstone | (LL) | ISSPC Executive |
| Ms Kimberly Chiswell | (KC) | Senior Social Worker, Waminda |
| Prof Frank Deane | (FD) | Director, Illawarra Institute of Mental Health; UOW |
| Ms Marilyn Dunn | (MD) | First Floor Program Coordinator, Salvation Army |
| Mr Grahame Gould | (GG) | Director, Lifeline South Coast |
| Mr Greg Hand | (GH) | Learning and Wellbeing Coordinator, Dept of Education |
| Ms Kristine Laird | (KL) | Communications Coordinator, Coordinare |
| Mr Wade Longbottom | (WL) | Programs Manager, South Coast Medical Service Aboriginal Corporation |
| Ms Bethany Pye-Respondek | (BPR) | Research Development Administrator, IHMRI |
| Ms Julie-Ann | | Lived experience (observing) |

1. Preliminary Business

1.1 Apologies:

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| Prof David Adams | Executive Director, IHMRI |
| Mr Peter Brown | Chair, Illawarra Suicide Prevention Awareness Network (ISPAN) |
| Ms Dianne Kitcher | CEO, Coordinare |
| Ms Erin Hiesley | Manager, Partners in Recovery |
| Ms Wendi Hobbs | Shoalhaven Suicide Prevention Awareness Network |
| Mr Tim Hudman | Shoalhaven Suicide Prevention Awareness Network |
| Ms Sally McNeill | Research Development Officer, IHMRI |
| Prof Lorna Moxham | Mental Health Nursing, School of Medicine UOW |
| Mr Phil O'Neil | Duty Officer, Wollongong LAC, NSW Police Force |
| Mr Alan Woodward | Research Director, Lifeline Foundation |

2. General Business

2.1 Welcome and Introduction

VB welcomed attendees. Great month since our last meeting, planning day on April 21st was a great success. EOI for the Black Dog Institute (BDI) funding due Friday 20 May, Executive are working hard to submit.

2.2 ISSPC Planning Day, 21 April, Kiama – Summary of Outcomes

AH: General sense that the planning day went extremely well. Representation from over 20 organisations, with a disproportionate, though very positive, representation from the

Shoalhaven area. Approx 23% of attendees represented the lived experience sector. Many thanks to all involved in planning and participating.

Discussions on the day were very positive – documented by ConNetica. Summary will be released ASAP. Will be delivered to Collaborative members and to groups who were not well represented, including South Coast AMS, Waminda, student groups, “etc” (suicide bereavement support group) at Salvation Army. Particularly keen to get more representation from police and ambulance services. AH to arrange face-to-face meetings to get more from these groups.

VB: Next step is to think about where we go from here – leads neatly into the EOI. Consider what action plan will come from the day?

BG: Want to emphasise what a great workshop it was, personally surprised by some of the things that came up.

LL: Not everyone who helped behind the scenes is here to thank. Strength of the day is due to the contribution from many members.

BG: Marion, the facilitator, was great

AH: Casual conversations may lead to further work, eg GG and AH had conversation with Gordon Bradbury re: making a presentation to the Joint Organisation of Councils (IPJO)

BG: At least 2 newspaper articles to be circulated about the day from the Mercury and Advertiser

FD: Does the Collaborative have a website available to advertise these things?

LL: Proposal for this included in EOI

AH: Hope to make the information about the Collaborative available on multiple websites – the communications officer at Coordinare may be able to assist with this.

WL arrived – introduction as representative from South Coast Medical Service Aboriginal Corporation (SC AMS)

2.3 Systems Approach project – update on Expression of Interest

LL: The day prior to our previous meeting, the Executive agreed for the Collaborative to apply for the BDI funding for the Systems Approach Project. The 5 selection criteria have been addressed, and have received 8 letters of support thus far. Some still to be received.

AH: Waiting on LHD, police and ambulance services – Lyn Langhorn will chase these.

LL: Letter from Gordon Bradbury among those received. This is not on behalf of the IPJO, but a personal message from Gordon. Other documents to be included:

- outcomes of the planning day
- minutes from meetings
- letters of support from group.

Important that we emphasise working together rather than protecting your own ground

One of the selection criteria concerns our proposed model for the project. We have noted:

- AH employed as Project Coordinator. Currently seconded to position for 3 days per week until June when he will take on the full role.

- Funding will continue from Coordinare and ISLHD regardless of Black Dog funding – this has been confirmed by Margot mains and Dianne Kitcher
- This funding intended to cover 4 main objectives:
 - Emphasis on what can be done to improve systems
 - Project management, for example assisting with the SSPAN transport project
 - Investment in improved service communication
 - Local evaluation and research, for example there was a suggestion at the planning day for exploring “near misses”, to identify where the system breaks down

Another concerns risk management, and we would like Collaborative's input:

- Risk 1: Some services may need to change approach quite significantly and we acknowledge this will take time and careful planning.
- Risk 2: Agency may use Collaborative information in an inappropriate way without focusing on Suicide Prevention. Must establish a data sharing protocol
- Risk 3: Not all regions will start at the same time – risk for Illawarra and BDI. Must ensure the region is ready to start straight away.
- Risk 4: This is a reality across the country, and data collection is key
- Risk 5: Make sure we remain accountable to one another.

Application is due Friday week. Any risks we've missed?

TH: Risk of disengaging with people with lived experience. Consumer lived experience perspective needed – can suggest people to target to improve representation.

GG: Increase in suicidal behaviour due to intervention is a possibility. Can the intervention cause harm?

LL: Any other suggestions welcome – needed ASAP.

AH: Not just lived experience – other groups at high risk also, for example Aboriginal and Torres Strait Islander, LGBTI

KC: Is there a representative from the Aboriginal community with lived experience on the Collaborative?

AH: Attendance at planning day, but not in the group. SC AMS represented today – Illawarra AMS has not engaged yet.

LL: Specific groups targeted in application include

- Aboriginal and Torres Strait Islander people
- LGBTI people
- Recently arrived migrants from a non-English speaking background
- Those in the prison system
- Young people with intergenerational unemployment.

Some useful notes from the planning day, hope first draft will be finished tomorrow. Are members interested in reviewing the draft? Want to complete final draft by Wednesday next week. Copy will be circulated when submitted. Want to ensure all details are captured, so request input from group.

2.4 Scoping Study update

LL: BDI asked us to be part of a scoping study which looks at the wheel of 9 interventions/strategies. Have identified evidence that indicates the effectiveness of each strategy and want to see what we do or don't meet. Information will then be shared with the Minister of Health to identify priorities for the future. For example, there are 20 items of evidence to show the effectiveness of serviced around patient follow up after discharge from ED. These took 2 or 3 hours to go through, and it was very difficult to ensure everything was in place.

WL: From personal experience, there are massive gaps in that service.

LL: Will have to drill down into all aspects. Expect it will be quite shameful for all of us around the table. Up to 150 different areas to address across the 9 strategies. Will discuss at future meetings.

AH: Lived experience gives very accurate view of the gaps, and plenty of honesty is needed. Hopefully we may be able to influence State-training through this.

TH: Despite there being lots of services across the region, there is no one person in place to track the plan for an individual, and that disguises gaps.

AH: Changes not needed within an organisation, but in communication across organisations.

KC: This can be difficult, must consider issues of cultural sensitivity.

GG: Lifeline was contacted directly, should we be assisting?

LL: Yes, please. They will contact individual organisations. The work of this group will be around change management – what have we got? What do we need to prioritise? It will be a very confronting exercise. From the scoping, BDI will work out funding to invest regionally or centrally to develop tools and systems at State level. Service gaps vs change management.

WL: Can we get a copy?

LL: Have been sent excel files, but will copy these for distribution.

AH: BDI funding will not be focused on introducing new services – can anything be scaled up? NSW Minister of Health will be informed by this.

VB: Thankful that the planning day occurred before this!

2.5 National Suicide Prevention Conference

AH: National Suicide Conference in July, Canberra. TH and AH submitted an abstract which has been accepted for an oral presentation. GPH submitted another abstract regarding short term psychiatric treatment for youth which has also been accepted.

3. Other Business

GG: Attended Aboriginal and Torres Strait Islander Suicide Prevention Conference recently in Alice Springs, which was made up of about 80% indigenous attendees. Received a copy of a checklist for working with indigenous communities – the Shoalhaven community was involved in developing this tool. Will discuss further at next meeting and circulate for membership.

Also, spoke to Deb Murphy from Illawarra Business Chamber. Given suicide is the leading cause of years of life lost, it is a significant economic and business issue. Deb is keen to get involved. She mentioned that Lisa Burling, 2016 Business Woman of the Year in IWIB awards, wants to bring Richard Branson to the Illawarra. Would the Collaborative be interested in discussing what the business sector could bring to suicide prevention? May happen this year, possibly in dialogue with this group.

VB: Meeting close. EOI and notes from planning day to be circulated. Next meeting on 09/06/2016