



# Suicide Prevention Community Action Plan

UPDATE JULY 2018

Whitsunday, Isaac and  
Mackay

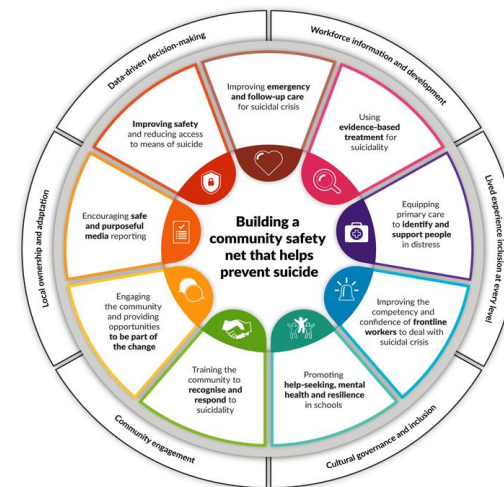


# OVERARCHING STRATEGIES

Priorities for Whitsunday, Isaac and Mackay region:

- Ensure sustainability of co-ordination of the plan
- Gather data to inform planning
- Ensure strategies are culturally and regionally appropriate
- Ensure strategies are based within the context of lived experience

*NB: Highlighted strategies have been identified as priorities for action.*



## Sustained Plan Co-ordination

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Maintain a consistent, long-term structure for co-ordinating evidence based suicide prevention strategies across government, community based and other services across the region.	<ul style="list-style-type: none"> <li>• Ensure sustainability through continued funding for its auspice, secretariat and facilitation.</li> <li>• Project Facilitator to support implementation.</li> <li>• Develop and maintain Terms of Reference.</li> <li>• Identify and implement Advisory Group to maintain accountability and provide advice and support.</li> <li>• <b>Introduce role descriptions for SPCAP representatives.</b></li> <li>• <b>Representative to nominate proxies at commencement of their role (to be documented).</b></li> <li>• <b>Meeting to be structured to allow feedback</b></li> </ul>	<ul style="list-style-type: none"> <li>• Suicide Prevention Community Action Planning Group members' organisations/ reports</li> <li>• NQPHN</li> <li>• Other grants/funding opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• Current and ongoing</li> </ul>	<p>Suicide Prevention Community Action Group is sustainable financially and structurally, with strong regional relationships and demonstrated commitment to regional suicide prevention goals in the Community Action Plan.</p>

**Overarching Strategies**

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	from each representative (as detailed in Role Descriptions).				
(b) Ensure development and sustainability of suicide prevention networks in Whitsunday, Isaac and Mackay	<ul style="list-style-type: none"> <li>Register the networks on TenderLink through auspice body.</li> <li>Identify range of federal and state funding opportunities (re: healthy, safe communities).</li> <li>Have scheduled visits and contact with Isaac and Whitsunday.</li> </ul>	<ul style="list-style-type: none"> <li>Mackay SPN</li> <li>Isaac SPN</li> <li>Whitsunday SPN</li> <li>Wesley LifeForce</li> </ul>	<ul style="list-style-type: none"> <li>SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	Suicide prevention networks continue to report sustainability and growth over time.

### Data Gathering to Inform Planning

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(c) Conduct service mapping so that Community Action Plan strategies can be appropriately targeted to produce identified outcomes.	<ul style="list-style-type: none"> <li>Identify what services exist and what they provide, such as target audience, focus, approach, evidence base, costs, qualifications of staff, availability of service, eligibility criteria, etc.</li> <li>Maintain information on regional app/in Health Pathways (refer to Strategy One (c)).</li> <li>Conduct service mapping/blueprint based on lived experience of individuals' journey through services.</li> </ul>	<ul style="list-style-type: none"> <li>SP CAP Group</li> <li>AISRAP</li> <li>NQPHN</li> <li>Research institutions/groups</li> <li>MHHS</li> <li>QPS</li> </ul>	<ul style="list-style-type: none"> <li>SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>12 months</li> </ul>	<p>Service Map has been developed, is maintained and in use across the region.</p> <p>Suicide audit is complete and target groups/key concerns are identified.</p>

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(d) Collect, collate and analyse regional suicide-related data so that Community Action Plan strategies can be appropriately targeted to produce identified outcomes.	<ul style="list-style-type: none"> <li>• Conduct suicide audit across the region to collect data that can contribute to an understanding of any trends, target group, target group’s characteristics, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> <li>• AISRAP</li> <li>• NQPHN</li> <li>• Research institutions/groups</li> <li>• MHHS</li> <li>• QPS</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	Suicide audit is complete and target groups/key concerns are identified so that suicide prevention strategies can be appropriately targeted.
(e) Conduct research/data gathering to determine validity and efficacy of the Community Action Plan’s post-discharge strategies for individuals and their families.	<ul style="list-style-type: none"> <li>• Approach/align with region university, potentially through MHHS Research Unit.</li> <li>• Conduct post-discharge satisfaction survey(s) (of person and their family members/supports) to establish a baseline for data, (including consideration of regional differences).</li> <li>• Conduct subsequent survey(s) to make comparisons over time.</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> <li>• MHHS</li> <li>• JCU</li> <li>• Black Dog Institute (BDI)</li> <li>• Regional Suicide Prevention Networks</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 – 36 months</li> </ul>	Baseline and comparison surveys have been conducted and trends identified to improve post-discharge processes for individuals and their families across the region.
(f) Conduct research/data gathering to determine validity and efficacy of the Community Action Plan’s strategies for information sharing between government and community based organisations.	<ul style="list-style-type: none"> <li>• Collaborate with other relevant research bodies to develop tools and conduct surveys with appropriate rigour.</li> <li>• Conduct initial survey to identify baseline data.</li> <li>• Conduct subsequent surveys to compare data over time and identify trends.</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant research body</li> <li>• Range of community based services</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 – 36 months</li> </ul>	Baseline and comparison surveys have been conducted and trends identified to improve collaboration between government and community based organisations.

## Culturally and Regionally Appropriate

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(g) Understand the specific nature of an individual's interactions with services in this region so that Community Action Plan strategies can be appropriately targeted to produce identified outcomes.	<ul style="list-style-type: none"> <li>• Conduct service mapping/blueprint based on lived experience of individuals' journey through services.</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP members</li> <li>• Coroner's Office</li> <li>• Other relevant government agencies</li> <li>• Individual/organisation with psychological autopsy expertise</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	Service map/blueprint is developed and common themes identified so that suicide prevention strategies can be appropriately targeted.
(h) Ensure suicide prevention services are appropriate for different gender preferences, cultures and other communities within the region.	<ul style="list-style-type: none"> <li>• Contact Transcultural Mental Health Service and identify opportunities to work together, get advice and access resources, promoting resources across the region.</li> <li>• Investigate evidence-based culturally appropriate programs for ATSI and ASSI nationally and internationally.</li> <li>• Review research conducted by Leda Barnett.</li> <li>• Need significant review of cultural and mental health training for primary care providers by engaging with MHHS, PHN, selectability and/or other training organisations.</li> <li>• Investigate evidence-based programs for LGBTIQ nationally and internationally.</li> <li>• Use outcomes of this investigation to</li> </ul>	<ul style="list-style-type: none"> <li>• Transcultural Mental Health Service</li> <li>• ATSI CHS</li> <li>• headspace</li> <li>• MHHS</li> <li>• Schools</li> <li>• Mates in Construction</li> <li>• Resource Industry Network (RIN)</li> <li>• Other regional groups and organisations</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	Suicide prevention strategies across the region meet the identified needs of a range of cultural, age, gender groups.



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<p>develop further strategies to meet needs of LGBTIQ community across the region.</p> <ul style="list-style-type: none"> <li>• Collect data about the regional rate of suicide in this region for CALD communities and develop targeted strategies.</li> <li>• Establish links to CALD community through GSNC, regional councils, MDSS, BNC.</li> <li>• Develop targeted strategies to support prisoners released from jail into the regional community.</li> <li>• Collect data about the regional rate of suicide in this region for FIFO/short term/transient workers and develop targeted strategies as appropriate in collaboration with local partners.</li> </ul>				

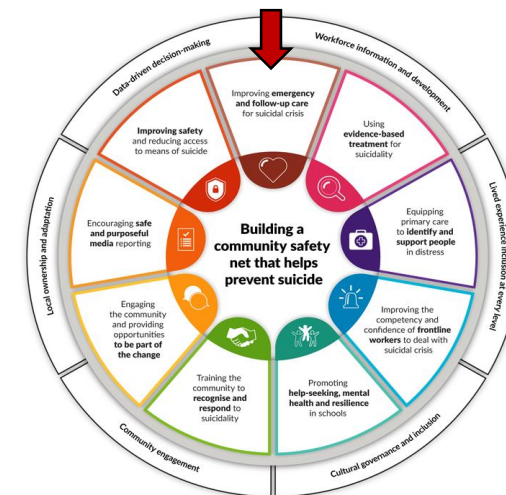
### Lived Experience

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(i) Ensure that strategies are based on, and meet the needs of, people with a lived experience.	<ul style="list-style-type: none"> <li>• Develop Lived Experience Advisory Group.</li> <li>• Resource the Group to work actively and meaningfully with the SP CAP group in development and implement strategies in the Community Action Plan.</li> <li>• Provide Roses in the Ocean training.</li> </ul>	<ul style="list-style-type: none"> <li>• People with lived experience</li> <li>• Roses in the Ocean</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> <li>• STANDBY</li> </ul>	<ul style="list-style-type: none"> <li>• 6 months</li> </ul>	Lived Experience Advisory Group is established and integral to the work of the Community Action Plan.

# STRATEGY ONE: Improving Emergency and Follow-up Care for Suicidal Crisis

Priorities for Whitsunday, Isaac and Mackay region:

- Resource Pack development and distribution
- Information app development and distribution
- Zero Suicide model implementation at MHHS
- Improved collaborative transfer of care procedures
- Improved collaborative transfer of care procedures
- More integrated and efficient use of existing resources
- Improved information sharing processes
- Implement of Way Back Support service
- Regional considerations



## Resource Pack/Information App

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Provide a Resource Pack for individual and/or family members after: - Suicide attempt - Death by suicide	<ul style="list-style-type: none"> <li>• Review resources/ideas from other regions and services.</li> <li>• Identify most practical information suitable to specific local audience.</li> <li>• Develop specific (simple) packs for each regional area.</li> <li>• Identify gatekeepers and first responders to distribute packs (including funeral services).</li> <li>• Build sustainability into the model (ensure ongoing capacity to print, distribute, etc).</li> <li>• Identify organisations that can manage compilation and distribution of packs.</li> <li>• Have all current hard copy data publicly available on a website.</li> <li>• Link resources to Isaac Community Connect</li> </ul>	<ul style="list-style-type: none"> <li>• Qld Health SAO Pack</li> <li>• Grant/funding/donations</li> <li>• Organisation identified to ensure sustainability of the activity.</li> </ul>	<ul style="list-style-type: none"> <li>• NQPHN</li> <li>• Qld Health</li> <li>• STANDBY</li> <li>• Organisation identified to ensure sustainability of the activity.</li> </ul>	• 6 - 12 months	Regionalised Resource Packs are developed, accessible and in use across the region. Sustainability processes have been implemented to ensure the ongoing development, distribution and availability of the Resource Pack.

Strategy One

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	app through the website. • Develop a communication strategy to align with the Pack and provide support to individuals and their families.				
(b) Maintain production and distribution of Grapevine Card.	• Regular scheduled updates of the card.	• All services	• Grapevine	• Ongoing	Grapevine Resource Card is available and regularly accessed across Mackay.
(c) Provide an app that includes referral information (community information including mental health and suicide prevention across Mackay, Whitsunday and Isaac.	• Support health pathways' development of an app that will: <ul style="list-style-type: none"> <li>- Be publicly available, including through community facilities such as libraries, Centrelink, etc (free of charge).</li> <li>- Support referrals by GPs and other services.</li> </ul>	• All services across the region (to provide data) • App developer • People with lived experience • Health Pathways	• Grapevine • Run For Mi Life • Whitsunday Suicide Prevention Network • Isaac Suicide Prevention Group	• 12 months	Information app is developed, updated and in use across the region.

### Collaboration with Mackay Hospital and Health Service

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(d) Integrate Zero Suicide model at MHHS.	• Collaborate with MHHS on implementation of Zero Suicide model. • Identify and include particular needs of regional areas (eg: where person may be sent to an out of town service).	• MHHS • SPCAP Group members • Local Suicide Prevention	• MHHS	• Quarterly reports from MHHS	Implementation of Zero Suicide model in MHHS region has included collaboration with relevant community based



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<ul style="list-style-type: none"> <li>Identify strategies to support the individual's family in collaboration with MHHS and community based organisations, with consideration of needs in regional areas. (counselling, support services, regular contact).</li> <li>Ensure social work hospital team are included in information sharing so they can appropriately support families of a person who has died by suicide.</li> </ul>	<p>Networks</p> <ul style="list-style-type: none"> <li>Local community based organisations</li> <li>headspace</li> </ul>		<ul style="list-style-type: none"> <li>Review in Sept 2017</li> </ul>	<p>organisations and people with lived experience, and includes processes and strategies to address particular regional concerns.</p>
<p>(e) Implement ongoing procedures to improve transfer of care processes between HHS and non-govt services.</p> <p><i>Overarching strategies</i></p>	<ul style="list-style-type: none"> <li>Maintain a working group comprising of SPCAP Group, MSRRSC members, other relevant MHHS personnel, people with lived experience and other relevant stakeholders.</li> <li>Review current service provision and identify gaps to be addressed.</li> <li>Identify and implement strategies to address gaps (in collaboration with people with lived experience).</li> </ul>	<ul style="list-style-type: none"> <li>Mackay Suicide Risk Reduction Steering Committee (MSRRSC)</li> <li>SPCAP Group members</li> <li>People with lived experience</li> <li>Dept Child Safety</li> <li>NDIS</li> </ul>	<ul style="list-style-type: none"> <li>Working group: including SPCAP Group, SPPR members, other relevant MHHS personnel, people with lived experience and other relevant stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly reports including identifying milestones and data gathering.</li> </ul>	<p>Issues within transfer of care processes have been identified and appropriate strategies to address these have been developed.</p> <p>Issues are being addressed by a cohesive team of government and community based organisations, groups and people with lived experience.</p>
<p><i>Collaborating with GPs</i></p>	<ul style="list-style-type: none"> <li>Identify priorities in working with GPs in the transfer of care process.</li> <li>Identify and implement strategies to address priorities.</li> </ul>	<ul style="list-style-type: none"> <li>MHHS</li> <li>Primary mental health care providers</li> <li>GPs</li> <li>SPCAP Group</li> <li>Health Pathways</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<p>GPs receive discharge information from other services in a timely manner.</p>

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
<i>Regional Considerations</i>	<ul style="list-style-type: none"> <li>Identify particular needs of regional areas re: transfer of care processes (eg: where person may be sent to a hospital in another town).</li> <li>Identify systems and strategies to support family members (counselling, support services, regular contact).</li> </ul>	<ul style="list-style-type: none"> <li>NQPHN</li> <li>MHHS</li> <li>GPs</li> <li>Regional SPNs</li> <li>Regional community based service providers</li> <li>People with lived experience</li> <li>SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	Individuals and family members in regional areas report higher satisfaction with support provided to them post-discharge.
<i>Information Sharing</i>	<ul style="list-style-type: none"> <li>Investigate practices in other regions and research re: information sharing.</li> <li>Get professional advice about how information can be legally shared without breaching Privacy Act (1988) and other relevant legislation.</li> <li>Link with regional projects and/or activities re: improving information sharing processes within and external to government departments.</li> <li>Ensure other services (including ATSI and ASSI groups) have adequate information to appropriately support the person (eg: including CGIT data and information sharing with schools and how information can be shared/used with consent).</li> <li>Integrate standard practice in discharge</li> </ul>	<ul style="list-style-type: none"> <li>SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	Community based services report fewer blockages to receiving information about individuals and greater capacity to work collaboratively with MHHS and the individual to meet each person's needs.

	processes where consent is gained from individual to share information, including supporting them to identify who to allow consent for access to information (eg: MY PLAN used at headspace, based on Mary Copeland WRAP).				
Emergency Department is well-equipped to provide appropriate support	<ul style="list-style-type: none"> <li>• Establish a peer support model in ED.</li> <li>• Have culturally appropriate supports in ED.</li> <li>• Provide appropriate mental health training to ED staff.</li> </ul>	<ul style="list-style-type: none"> <li>• MHHS</li> <li>• SPCAP Group members</li> </ul>	<ul style="list-style-type: none"> <li>• SPCAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	

### Use of Existing Resources

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(h) Make use of existing resources (where possible) to improve current crisis and/or aftercare service.	<ul style="list-style-type: none"> <li>• Investigate options for linking with Police Referrals (RMCS) resource so it could be accessed and used by a wider group of organisations.</li> <li>• Work together with all suicide prevention initiatives across the region, such as: <ul style="list-style-type: none"> <li>- Resource Industry Network (RIN)</li> <li>- Change the Game initiative</li> <li>- Mates in Construction, etc</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Qld Police Service</li> <li>• Resource Industry Network</li> <li>• Qld Fire Service</li> <li>• Mates in Construction</li> <li>• Change the Game</li> <li>• Support After Suicide</li> <li>• Education Qld</li> <li>• Qld Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> <li>• STANDBY</li> </ul>	<ul style="list-style-type: none"> <li>• 6 – 12 months</li> </ul>	Resources are shared by organisations and groups across the region so that suicide prevention services are more cohesive, efficient and effective.

## Wellness Strategies

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Develop and implement strategies that encourage wellness and resilience.	<ul style="list-style-type: none"> <li>• Develop a communication strategy to promote wellness and resilience.</li> <li>• Work across sectors and link with community, social, sporting, educational groups to promote wellness and resilience and help seeking.</li> <li>• Support strategies that encourage early intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Council Community Development teams</li> <li>• Range of govt and community based organisations and groups.</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 6-12 months</li> </ul>	<p>Communication strategy is developed and implemented.</p> <p>Early intervention strategies that encourage wellness, resilience and help seeking are identified and supported.</p>

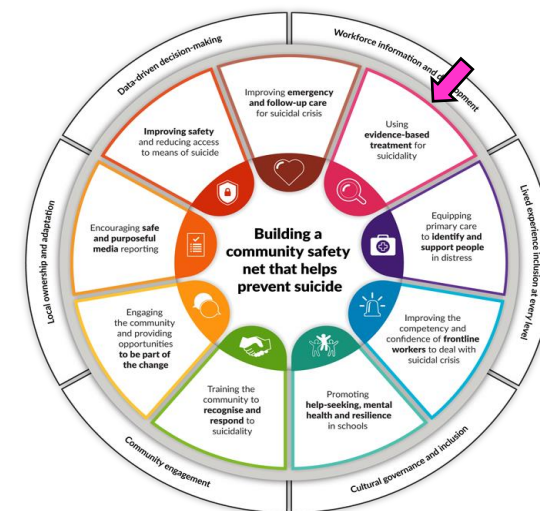
## Regional Considerations

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(f) Conduct a needs analysis for the Whitsunday region.	<ul style="list-style-type: none"> <li>• Relevant service providers in Whitsunday region to meet with NQPHN personnel to review and update the region's needs analysis (post-cyclone).</li> </ul>	<ul style="list-style-type: none"> <li>• Local service providers</li> <li>• Whitsunday SPN</li> </ul>	<ul style="list-style-type: none"> <li>• NQPHN</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	<p>Updated needs analysis which identifies changed community needs is used for decision making.</p>
(g) Build trust in tele-health services, particularly in regional areas.	<ul style="list-style-type: none"> <li>• Improve technological connectivity.</li> <li>• Promote tele-health's benefits and build faith in it across regions.</li> <li>• Ensure continuity of care.</li> <li>• Provide tele-health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Local MHHS staff in regional areas</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• NQPHN</li> </ul>	<ul style="list-style-type: none"> <li>• 12-24 months</li> </ul>	<p>Increased uptake of tele-health services in comparison to 2016 usage rates.</p>

## STRATEGY TWO: Using Evidence-based Treatment for Suicidality

Priorities for Whitsunday, Isaac and Mackay region:

- Suicide Prevention Service Map, to support improved referral pathways.
- Information app, to support greater awareness of and accessibility to the range of psychological and pharmacological services available across the region.



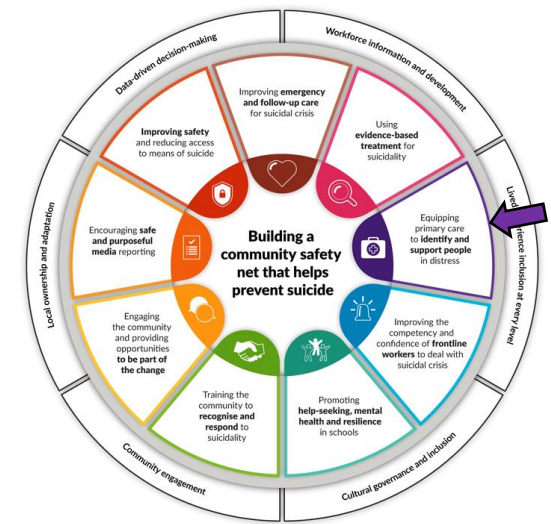
Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(b) Improve referral pathways between psychological and other services across the region.	<ul style="list-style-type: none"> <li>• Develop a Suicide Prevention Service Map (in Health Pathways) of all services available across the region (refer to Strategy Three (b) below)</li> </ul>	<ul style="list-style-type: none"> <li>• All services</li> </ul>	<ul style="list-style-type: none"> <li>• NQPHN</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	Suicide Prevention Service Map (which includes psychological services) is developed, updated and in use by GPs and other relevant services/groups.
(b) Ensure awareness of and accessibility to the range of psychological and pharmacological services available across the region.	<ul style="list-style-type: none"> <li>• Develop an app that provides referral information across Mackay, Whitsunday and Isaac. (Refer to Strategy One (e) above.)</li> <li>• Develop a Suicide Prevention Service Map (in Health Pathways) of all services available across the region (refer to Strategy Three (b) below)</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate organisations</li> <li>• All services across the region (to provide data)</li> <li>• App developer</li> <li>• People with lived experience</li> </ul>	<ul style="list-style-type: none"> <li>• Grapevine</li> <li>• Run For Mi Life</li> <li>• Whitsunday Suicide Prevention Network</li> <li>• Isaac Suicide Prevention Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	Information app (which includes psychological and pharmacological service information) is developed, updated and in use across the region.

Strategy Two

# STRATEGY THREE: Equipping Primary Care to Identify and Support People in Distress

Priorities for Whitsunday, Isaac and Mackay region:

- Ensure GPs and consumers have ready access to current, easy-to-use information, including through use of Health Pathways and Suicide Prevention Service Map.
- Investigation and potential implementation of Stepped Care app.
- Regional considerations for GP professional development.



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
<p>(a) Ensure GPs and consumers have ready access to current, easy-to-use information about suicide prevention services and support options.</p> <p><i>Use of Health Pathways</i></p>	<ul style="list-style-type: none"> <li>• Collaborate with Health Pathways to ensure information is up-to-date and user-friendly.</li> <li>• Investigate options for linking Moranbah app with Health Pathways.</li> <li>• Conduct a trial of linking Moranbah app with Health Pathways.</li> <li>• Identify GPs to conduct a trial of app as part of Practice Nurse assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• People with lived experience</li> <li>• GPs</li> <li>• GP Practice Managers</li> <li>• GPLO</li> <li>• Practice Support Team NQPHN</li> </ul>	<ul style="list-style-type: none"> <li>• SPCAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• High priority</li> <li>• Work with Practice Managers</li> <li>• (3-6 months)</li> </ul>	<p>Higher uptake by GPs of suicide prevention information and resources provided through Health Pathways.</p> <p>Higher number of referrals by GPs to community based services.</p>
<p><i>Black Dog Institute Stepped Care app</i></p>	<ul style="list-style-type: none"> <li>• Conduct trial of Black Dog Institute (BDI) Stepped Care app in regional GP practices.</li> <li>• Identify funding options for implementation of Stepped Care app, BDI support and other resources needed (SPNs, govt, GPs, etc).</li> </ul>	<ul style="list-style-type: none"> <li>• People with lived experience</li> <li>• BDI</li> <li>• GPs</li> </ul>	<ul style="list-style-type: none"> <li>• SPCAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• High priority</li> <li>• Work with Practice</li> </ul>	<p>Stepped Care app has been implemented in 20 GP practices and is routinely used by GPs.</p>

Strategy Three



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<ul style="list-style-type: none"> <li>Identify options for linking Stepped Care app to Health Pathways.</li> </ul>	<ul style="list-style-type: none"> <li>GPLO</li> <li>Practice Support Team NQPHN</li> <li>GPs Practice Managers</li> </ul>		<ul style="list-style-type: none"> <li>Managers</li> <li>(3-6 mths)</li> </ul>	
(b) Raise GP awareness of suicide prevention services.	<ul style="list-style-type: none"> <li>Develop a Suicide Prevention Service Map (in Health Pathways) of all services available across the region.</li> <li>Educate GPs, first responders and the community about availability of suicide prevention services.</li> <li>All services to work with NQPHN to ensure service data is accessible to, and understood by GPs.</li> <li>Encourage uptake of Health Pathways by GPs.</li> <li>Build relationships with GPs to support future collaborative work.</li> <li>Identify supports and resources needed in disaster recovery across the region processes to reduce suicide risk.</li> <li>Regularly educate GPs and Practice Managers about Medicare co-payment codes for mental health and completing full cycle, including reviews.</li> <li>Improve access to Mental Health Nurses in General Practices.</li> <li>Provide access to a GP at headspace.</li> </ul>	<ul style="list-style-type: none"> <li>All services</li> <li>Qld Police Service</li> <li>Qld Ambulance Service</li> <li>Qld Fire Service</li> <li>SES</li> <li>GPs</li> <li>NQPHN</li> <li>Qld Health, Health Pathways personnel</li> <li>Regional community disaster recovery services</li> <li>headspace</li> <li>Mental Health Nurses in General Practices</li> <li>Local Suicide Prevention Networks</li> </ul>	<ul style="list-style-type: none"> <li>NQPHN</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<p>Suicide Prevention Service Map is developed, updated and in use by GPs and other relevant services/groups.</p>

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<ul style="list-style-type: none"> <li>Identify options for recruitment and retention strategies for MH nurses in regional areas (including using virtual connections).</li> </ul>				
(c) Provide alternative capacity building strategies that meet the needs of GPs in regional areas.	<ul style="list-style-type: none"> <li>Provide video conferencing option for GPs (and other relevant professionals) in rural areas to link into workshops, training, etc provided in Mackay so there are more opportunities for networking and discussion.</li> <li>Make recordings of PHN GP professional development sessions so they can be accessed in regional areas.</li> <li>Establish a working party to consider how to meet needs of GPs using IT and other tools.</li> <li>Track GP activity through Health Pathways.</li> <li>Build suicide into 'business as usual' for GPs (not just as a stand-alone section in Health Pathways).</li> <li>Identify better engagement processes with GPs so training attendance is increased.</li> <li>Implement improved comms/marketing strategies to feed information from NQPHN, MHHS, people with lived experience to GPs.</li> </ul>	<ul style="list-style-type: none"> <li>NQPHN</li> <li>GPs</li> <li>Regional video-conferencing facilities (NQPHN, MHHS)</li> </ul>	<ul style="list-style-type: none"> <li>NQPHN</li> </ul>	<ul style="list-style-type: none"> <li>12 months</li> </ul>	GPs in regional areas are regularly accessing workshops and training provided across the region through video-conferencing facilities.

## STRATEGY FOUR: Improving the Competency and Confidence of Frontline Workers to Deal with Suicidal Crisis

## STRATEGY SIX: Training the Community to Recognise and Respond to Suicidality



Priorities for Whitsunday, Isaac and Mackay region:

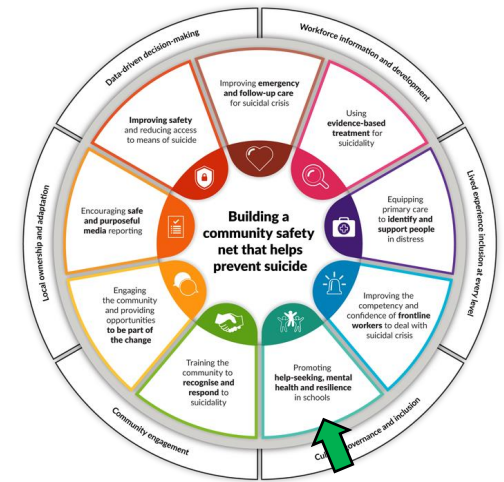
- Know what suicide prevention training needs to be provided to which individual and/or groups across the region.
- Maintain up-to-date knowledge and skills of identified frontline staff and gatekeepers.
- Link with and support provision of training in high risk industries.

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
<p>(a) Know what suicide prevention training needs to be provided to which individual and/or groups across the region.</p> <p>(b) Maintain up-to-date knowledge and skills of identified frontline staff and gatekeepers.</p>	<ul style="list-style-type: none"> <li>• Maintain a publicly available map of current suicide prevention training/ courses provided across the region.</li> <li>• Clarify our target group(s) for training.</li> <li>• <b>Work with Health Pathways/My Community Directory to manage matrix so relevant data is publicly accessible and remains updated.</b></li> <li>• Maintain a minimum number of trainers of frontline training to services the region, including youth, ATSI, etc).</li> <li>• Collaboratively apply for targeted funding to provide training, to be disbursed through regional suicide prevention networks.</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> <li>• Information to be provided by suicide prevention services across the region.</li> <li>• Suicide Prevention Networks</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 mths</li> </ul>	<p>Map of current suicide prevention training/courses being provided across the region has been developed and is maintained with up-to-date information.</p> <p>Key gatekeepers and frontline workers have been identified and provided with opportunities to access suicide prevention training.</p> <p>Gatekeeper and frontline worker training provision is co-ordinated across the region so it can be</p>

Strategy Four & Six

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<ul style="list-style-type: none"> <li>• Support fundraising for training, including Train the Trainer.</li> <li>• Maintain current data about training being provided across the region.</li> <li>• Gather data from training providers:               <ul style="list-style-type: none"> <li>- Follow up provided to participants.</li> <li>- If/how/how many times participants have used learned skills in the community.</li> <li>- Risk areas that have identified.</li> </ul> </li> <li>• Support training providers to target parents.</li> </ul>				<p>appropriately targeted to meet the needs of particularly vulnerable and/or hard to reach individuals/groups.</p>
<p>(c) Link with and support provision of training in high risk industries.</p>	<ul style="list-style-type: none"> <li>• Ensure industry groups and emergency services are aware of SPCAP, understand its purpose and work collaboratively.</li> <li>• Support rollout of Mates in Construction and Mates in Mining.</li> <li>• Develop strategies to ensure training implementation is supported and driven by leadership teams.</li> <li>• Support the provision of training that is easily implemented and fits with industry needs (eg: tool box sessions) and practical (eg: use of case studies).</li> <li>• Work with QPS, ambulance and fire services so they have a range of training delivery options.</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> <li>• Resource Industry Network (RIN)</li> <li>• Mates in Construction</li> <li>• Resource industry companies</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 6 – 12 months</li> </ul>	<p>Training in high risk industries meets is targeted to their particular needs so that information retention rates are higher and a wider audience is reached.</p>

# STRATEGY FIVE: Promoting Help-seeking, Mental Health and Resilience in Schools



Priorities for Whitsunday, Isaac and Mackay region:

- Support effective communication between hospital and schools.
- Support schools to identify and implement appropriate suicide prevention supports, training and/or resources.
- Maintain relationships with schools to facilitate information flow.

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Support effective communication between hospital and schools that supports young people post-discharge.	<ul style="list-style-type: none"> <li>• Ongoing funding of EdLinQ service across the region.</li> <li>• Increase education of parents re: suicide support (school information services, Mental Health First Aid training).</li> <li>• Identify options for increased and more integrated inclusion of family members in acute care.</li> <li>• Ensure parents have access to Health Pathways consumer information and Moranbah app.</li> <li>• Promote Health Pathways Consumer Portal.</li> <li>• Refer also to Strategy One: Discharge Processes above.</li> </ul>	<ul style="list-style-type: none"> <li>• EdLinQ</li> <li>• Mental Health First Aid training providers</li> <li>• Parents and family members</li> <li>• Health Pathways</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 - 18 months</li> </ul>	MHHS and Education Qld staff members report higher rates of communication between staff members.
(b) Support schools to identify and implement appropriate	<ul style="list-style-type: none"> <li>• Work with Education Qld Mental Health Coach, Guidance Officers Supervisor and EdLinQ re:                             <ul style="list-style-type: none"> <li>- Their preferred evidence based training options (including Sorry Business).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Guidance Officers Supervisor</li> <li>• EdLinQ</li> <li>• Education Qld</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	12 – 18 months	Schools are working collaboratively with local organisations/groups



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
suicide prevention supports, training and/or resources, for staff and students.	<ul style="list-style-type: none"> <li>- Who could provide these (including people with lived experience).</li> <li>- How to develop a cohesive and co-ordinated support approach.</li> <li>- How identified strategies can value add and dovetail with current school key performance indicators.</li> <li>- Strategies to work collaboratively within schools, with parents and beyond school into communities.</li> <li>- Investigate use of 'Chill Out' or 'Yellow Ribbon' model for high school students.</li> <li>- <a href="#">Improve communication with parents.</a></li> </ul>	Mental Health Coach <ul style="list-style-type: none"> <li>• headspace School Support Service</li> <li>• People with lived experience</li> <li>• Suicide Prevention Community Action Planning Group</li> </ul>			to confidently provide integrated suicide prevention training, resources and other supports.
(c) Maintain relationships with schools to facilitate information flow so that people impacted by suicide receive integrated support.	<ul style="list-style-type: none"> <li>• Maintain relationships with school personnel and other services to support work within schools, communication post-discharge, post-vention, information sharing, supporting individual students, responding to suicide events, Sorry Business, etc.</li> <li>• <a href="#">Support schools to:</a> <ul style="list-style-type: none"> <li>- <a href="#">Identify what suicide prevention supports are needed/appropriate for them.</a></li> <li>• <a href="#">Identify what training (eg: YMHFA, ASIST, SafeTALK) is needed/appropriate for them.</a></li> <li>• <a href="#">Identify and access external services/programs to enhance their current internal resources.</a></li> <li>• <a href="#">Maximise use of current school internal resources.</a></li> <li>• <a href="#">Continue to build current internal supports.</a></li> </ul> </li> <li>• Support school staff in regional areas by:               <ul style="list-style-type: none"> <li>- Developing the capacity of staff through</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Guidance Officers Supervisor</li> <li>• EdLinQ</li> <li>• Education Qld Mental Health Coach</li> <li>• headspace School Support Service</li> <li>• People with lived experience</li> <li>• SP CAP Group</li> </ul>	• SP CAP Group	Ongoing	Schools are working collaboratively with local organisations/groups to confidently provide integrated suicide prevention training, resources and other supports.

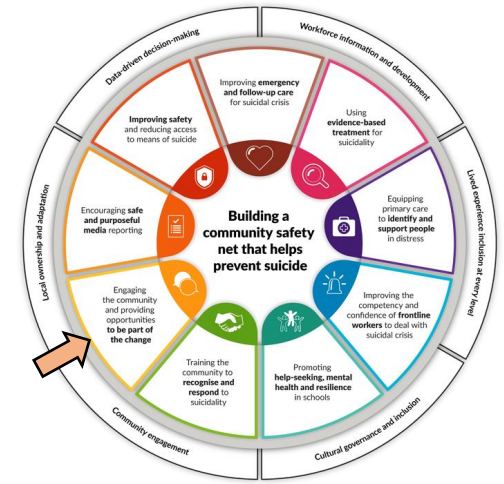


Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<p>information sharing, attending interagency meetings and access to PHN professional development sessions as appropriate.</p> <ul style="list-style-type: none"> <li>- Providing resources that encourage school staff to undertake regular self-care activities.</li> <li>- Having more/improved communication between Qld Health and Dept Education regarding referrals made.</li> <li>- Clarify notification processes through Health Pathways, including consent processes.</li> <li>- Regular contact with/support from sectors involved with schools.</li> </ul>				

# STRATEGY SEVEN: Engaging the Community and Providing Opportunities to be Part of the Change

Priorities for Mackay, Whitsunday and Isaac Region:

- Implement strategic, collaborative, evidence based local campaigns that have a clear purpose.



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Undertake strategic community campaigns that have an identified purpose and meet evidence-based goals.	<ul style="list-style-type: none"> <li>• Develop localised campaigns that specifically focus on improving mental health literacy in the general population, so that people:                             <ul style="list-style-type: none"> <li>- Have increased ability to recognise risks.</li> <li>- Are more likely to seek information and help.</li> <li>- Are less influenced by concerns about stigma.</li> <li>- Have improved understanding of the causes and risk factors for suicide.</li> <li>- Understand that anyone can be a gatekeeper.</li> </ul> </li> <li>• Include promotional materials in GP waiting rooms (electronic</li> </ul>	<ul style="list-style-type: none"> <li>• Run For Mi Life</li> <li>• Government services</li> <li>• Community based services</li> <li>• Suicide Prevention Networks</li> <li>• SP CAP Group</li> <li>• Grapevine</li> </ul>	<ul style="list-style-type: none"> <li>• Community Campaign Committee formed from three suicide prevention networks and other parties with relevant expertise (WIMSPN).</li> <li>• STANDBY</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	Local campaigns are strategically designed to meet predetermined outcomes and integrated with broader community - wide goals.

Strategy Seven

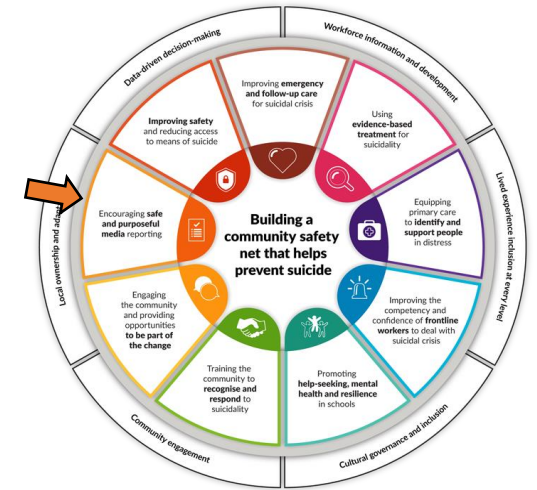
Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<p>screens).</p> <ul style="list-style-type: none"> <li>• Utilise regional councils' Community Calendars to promote events and activities.</li> <li>• Engage local influencers, lived experience representatives, executives and opinion leaders: <ul style="list-style-type: none"> <li>- Upskill them to promote prevention efforts and engage target sectors.</li> <li>- Establish ambassadors who can help reduce stigma, such as Cutters players, sporting idols, etc.</li> </ul> </li> <li>• Focus on mental wellbeing, to avoid stigma around language (eg: mental health/illness).</li> <li>• Link to any future state/national campaigns.</li> <li>• Establish links and work collaboratively with MIRI (media campaign), MHHS (media campaign, Zero Suicide, etc), CQUniversity (media campaign, Training Register).</li> <li>• Work in collaboration with/get feedback from Mates in Construction, community groups, sporting clubs etc.</li> </ul>				

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
	<ul style="list-style-type: none"> <li>• Tailor community campaigns to particular needs of each region and to specific target groups (schools, teens, adults, ATSI, CALD, LGBTIQ+).</li> <li>• Get feedback from different groups: (CALD, ATSI, ASSI) and incorporate this into campaigns.</li> <li>• Build around lived experience – stories of hope and knowing how to turn things around.</li> <li>• Give messages that are direct and have a clear call to action.</li> <li>• Use positive targeted messages at key times (eg: after a suicide in the community).</li> <li>• Explore option of Wellness Tour for other parts of the region.</li> </ul>				

# STRATEGY EIGHT: Encouraging Safe and Purposeful Media Reporting

Priorities for Mackay, Whitsunday and Isaac Region:

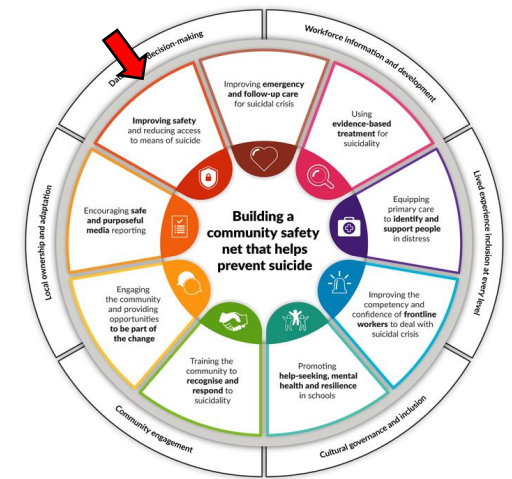
- Build a local media database.
- Establish a lived experience speakers bureau.
- Implement Mindframe training.



Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Support media to report responsibly about suicide so the potential for further harm is minimised.	<ul style="list-style-type: none"> <li>• Create relationships with local media and promote safe, responsible reporting.</li> <li>• Source and deliver Mindframe training across the region to media (print, radio and television) and other stakeholders.</li> <li>• Invite media representatives to work collaboratively with regional suicide prevention networks and SP CAP (including MHHS communication team and Mindframe personnel).</li> <li>• <a href="#">Establish a Lived Experience Speakers Bureau with Roses in the Ocean training.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Local print, radio and television media across the region</li> <li>• SP CAP Group</li> <li>• Mindframe</li> <li>• Roses in the Ocean</li> <li>• People with lived experience</li> <li>• MHHS</li> <li>• Regional suicide prevention networks</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 6 – 12 months</li> </ul>	Local media understand and apply guidelines for responsible reporting about suicide and instances of further harm are reduced.

Strategy Eight

# STRATEGY NINE: Improving Safety and Reducing Access to Means of Suicide



Priorities for Whitsunday, Isaac and Mackay region:

- Explore options to include suicide prevention information in Party Safe Tool Kit

Outcome Measure (What do we want to achieve?)	Activities/Actions (How will we do it?)	Supports	Lead Who will take responsibility?	Timeframe	How will we know when it has been achieved?
(a) Minimise the possibility of suicide in certain environments/circumstances.	<ul style="list-style-type: none"> <li>• Explore options to include suicide prevention information in Party Safe Tool Kit through Qld Police Service.</li> </ul>	<ul style="list-style-type: none"> <li>• Qld Police Service</li> <li>• Range of government and community based services</li> </ul>	<ul style="list-style-type: none"> <li>• SP CAP Group</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months</li> </ul>	To be determined.

Strategy Nine