



SUICIDE PREVENTION COLLABORATIVE

ILLAWARRA SHOALHAVEN

Breakfast Meeting Minutes – 1 Dec 2016
9-11am, the Pavilion, Kiama

1. Attendees

WOLLONGONG:

ADAM MCRAE	(AMc)	Grand Pacific Health (GPH)
ALAN BLACKSHAW	(ABl)	Shoalhaven Council
ALANA FAUST	(AF)	Office of Ann Sudmalais MP
ALEX HAINS	(AHa)	Regional Manager, SP Collaborative
ALISON BRADFORD	(ABr)	Wollongong City Council
ANDREW HUMPHRIES	(AHu)	Shoalhaven Suicide Prevention Awareness Network (SSPAN)
ARMANDO REVIGLIO	(AR)	Wollongong City Council
BECKY GUGGISBERG	(BG)	Kiama Council
BETHANY PYE-RESPONDEK	(BP-R)	Illawarra Health & Medical Research Institute (IHMRI)
BRIN GRENYER	(BG)	SP Collaborative Executive; IHMRI
BRODIE BRADY	(BB)	Kiama Council
CHARLEMAGNE AGBOVOR	(CA)	Southern Youth & Families (SYFS)
CLARE LESLIE	(CL)	Lifeline South Coast
CYNTHIA MCCAMMON	(CMc)	Catholic Education
DANIELLE MULLANEY	(DM)	Lifeline South Coast
DAVID BUNDER	(DB)	School Link, ISLHD
DIANNE KITCHER	(DK)	COORDINARE
ERIN HIESLEY	(EH)	SP Collaborative Executive; Youth Health Manager, GPH
ERIN FRASER	(EF)	Illawarra AMS
FIONA STASIUKYNAS	(FS)	SSPAN
GLENN WILLIAMS	(GW)	SP Collaborative Executive, MIND the Gap
GORDON BRADBURY	(GB)	Lord Mayor, Wollongong City Council
HELEN BACKHOUSE	(HB)	Flourish
JANE SCHMID	(JSc)	Department of Education
JOHANNE SNEDDON	(JSn)	ISLHD
JOHN FLANAGAN	(JF)	ISPAN
JOHN STRANG	(JSt)	ISLHD
JUDITH SIMONS	(JSi)	Schizophrenia Fellowship
JULIE-ANN LOFT	(JL)	etc Group
KATHRYN BAUDINETTE	(KB)	headspace Nowra
KATHRYN BAGET-JULEFF	(KB-J)	Shellharbour City Council
KELLY PARISH	(KP)	ARAFMI
KIMBERLY CHISWELL	(KC)	Waminda
KRISTINE LAIRD	(KL)	COORDINARE
LEANNE WOODLEY	(LW)	Association of Independent Schools
LINDA LIVINGSTONE	(LLiv)	SP Collaborative Executive; COORDINARE
LISA RIDINGS	(LR)	Association of Independent Schools
LYNDAL HALLIDAY	(LHal)	Black Dog Institute
LYNDEL HAYES	(LHay)	IHMRI
LYNN LANGHORN	(LLan)	ISLHD
MARILYN DUNN	(MD)	First Floor Program Coordinator, Salvation Army
MICHAEL COOK	(MC)	Black Dog Institute

NATHAN DEAVES	(ND)	South Coast AMS
NICK GUGGISBERG	(NG)	Kiama Council
NICKY SLOSS	(NS)	Association of Independent Schools
PAUL DAVEY	(PD)	Schizophrenia Fellowship
PAULA HAKESLY	(PH)	Director Mental Health Services, ISLHD
RACHEL GREEN	(RG)	Black Dog Institute
RON DE JONGH	(RdJ)	Grand Pacific Health (GPH)
ROSEANNE PLUNKETT	(RP)	Catholic Care
SANDRA BOLAK	(SB)	ISPAN
THEODORA KARAVASILIS	(TK)	headspace Nowra
TIM HEFFERNAN	(The)	SP Collaborative Executive; Lived Experience
TIM HUDMAN	(THu)	SSPAN
VICKI WILLIAMS	(VW)	ISLHD
VIDA BLIOKAS	(VB)	SP Collaborative Executive; ISLHD
VIVIEN TAIT	(VT)	COORDINARE
WADE LONGBOTTOM	(WL)	South Coast Medical Service Aboriginal Corporation
WENDI HOBBS	(WH)	SSPAN
YVONNE TOEPFER	(YT)	ISPAN

APOLOGIES:

CAROLINE LANGSTON	(CL)	ISLHD
DARINKA RADINOVIC	(DR)	Wollongong City Council
DARREN BROWN	(DB)	Wollongong LAC, NSW Police
DEBRA MURPHY	(DM)	Regional Development Australia Illawarra
EMMA RODRIGUES	(ER)	LGBTI advocate
FRANK DEANE	(FD)	Illawarra Institute of Mental Health; UOW
GRAHAME GOULD	(GG)	Lifeline South Coast
GREG HAND	(GH)	Department of Education
HEATHER TAFERNER	(HT)	Shellharbour City Council
JOHN WILSON	(JW)	Department of Education
JUAN ALVAREZ	(JA)	SSPAN
KERRY HUNT	(KH)	Wollongong City Council
LEANNE LAWRENCE	(LLaw)	Illawarra AMS
LYNDALL FOWLER	(LF)	West Street Community Centre
PAUL MCCANN	(PMc)	Catholic Education
REBECCA SNG	(RS)	Grand Pacific Health
ROB MURRAY	(RM)	Ambulance Services
SUZANNE FRIAND	(SF)	SSPAN

2. Welcome and introduction

KC & The provided an Acknowledgement of Country, emphasising the importance of suicide prevention activities to connect with communities and culture.

3. Brief presentations

BG provided brief review of the SP Collaborative's first 12 months, noting the momentum gained since first meeting in Sep 2015. He explained the structure of the SP Collaborative and how it links in with existing lived experience groups in the region. A sample summary of the input from

people with lived experience was presented, as well as a brief outline of a proposed aftercare service model.

AHa presented a very brief summary of the SP Collaborative's Planning Workshop, held in April 2016. Key recommendations from the Planning Workshop were identified for 6 of the 9 LifeSpan strategies, and these will feed into the SP Collaborative's Regional Suicide Prevention Plan. A full report from the Planning Workshop is available from AHa.

ND & WL spoke about the ATISPEP (Aboriginal & Torres Strait Islander Suicide Prevention Evaluation Project) Shoalhaven Roundtable that was held in Nowra in April 2016, and also provided an overview of the key recommendations from the recently released [ATISPEP report](#).

NOTE: A copy of these three brief presentations can be downloaded [here](#).

4. LifeSpan project

RG (Black Dog Institute) provided an overview of the [LifeSpan project](#) and an update on preparations for implementation. RG noted that the Illawarra Shoalhaven is "the poster child" for regional suicide prevention and said it was clear that we were enthusiastic and engaged.

RG stated that the LifeSpan project team from the Black Dog Institute were beginning to work with the ATISPEP authors to ensure that the systems approach to suicide prevention is consistent with the recommendations of the ATISPEP report.

There is some funding associated with the LifeSpan project. However, pilot sites are strongly encouraged to use this funding purely as 'seed funding', with local agencies making a commitment to ongoing contributions to ensure sustainability of these activities beyond the 2.5 years of the LifeSpan project.

Role of the Black Dog Institute will be to review the relevant evidence, translate it into principled recommendations, and disseminate these to regions. It will be up to the pilot sites to adapt the recommendations into models that work for their local communities.

RG acknowledged that the LifeSpan project's 9 strategies don't specifically address upstream issues (e.g. domestic violence, unemployment, housing, etc). However, pilot sites are of course not restricted from addressing these issues where possible.

RG noted that further detail on the components of each strategy and their implementation will be developed with input from pilot sites over the next few months. This information will be made available.

Open Q&A

Q: What is going to improve efficacy and engagement techniques in relation to male-focused suicide prevention?

RG: Each program examined in detail via focus groups and consultation to see how it fits with priority population groups. It will be determined if more targeted programs are required. This is an ongoing piece of work.

Further advice from LifeSpan after the meeting:

LifeSpan will involve a cohort study which will recruit people through EDs who are experiencing crisis and follow them longitudinally through the LifeSpan trial. This will be a

unique opportunity to pick up information about people's experiences from each trial site and we will be able to draw information about men through this research. We also believe that the introduction of universal screening for depression, anxiety and suicide risk through the primary care (GP) setting is an important strategy in reaching out to men who might not otherwise identify as being at risk.

Q: Means restriction? We've been frustrated over time about why suicide happens, not how. There doesn't seem to be much data on why men are more at risk, etc. What are the reasons that some groups are at higher risk?

RG: Will be establishing a mini-suicide register in the region as part of the LifeSpan project. QLD and VIC have suicide death registers, but these do not include suicide attempts. Establishing a suicide death AND attempt register that gives the contextual information in order to analyse and see trends over time about why people turn to suicide. If we can show that this data is useful, we can make a case for continuing to collect the data. If we can show that there are key issues, planning decisions can be made to support those areas.

Further advice from LifeSpan after the meeting:

There is also good evidence for the role of depression in reducing resilience to significant life events or circumstances, which underlies the rise in suicide risk factors rather than life events or circumstances themselves. By increasing awareness, recognition and treatment of depression the aim of LifeSpan is to lower suicide rates and suicidal behaviours and increase resilience among target populations.

Q: Most people have social problems – are we underestimating the hierarchy of needs? There is something structurally wrong with our society, and this needs to be addressed. How can housing, income and meaningful life be more in focus? Sharing resources?

RG: LifeSpan is a specific model and can't do everything. The focus on the other 80% shouldn't be diverted, but we haven't seen a reduction in rates in this country, so a 20% reduction would be a great start.

AHa: Some of the upstream issues might be out of scope for the LifeSpan project, but are not out of scope for the SP Collaborative as the community (including services) defines the scope of the SP Collaborative. Some groups within the region are working on upstream issues (particularly for youth), and we are looking to engage with them to ensure our efforts are complementary.

MC: There will likely be a role for the data that is gathered through the LifeSpan project to feed back into the SP Collaborative to be used as ammunition to address upstream issues. While we're not targeting these areas, we're hoping we can influence this.

JSt: Suggested sharing Australia's wealth more equitably would help address upstream social issues more effectively.

Further advice from LifeSpan after the meeting:

As above, there is evidence that underlying, unrecognised and untreated depression can make people less resilient to social challenges. By recognising and treating the depression we aim to improve resilience and lower suicide risk. This does not mean that social challenges should not be addressed and PHNs and the local sector and community still have responsibility in this area, which should complement the local implementation.

Q: Applying schools programs that have demonstrated evidence in other countries to local Aboriginal communities goes against the self-determination principal highlighted by the ATSIPEP report. What about self-determination?

RG: Suicide specific programs, we've looked at the evidence base. Three programs have come up as being the strongest in terms of evidence and there are options to adapt each of those programs. Next step is to work with ATSIPEP to determine what will be best suited for Aboriginal youth. Trying to translate the evidence and then it's the region's responsibility to

determine if it is right, or develop another option and make it work on the ground. Hope to see a plan for how capacity will be built for Aboriginal communities and what will work for them. RG encouraged AMSs to “keep the LifeSpan team honest” in addressing this concern.

Further advice from LifeSpan after the meeting:

Following the Collaborative meeting, LifeSpan funded Nathan Deaves (Manager Social and Emotional Wellbeing, South Coast Medical Service Aboriginal Corporation) to represent the Illawarra Shoalhaven in Perth at a workshop with the authors of ATISPEP and representatives from the Kimberly and Kalgoorlie regions, in considering the potential for developing an Indigenous Systems Approach. The workshop was very productive with further efforts required to consider fit/adaptation and/or redevelopment of LifeSpan into an Indigenous Systems Approach in partnership with the authors of ATISPEP and Aboriginal Medical Services and Community Controlled Health Organisations.

Q: Disappointing that existing local programs have been asked to prove how they fit in with LifeSpan in order to access funding, rather than local services being asked what is needed.

RG: Fair criticism, particularly in relation to the NSW Health Suicide Prevention funding. Looking forward to seeing how this can be improved.

Q: Funding comes from many sources, and each new initiative comes with its own guidelines, etc. Will LifeSpan help influence the multitude of different funding guidelines? And how can a region prioritise the LifeSpan agenda within an environment of multiple service delivery guidelines?

RG: Essential to have broad and strong representation at the SP Collaborative, with the activity for each strategy led locally. The LifeSpan team is keen to work with communities on what implementation might look like. If policy change or strategy change is needed, we have to have very strong arguments to effect that change. What’s important is the openness and collaboration to address these challenges.

Q: LifeSpan strategies and components are based on evidence of effectiveness. Will their value for money also be taken into account? And where new services are required, will there be funding available?

RG: Yes, there will be some funding available for local coordination, for tools and resources, etc. SP Collaborative needs to consider how best to use the LifeSpan budget for this region, and how will these strategies be funded beyond the LifeSpan project?

Q: Schools program – starting with young people is an excellent way to get things rolling. Will the program focus on happiness, joyfulness, resourcefulness, creativity? We could look closely to Aboriginal and Torres Strait Islander culture and bring that in to use for other groups.

RG: A number of the school-based programs address these things. However, it’s very important to tailor to local needs. So there is flexibility for a region to consider a range of evidence based strategies to improve the resilience and wellbeing of young people.

Q: Sustained best outcomes for young people where a sense of belonging and relationships being built on trust and respect. How can this be incorporated?

RG: Would like to see that these issues are addressed within the region’s implementation model (6 month planning phase) and that these challenges can be considered. The SP Collaborative needs to make these decisions together.

Q: Koori Kids is a school-based program that has been running in the Shoalhaven since 2007. We would like to invite members and BDI representatives to come and speak about what has been achieved and what community feedback we’ve received.

RG: Thanks for the invitation, would love to.

Q: How are you prioritising those 9 strategies? Is the priority based on the gaps in the area, or what's working well? What do you see as a focus in the Illawarra Shoalhaven?

RG: This will be led by the SP Collaborative based on the information and data we can help you access and you can gather locally. Estimates from the evidence suggest that there will be different size impacts from different strategies. Aftercare is very critical, and so we would expect that some funding will be tailored to that. It will be essential that all nine strategies are implemented within an integrated, coordinated approach.

Q: Funding - is there a framework for how that is accessed?

RG: No, that's still to be determined and the LifeSpan team is working with site coordinators to see how that will work, and they will in turn work with their sites to establish the most effective way to address this. We are keen to work with you for what works best in your region. It won't be competitive within the region; we're working together in this. Hopefully this will see significant change.

5. Next meeting

Date: Thurs 9 Feb 2017

Time: 8:30-9:30am

Venue: Level 3 meeting room, IHMRI building, UoW Wollongong campus

Video link: from Crossroads Youth Mental Health Service, Nowra

Phone link: contact AH for details if this is required

Meeting schedule for 2017 available [here](#). Please put these dates into your diary.