

LifeSpan Newcastle Final Project Report

October 2016 – July 2019



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Acknowledgements

LifeSpan is a new evidence-based model of for integrated suicide prevention in Australia developed by the Black Dog Institute. The trial of this model in Newcastle and three other regions across NSW was made possible due to funding provided by the Paul Ramsay Foundation to Black Dog Institute

Note

All data in this report is accurate up until 31 July 2019. Figures and statistics should not be reproduced or used in other contexts without prior approval. Expressed permission is also required from the Black Dog Institute for data gathered as part of the LifeSpan evaluation.



Executive summary

“Everyone has a role to play in suicide prevention and by focussing on the needs of the local community whilst drawing on the collective strengths of local agencies, LifeSpan Newcastle has made an impact. Suicide prevention takes collaboration, and Everymind is proud to have been part of an alliance of organisations who supported and amplified the work being done during this trial.”

Everymind Acting Director, Associate Professor Carmel Loughland

LifeSpan is a new, evidence-based approach to integrated suicide prevention. The LifeSpan model being trialled within New South Wales was developed by the Black Dog Institute and involves the simultaneous implementation of nine evidence-based strategies within a localised region. Black Dog Institute were funded by the Paul Ramsay Foundation to conduct Australia's largest-ever suicide prevention trial and test the effectiveness of the model.

Newcastle was the first of the four trial sites to implement the model and the trial has not just helped build a safer community across Newcastle and the Hunter, but has also paved the way for suicide prevention efforts in LifeSpan sites across New South Wales and other suicide prevention trial sites across Australia.

The planning phase commenced in Newcastle in October 2016, with the formal two-year implementation phase commencing in August 2017. The work was overseen by an executive group comprised of local health and other partner organisations, with **Everymind** hosting the LifeSpan Newcastle coordinators on behalf of Hunter New England Local Health District (the lead agency). **Everymind** is a leading national Institute dedicated to reducing mental ill-health, reducing suicide and improving wellbeing. For over 25 years, the Institute has been delivering successful, evidence-based mental health and suicide prevention programs and research, which have made a considerable contribution to the mental health and wellbeing of people and communities across Australia.

There were numerous significant achievements during the trial period including:

- Establishment of the first Aboriginal and Lived Experience Suicide Prevention Advisory Groups in the region,
- Facilitation of a broad range of professional development activities in suicide prevention for health workers,
- Contribution to suicide prevention redesign work with the mental health service,
- Over 1200 community members completed suicide prevention education and
- Delivery of a suicide prevention and resiliency building program to over 2200 young people in schools.

The highlight throughout the trial has been the engagement of the community and local stakeholders in the work undertaken and the collaboration that occurred to support the work associated with the trial.

While the trial has finished there is still work to be done in local suicide prevention. This includes:

- Contributing to the dynamic simulation modelling initiative, which will provide a tool for decision makers to inform local suicide prevention commissioning decisions, ensuring the best use of resources available and identification of solutions tailored to our region and service system.
- Collaboratively developing and implementing a regional suicide prevention plan that builds on the work done as part of the LifeSpan trial and provides capacity for ongoing momentum and action on locally identified suicide prevention issues.
- Continuing the momentum of suicide prevention action and the collaborative relationships that have been built and strengthened over the LifeSpan Newcastle trial, including the continuation of a strong governance structure for leading and supporting suicide prevention in the Hunter New England region.

It is hoped that through sustained collaborative work, our region will continue to be a leader in collaborative suicide prevention, seeing fewer deaths and establishing an even stronger safety net for those impacted by suicide.



Thank you from the LifeSpan Newcastle Coordinators

We extend a big thank you to everyone that contributed to the work of LifeSpan Newcastle and more broadly to suicide prevention in our region.

What has been achieved has only been possible because of you.

Particular thanks goes to the alliance of organisations that formed the leadership group who provide strategic direction to LifeSpan Newcastle. Particular thanks to Hunter Primary Care and Lifeline Hunter Central Coast who have gone above and beyond and continue to show leadership in suicide prevention in our area.

Thanks to the members of the Aboriginal Suicide Prevention Advisory Group and the Lived Experience Advisory Group. It was so exciting to have both of these groups established in our region. Both groups offer important expertise and connection to community, which is vital for suicide prevention efforts to be culturally safe, inclusive and effective.

We also want to acknowledge:

- Black Dog Institute and the LifeSpan Implementation, Research and Data teams who made this exciting work possible and supported us to lead the way in collaborative suicide prevention, an approach that is now making its way across the country.
- **Everymind** who has hosted LifeSpan Newcastle and provided support and resources across all areas of the project, particularly with the communications working group and communications activities.
- The 'hot spots' working group, who started working together before the trial and have continued to collaborate to make our community safer.
- The Hunter New England and Central Coast Primary Health Network who has supported multiple areas of the trial with a big contribution of staffing time, resources and moral support.
- The Department of Education who committed significant resources to enable the Youth Aware of Mental Health program to be rolled out across the LifeSpan trial sites.
- Local media who were willing to cover many of the LifeSpan initiatives as well as to contribute to suicide prevention messaging for our community.
- All of those who went the extra step beyond what we asked and found their own way to be a leader in suicide prevention. Sometimes this happened within a service but often it was individuals who heard the call to take action and found a way to make it happen. Thank you.

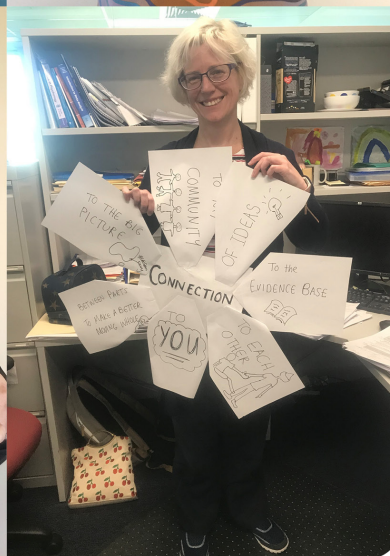
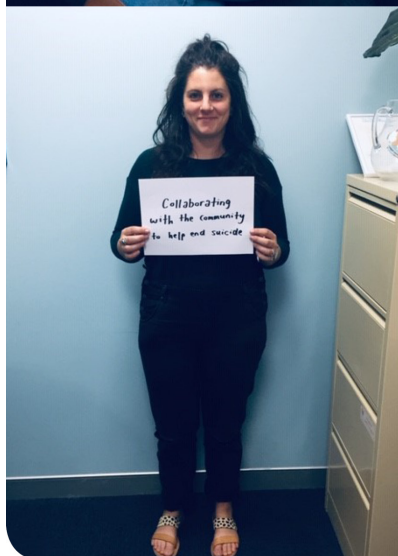
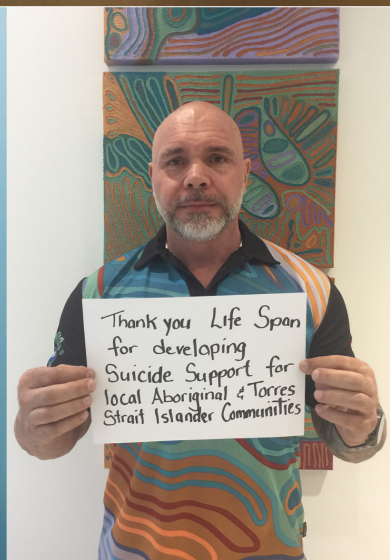
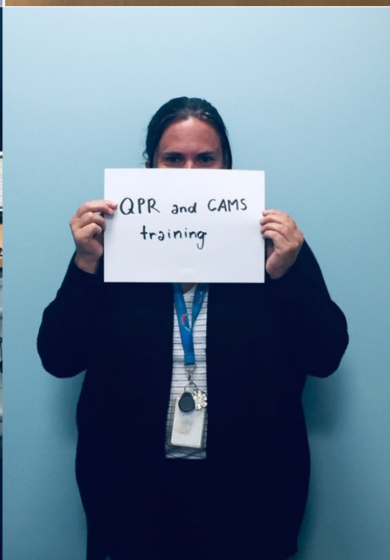
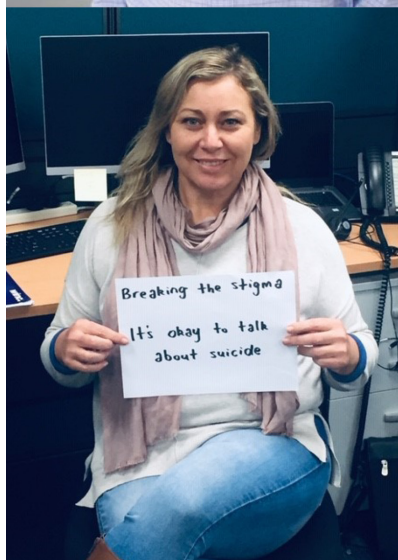
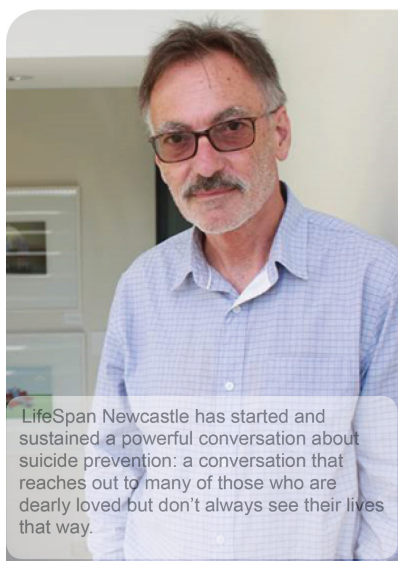
Being one of the LifeSpan trial sites was a great opportunity for our area and it has helped to build a strong foundation for local collaborative suicide prevention. It has also made it possible to support suicide prevention work being led by our partners, such as the service reform work of the mental health service.

There have been many achievements in suicide prevention in our area over the past three years and while the trial may be over, there is still work to be done. It is our personal hope that the strong relationships that have been forged continue to be nurtured and local collaborative suicide prevention work continues to benefit our community.



*Dr Katie McGill and Tegan Cotterill,
LifeSpan Newcastle Coordinators, **Everymind**.*

Katie McGill and Tegan Cotterill
LifeSpan Newcastle Coordinators



What has LifeSpan Newcastle meant for you? Supporters of LifeSpan Newcastle from Way Back Support Service, Department of Education, Lived Experience Advisory Group and LifeSpan Newcastle Coordinators



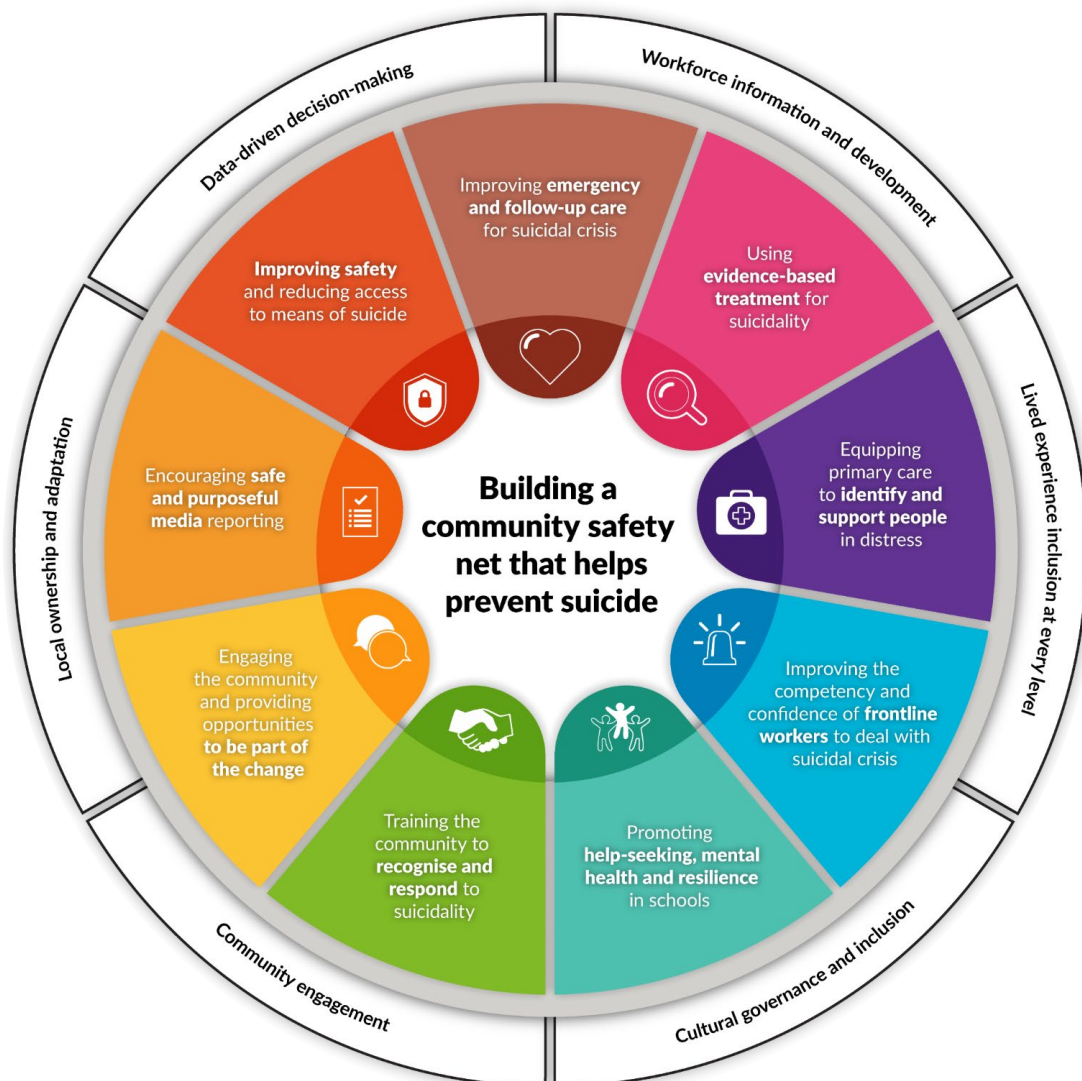
Introduction

LifeSpan is a new, evidence-based approach to integrated suicide prevention. It combines nine strategies with strong evidence for suicide prevention into one approach and involves work across health, education, frontline emergency response, business and the community sectors.

LifeSpan aims to build a safety net within the community by connecting and coordinating new and existing interventions and programs, building the capacity of the community to better support people facing a suicide crisis. Based on scientific modelling, LifeSpan is predicted to prevent 21% of suicide deaths and 30% of suicide attempts.

www.lifespan.org.au

LifeSpan integrated approach to suicide prevention





In December 2015, Black Dog Institute received an independent philanthropic grant from the Paul Ramsay Foundation to deliver LifeSpan in four sites in NSW and to scientifically assess the impact of LifeSpan. Through an expression of interest process the four regions chosen were Newcastle, Illawarra Shoalhaven, Central Coast and the Murrumbidgee. The timing for implementation was staged, with one site starting every four months to enable evaluation of the impact of the model of suicide deaths and attempts.

LifeSpan trial site timing

	2016			2017					2018					2019					2020												
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	
Newcastle	Establishment From Oct '16					Implementation Year 1 From Aug '17					Implementation Year 2 From Aug '18																				
Illawarra Shoalhaven				Establishment From Feb '17			Implementation Year 1 From Aug '17					Implementation Year 2 From Aug '18																			
Central Coast							Establishment From Jun '17		Implementation Year 1 From Dec '17					Implementation Year 2 From Dec '18																	
Murrumbidgee									Establishment From Oct '17		Implementation Year 1 From Apr '18					Implementation Year 2 From Apr '19															



LifeSpan Newcastle

An alliance of four major health organisations, Hunter New England Local Health District (including **Everymind**), Hunter New England Central Coast Primary Health Network, Hunter Primary Care, and Calvary Mater Newcastle, successfully tendered to lead a LifeSpan trial in Newcastle. The Newcastle trial (within the Newcastle local government area) commenced in October 2016 with a 10-month planning period, followed by a two-year implementation phase that commenced in August 2017.

While the lead agency for LifeSpan Newcastle was Hunter New England Local Health District, a collaborative governance structure was used throughout the trial period. Senior representatives of the four health organisations formed the LifeSpan Newcastle Leadership Group to provide strategic direction, advice and decision making, including risk management for the LifeSpan Newcastle trial.

The group was expanded in August 2017 to better represent the project's key stakeholders and Lifeline Hunter Central Coast, Awabakal (Aboriginal Medical Service), representation from Hunter New England Local Health District Aboriginal Health, City of Newcastle (local government), and Department of Education joined the group.

Project activities were led and supported by the LifeSpan Newcastle Coordinators, with **Everymind** hosting the coordinators on behalf of the Hunter New England Local Health District and the alliance.

Newcastle was the first of the four NSW sites to trial LifeSpan as part of Australia's largest-ever suicide prevention trial. The work that occurred as part of, or in combination with, the trial has not just helped build a safer community across Newcastle and the Hunter, but has also paved the way for suicide prevention efforts in subsequent LifeSpan sites across New South Wales and other suicide prevention trial sites across Australia.





LifeSpan Newcastle strategy achievements

LifeSpan involves the simultaneous implementation of nine evidence-based strategies within a localised region. For each strategy, the intervention or program with the strongest evidence base was identified by Black Dog Institute through reviews of similar, large-scale suicide prevention programs overseas that have shown positive results. These “best bet” interventions then became the primary focus for implementation within each trial site.

The trial sites were provided with targets for each of the nine strategy areas, while also being encouraged to support work that responded to local needs or commitments. The following pages outline the strategy targets and provide a snapshot of what has been achieved as part of the LifeSpan Newcastle trial.



What has LifeSpan Newcastle meant for you? Supporters of LifeSpan Newcastle from Department of Education, Hunter New England Local Health District, Maitland Suicide Prevention Network, Compass Housing, University of New England, University of Newcastle and the LifeSpan Newcastle Lived Experience Advisory Group.



1. Improving emergency and follow-up care for suicidal crisis

A suicide attempt is the strongest risk factor for subsequent suicide. To reduce the risk of future attempts a coordinated approach to care for people after a suicide attempt is essential. It's also important that when people seek help they need to feel welcome, validated and heard.

Aims

- Establish an evidence-informed aftercare service
- Improve care in the emergency department (implement Delphi guidelines)

Key partners

- Hunter Way Back Support Service, Hunter Primary Care
- John Hunter Hospital Emergency Department
- Calvary Mater Newcastle Emergency Department

Achievements

- Funding for Hunter Way Back Support Service maintained over the trial period and confirmed for three years post-trial
- Calvary Mater Newcastle and John Hunter Hospital emergency departments completed initial internal audit of current practice against guidelines



What has LifeSpan Newcastle meant to you? Jo Turnbull, Way Back Support Service.

"The most important impact of having the LifeSpan trial in our region has been how we have worked collaboratively as a group – increasing awareness of suicide in local community with more people coming for help."

Dr Marcia Fogarty – Director and Executive Sponsor, Hunter New England Mental Health Service

Challenges

- Work was slow to progress with emergency departments due to limited capacity from LifeSpan coordinators to be able to support the work
- While the Delphi guidelines identified areas for potential improvement in emergency departments, there was no budget available and a lack of relevant dissemination-ready evidence-based emergency department education and training packages. This limited capacity to address gaps identified in the audit.
- Throughout the trial, multiple other areas of work arose that overlapped with the scope of Delphi guidelines (e.g. seclusion and restraint policy), frequently with a higher priority. This made for a crowded implementation space.

Ongoing work

- Way Back Support Service continues.
- Initial work completed with emergency departments can provide a foundation for work to occur as part of Towards Zero Suicides Initiatives or other local work.



2. Using evidence-based treatments for suicidality

Supporting health professionals to recognise the signs, be aware of best practice treatment options, and maintain up-to-date knowledge about local care pathways is essential to local suicide prevention efforts.

Aims

- Engage primary care workers and mental health clinicians in education and training on evidence-based treatment for suicidality.
 - Specifically, have 50-55 mental health workers complete Black Dog Institute's Advanced Training in Suicide Prevention education program.
- Increase use of evidence-based e-mental health interventions.
- Improve multidisciplinary care coordination.

Key partners

- Hunter New England Mental Health Service
- Hunter Primary Care
- Hunter New England and Central Coast Primary Health Network
- Lifeline Hunter Central Coast
- University of Newcastle

"We felt very honoured and deeply privileged to have access to internationally renowned big thinkers and researchers to help us shape the way HNE Mental Health works with people who are suicidal. But the icing on the cake, which meant we really had something pretty special going on, was when our co-designed model for people who are suicidal was co-led with Lifespan. We have translational research alive in our model thanks to the LifeSpan coordinators – huge thank you!"

*Cath Wood, Director of Allied Health, Mental Health Service
Hunter New England Local Health District*

Achievements

- Clinical suicide prevention education targets were exceeded
 - Advanced Training in Suicide Prevention - 182 health professionals trained
 - Collaborative Assessment and Management of Suicidality (CAMS) [another evidence-based treatment for suicidal thinking and behaviours] - 80 clinicians trained, including support from a Health Education and Training Institute (HETI) small grant to Hunter New England Mental Health Service for 21 clinicians to be trained in the therapy.
- Other clinical suicide prevention education sessions: 100+ people attended each event
 - Professor Rory O'Connor events: Working Together to Understand and Prevent Suicide and Reduce Self-harm
 - Professor Tony Pisani and Ms Kristina Mossgraber workshop: SafeSide (supported by NSW Ministry of Health as part of the Towards Zero Suicides Initiatives)

- Professor Ed Coffey events: Perfect Depression Care (supported by NSW Ministry of Health as part of the Towards Zero Suicides Initiatives)
- International e-Mental Health Conference: Panel on suicide prevention
- Online safety planning professional development package – in progress
- Co-led and supported the work with Hunter New England Mental Health Service - “Meaningful Clinical Conversations” Initiative: A co-designed redesign of care provided to people who are suicidal. Received the 2019 Mental Health Co-Designed Initiative Award.
- HealthPathways for suicidal person: Content updated to be consistent with best practice.
- Dissemination of Black Dog Institute guide to evidence-based practice with people who are suicidal.



From top left: Professor Ed Coffey - Perfect Depression Care workshop, June 2019; Panel discussion at CBMHR e-mental health conference, November 2018; Professor Rory O'Connor - Trevor Waring Memorial Lecture, November 2018; Safeside workshop participants, April 2019; Ms Kristina Mossgraber and Professor Tony Pisani - Safeside workshop, April 2019.



After attending Advanced Training in Suicide Prevention, health professionals felt more confident to:

- Complete a suicide risk assessment
- Develop a collaborative safety plan
- Implement a team approach to treatment planning around suicide
- Provide effective management following a suicide attempt
- Respond to the needs of someone bereaved by suicide

Health professionals also reported an increase in knowledge about suicide.

Challenges

Limited capacity to evaluate the impact of training in clinical settings and to establish reinforcing activities such as communities of practice that would help support transition of knowledge into practice.

Ongoing work

- Hunter New England Mental Health Service “Clinical Conversation” initiative will provide a foundation for the work they will engage in as part of their Zero Suicides in Health Care work.
- Ongoing collaboration with Professor Rory O’Connor and Professor Tony Pisani on local suicide prevention initiatives.
- Online safety planning professional development package to be made available for local clinicians in the coming months.

Comments from people who attended training organised by LifeSpan Newcastle:

“I love this model! This model to me epitomises ‘putting the care back into mental health care’.”

“Excellent training. I had read information on the model but was unclear how it would function in clinical practice - the training has made this application clear.”

“Fantastic training delivered by very passionate, knowledgeable and experienced presenters.”



3. Equipping primary care to identify and support people in distress

Suicidal individuals often visit primary care providers in the weeks or days before suicide yet many do not mention their suicidal thoughts to their doctor or if they do, they often don't receive the care and support they need.

Supporting GPs to be aware of current best practice care and treatment as well as referral pathways is critical for suicide prevention.

Aims

- Implement the StepCare online mental health platform in 15 practices/with 30 GPs (12% of GPs).
- Deliver Advanced Training in Suicide Prevention to 37 GPs (15% of GPs).

From the StepCare evaluation, we know:

- ~40% of patients screened (in all four trial sites) through StepCare indicated symptoms of mental ill-health in the last 2 weeks
- 10% of this group reported symptoms of anxiety and/or depression in the severe range
- 58% of this group were not attending the GP for mental health reasons
- 48% of this group had never seen a GP about their mental health
- 30% of this group had thoughts of death and/or self-harm in the past two weeks
- Half of the group who'd had thoughts of death/self-harm were not attending the GP for mental health reasons

Key Partners

Hunter New England and Central Coast Primary Health Network led and resourced this strategy.

Achievements

- StepCare: Seven GP practices implemented StepCare.
- 28 GPs were trained in Advanced Training in Suicide Prevention or Talking about Suicide in General Practice.
- Other suicide prevention professional development events for GPs were held: with Hunter Postgraduate Medical Institute (HPMI), Charlestown GP education group, a local Expert Insights forum was held.



Sam Carter, Hunter New England Central Coast Primary Health Network



“LifeSpan provided an invaluable opportunity to start to increase the awareness of and confidence in managing suicidality in general practice. GPs are in a unique position to identify underlying mental ill-health, and intervene to reduce distress and keep people safe.

StepCare, whilst there are challenges, provides a great tool to assist GPs in this work and it was great to be able to help deliver the Advanced Training in Suicide Prevention workshop as it gives practical strategies to utilise in day-to-day practice, increasing GPs knowledge and confidence. I hope all GPs get an opportunity to do this training in the future.”

Dr Kathy O’Grady, General Practitioner

Challenges

- There were various technical challenges associated with implementing StepCare within local general practices.
- Ongoing engagement of GPs with StepCare and associated training was time intensive for Primary Health Network staff.
- The roll-out of the initiative occurred over a large district (all of Hunter New England and Central Coast), requiring ongoing efforts to establish and maintain the platform across the district.



Hunter Postgraduate Medical Institute, Suicide Prevention Stream Presenters, August 2018



4. Improving the competency and confidence of frontline workers to deal with suicidal crisis

The interactions a suicidal person has with frontline workers such as police, paramedics and emergency department staff, can influence their decision to access and engage with care. Frontline workers can play a key role in de-escalating a crisis and improving safety. Frontline workers can also be vulnerable to suicide following exposure to stress and trauma. Training for frontline workers can build their capacity to respond to those in need – both as part of their occupational role as well as members of the community - and providing support to their colleagues.

Aims

- Improve frontline training in accordance with site need.

Key partners

- NSW Ambulance – Hunter New England Sector
- NSW Police – Newcastle Local Area Command

Outcomes

Early engagement with NSW Ambulance identified various possible suicide prevention activities that could increase capacity of paramedics to respond to people who are suicidal. However work was not progressed due to changed priorities. Work with police was not progressed, due to staff turnover.



R U OK? Conversation Convoy, September 2018, Newcastle NSW

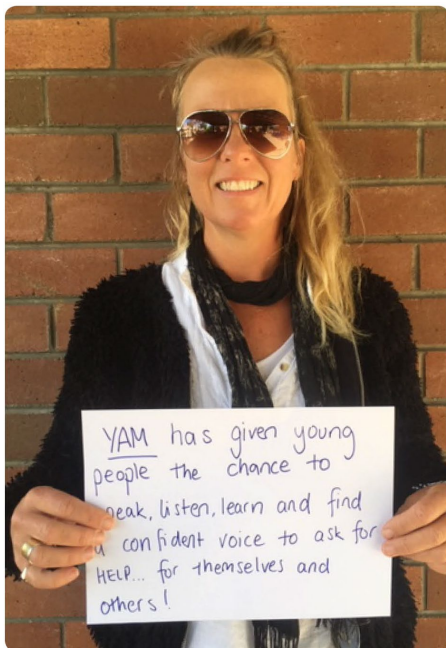
Challenges

- Suicide prevention capacity building was not identified as a priority area of need for local frontline services.
- Staff turnover and occurrence of critical incidents impeded engagement and capacity to progress work.
- There were no recommended interventions identified by Black Dog Institute to offer to local police and ambulance services, with few programs available that are tailored to these audiences and been evaluated



5. Promoting help-seeking, mental health and resilience in schools

Schools play a vital role in supporting young people. The Youth Aware of Mental Health (YAM) program has been found to build resilience, reduce suicidality and depression symptoms and increase the likelihood of young people seeking help.



*What has LifeSpan Newcastle meant to you?
Elke Ryssenbeek, YAM facilitator*

Aims

- Engage schools in delivering the Youth Aware of Mental Health (YAM) program to all Year 9 students in 2017 and 2018.

Key partners

Delivery of YAM in Department of Education schools was managed by Department of Education staff and in Catholic and Independent schools it was managed by Hunter Primary Care.

Achievements

- Nine schools and 2,210 students participated in YAM program
- More than 50 volunteers were trained as YAM helpers
- 56 school psychologists and counsellors from Department of Education and Catholic Schools completed Youth In Distress training on working with young people who are suicidal
- 126 other school staff completed the community suicide prevention online education program, Question Persuade Refer.
- A local research study was completed regarding early learnings about how to implement YAM within the Australian context.

Challenges

- Program delivery was resource intensive e.g. engagement of schools, coordination of facilitators, recruitment and training of volunteers to be YAM helpers.
- There was concern about the safety of programs related to suicide being delivered in schools which hindered engagement, especially with independent schools.





YAM Facilitator Training, December 2017, Sydney



6. Training the community to recognise and respond to suicidality

Supporting our community with the knowledge and skills to recognise distress, offer support and connect people with professional care is vital to preventing suicide. By building a network of helpers in our community we can strengthen our local safety net.

66% of people completed training because of an interest in suicide prevention.

40% of people completed the training because they had a lived experience of suicide.

Aims

Minimum of 1% of trial site population over 15yrs (~1,300) to be trained in evidence-based gatekeeper training (ASIST or QPR online). Stretch target of 5% of trial site population (~6,460).

Key partners

- Lifeline Hunter Central Coast delivered ASIST
- Hunter New England and Central Coast PHNs provided subsidisation of ASIST and QPR online
- **Everymind** assisted with communications activity to support promotion

Achievements

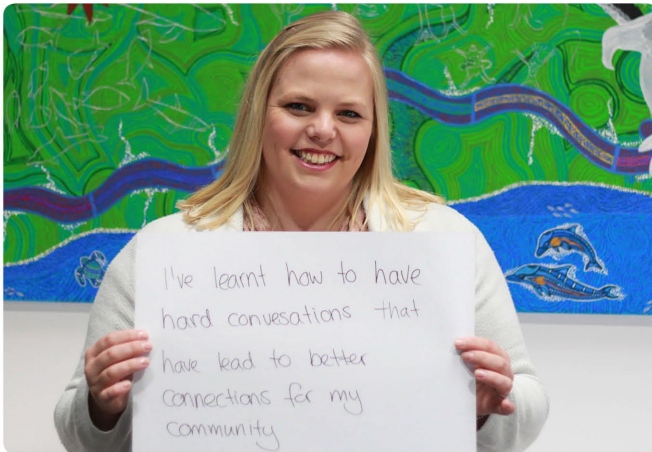
- Over 1200 people in Newcastle completed the designated suicide prevention community education programs during the implementation period.
- Social media campaign of local leaders encouraging people to do QPR launched in July 2019.
- Local leadership from Hunter Primary Care, Umwelt, WEA, Aboriginal Health (Hunter New England Local Health District) and Compass Housing- who had a number of staff complete QPR as part of workforce development.

After completing the online QPR training, people reported:

- Improved knowledge about suicide
- Reduced stigma towards suicide and those who are suicidal
- More positive attitudes towards seeking professional help

“Thanks to you guys, I recently completed QPR training online. This morning, I had a dear sweet little old lady come in to my workplace. Someone I knew well enough to say hello, how are you to, but not that I knew overly well. Her answer to my “how are you today?” was “I don’t want to be here” as she burst into tears. I took her into my office and sat with her for a while and just listened. She told me she had been feeling ‘down’ for a few weeks. By the end of the conversation, she agreed to allow me to make her an appointment with her GP. Had I not completed the QPR training, I may have just brushed her off with a “don’t be silly, you’ll be fine”. So grateful to have been given the opportunity to complete the training – so thank you and keep up the good work!”

QPR training participant



What has LifeSpan Newcastle meant for you? Sam Carter & Scott White, Hunter New England Central Coast Primary Health Network

Challenges

- Ambitious targets.
- Programs are licensed, meaning access requires payment and budget did not allow for full subsidisation of licensing costs.
- Crowded market space with other similar programs known and with existing local footprint (e.g. safeTALK).

Ongoing work

- Lifeline will continue to deliver ASIST with subsidisation provided by Hunter New England and Central Coast Primary Health Network.
- QPR online will remain available until the end of 2019 thanks to Hunter New England and Central Coast Primary Health Network.

“One of the most significant things about the trial is... we’ve built capacity and we’ve given them (the community) real tools. So for example, the QPR training means that people can actually support each other in suicide prevention.”

Rob Sams, Executive Director Lifeline Direct



7. Engaging the community and providing opportunities to be part of the change

Community engagement and communication delivered in conjunction with other evidence-based suicide prevention strategies can improve local awareness of services and resources, and drive increased participation in prevention efforts across the community.

Aims

Deliver a community campaign using the R U OK? branding to promote help-seeking, local support service information and uptake of gatekeeper training.

Key partners

- Hunter New England and Central Coast Primary Health Network
- **Everymind**

Achievements

- 22 community grants and 3 conversation benches were provided to the local community to support activities for R U OK?Day 2017 and 2018.
- R U OK? Conversation Convoy visited Newcastle in 2018 and LifeSpan Newcastle supported promotion of this and used the event to engage people in QPR training.
- Local activities for World Suicide Prevention Day supported.
- Promoted the 2017 Cycle Around the Globe Challenge for World Suicide Prevention Day.
- Supported other local events such as the University of Newcastle Health Fair.
- Coordinated public suicide prevention messaging with partner organisations.

“We are planning a “walk with a colleague” day. The idea is to meet in a central location and take a 15 minute (or more) walk with one of your colleagues that you don’t normally have a lot to do with. A walk with no interruptions from phones, computers, etc. A chance to connect with your colleagues and get to know them with a view to building relationships and encouraging conversations.”

An R U OK? LifeSpan Newcastle community grant application

Challenges

- Limited resources and LifeSpan team capacity required prioritisation of activities and contribution from partner organisations

“I would like to see the conversation continue. I would like to see the conversation about suicide prevention stay alive and (lead to) further conversations.”

*Leonie Garvey, Greater Newcastle Aboriginal Health Coordinator
Hunter New England Local Health District*



Newcastle community got behind creating conversations and opportunities to connect around suicide prevention. LifeSpan Newcastle R U OK?Day Community Grant Recipients including Beyond Bank, University of Newcastle, Big Picture Education and the City of Newcastle; a local crew supporting the International Association for Suicide Prevention Cycle Around the Globe initiative; and the 2018 R U OK?Day Conversation Convo.



8. Encourage safe and purposeful media reporting

Media guidelines supporting the responsible reporting of suicide can reduce suicide rates, and in providing safe, quality media coverage, improve awareness and help-seeking.

Aims

- Implement *Mindframe* Plus, engaging stakeholders in relevant *Mindframe* training events.
- Establish an inter-agency agreement about communications regarding local suicides and develop a media strategy.

Key partners

- **Everymind**
- Hunter New England and Central Coast Primary Health Network
- Hunter Primary Care
- NSW Department of Education
- Compass Housing



Mindframe Plus training participants, James Fletcher Campus, 2017

Achievements

- *Mindframe* training held for key stakeholders including local media outlets
- Good engagement with local media. In 2018, 28 locally generated newspaper stories were published on suicide prevention topics.
- Communications working group established
 - Coordinated and strengthened public facing communication about suicide prevention including collaborative media plans, promoting uptake of community suicide prevention training, local suicide prevention activity, and availability of support services.



- Coordination of communication following local suicide deaths formalised through collaborative development of a protocol.
- In partnership with the Illawarra-Shoalhaven Suicide Prevention Collaborative, conducted a small research project on the effectiveness of local media campaigns in engaging the community in relevant suicide prevention education.

Challenges

- Engaging media to attend *Mindframe* training
- Engaging media to publish a series of suicide prevention stories

Ongoing work

- The communications working group will continue to meet to coordinate suicide prevention messaging and communication about local suicide deaths.

Media coverage examples

28 March 2018

Newcastle first in NSW to trial evidence-based model for integrated suicide prevention

<https://www.newcastleherald.com.au/story/5307996/city-business-takes-lead-role-in-suicide-prevention/>

4 September 2018

LifeSpan Newcastle suicide prevention strategy aims to build a "safety net" in Hunter with QPR training

<https://www.newcastleherald.com.au/story/5622489/we-all-have-a-big-part-to-play-in-suicide-prevention-heres-how-you-can-help/>

10 September 2018

Opinion: How to help when loved ones need it most

<https://www.newcastleherald.com.au/story/5633711/how-to-help-when-loved-ones-need-it-most/>

10 September 2018

Surfers paddle to raise awareness at Merewether ahead of World Suicide Prevention Day

<https://www.newcastleherald.com.au/story/5634846/early-paddle-for-a-cause-ahead-of-world-suicide-prevention-day/>

13 September 2018

Mates in mining and construction fly a flag for suicide prevention on RU OK? Day in Newcastle and the Hunter

<https://www.newcastleherald.com.au/story/5640395/mates-help-mates-on-fly-the-flag-day/>



9. Improving safety and reducing access to means of suicide

Restricting access to means of suicide is one of the most effective suicide prevention strategies.

Aims

Identify means restriction opportunities based on the suicide audit and regional needs, and take steps towards implementation.

Key partners

- City of Newcastle
- Lifeline

Achievements

- Established working group to participate in suicide audit focus group and help to prioritise local means restriction needs.
- Worked with Lifeline and City of Newcastle to improve public safety at local hot spot including:
 - Scoping how others have approached public safety
 - Erected shade cloth over fence and foliage to reduce access
 - Increase of foot traffic (natural consequence of local developments)
 - Engagement with local residents about what's happening and offer of community suicide prevention education
 - Help-seeking crisis signage – in progress
- Mapping of current postvention responses – in progress



Challenges

- Limited capacity of LifeSpan team to progress the work

Ongoing work

- Help-seeking crisis signage to be erected at local hot spot
- Mapping of current postvention service responses and summary of gaps and recommendations to be provided to partners (e.g. Primary Health Network) to inform future work.

Example of crisis signage and working together on suicide prevention - LifeSpan Newcastle supporters at the 'In Conversation with Professor Rory O'Connor' event, November 2018



a) Lived experience representation

Aims

- Include lived experience representatives in key decision-making bodies and promote the involvement of lived experience representatives from design through to evaluation in all local LifeSpan activities.

Key partners

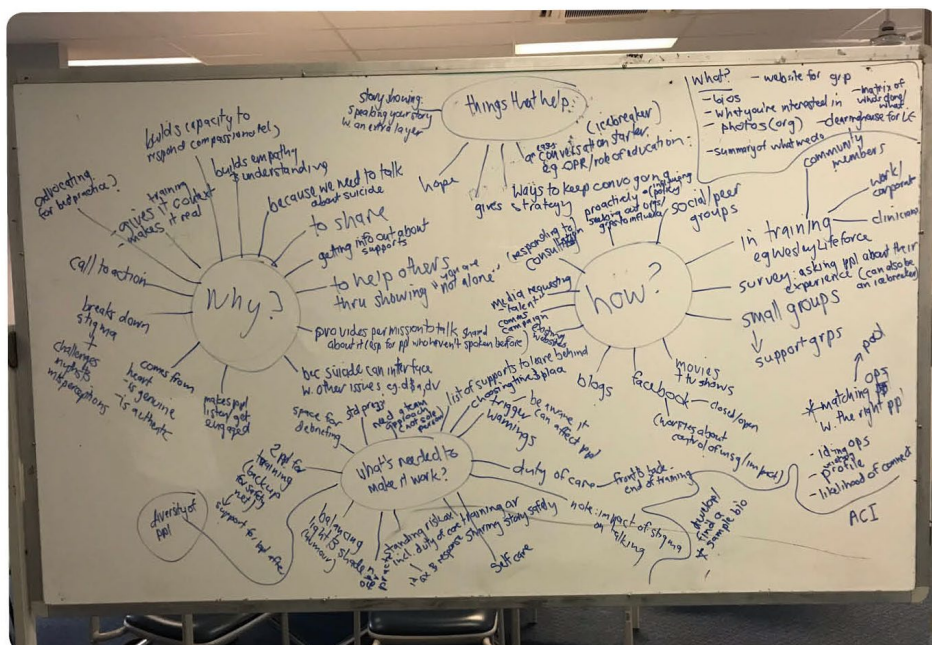
- Lifeline Hunter Central Coast
- Lived Experience Advisory Group members

Achievements

- Lived Experience Advisory Group established
- Around 15 local people have participated over the trial period
- Group has contributed to implementation plans, events and resource development including updating content about suicide for PatientInfo
- LifeSpan facilitated capacity building of people with lived experience to contribute to local suicide prevention via providing access to training and connections with prevention activities and organisations



*Members of the LifeSpan Newcastle
Lived Experience Advisory Group
supporting the #YouCanTalk campaign*



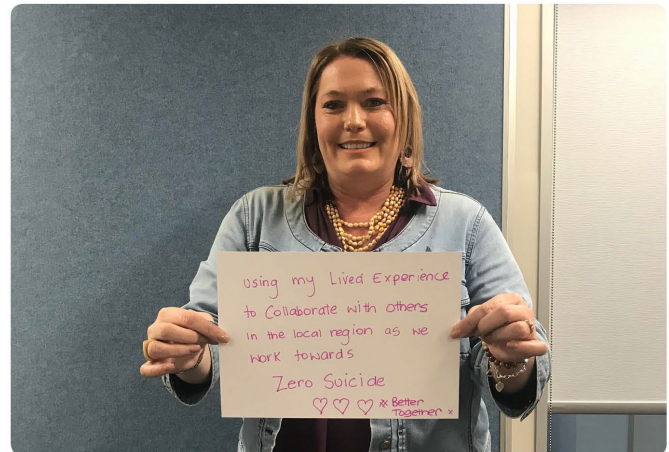
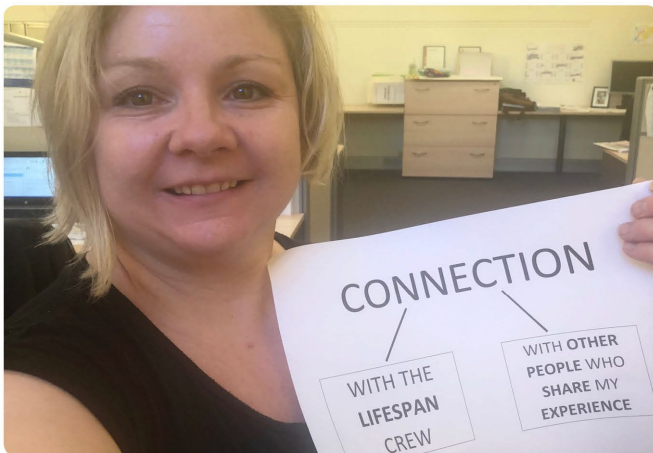
Brainstorming session with LifeSpan Newcastle Lived Experience Advisory Group, January 2019

Challenges

- Facilitating meaningful contribution in a research trial context.

Ongoing work

- Advisory Group to continue with organisational support provided by Lifeline Hunter Central Coast.
- Connected with ongoing suicide prevention activity, e.g. dynamic simulation modelling project.
- PatientInfo content on suicide to be updated.



What has LifeSpan Newcastle meant to you? From the perspective of LifeSpan Newcastle Lived Experience Advisory Group members



b) Aboriginal community

Aims

No set targets from Black Dog Institute.

Local strategy was to focus on establishing group to advise on whether planned activities were culturally sensitive, inclusive and valuable, and to support capacity building and community-led suicide prevention initiatives.

Key partners

- Hunter New England Local Health District, including Aboriginal Health and the Mental Health Service
- Hunter New England and Central Coast Primary Health Network
- Hunter Primary Care, including Way Back Support Service and Yudhilidin
- Awabakal (Aboriginal Medical Service)

Achievements

- Established an Aboriginal Advisory Group – the first for the area focusing specifically on suicide prevention.
- Members demonstrated organisational leadership within suicide prevention, specifically capacity building (participation in gatekeeper training) and community engagement/ awareness (e.g. R U OK? Day activities).
- Advocacy of group led to Aboriginal position being created for the Way Back Support Service.
- Priority areas identified – 1) community-facing information to help people engage in conversations and link into relevant supports when a person is/may be suicidal, 2) community capacity skills building and improving people's experience of care and 3) postvention support for the Aboriginal community.

Challenges

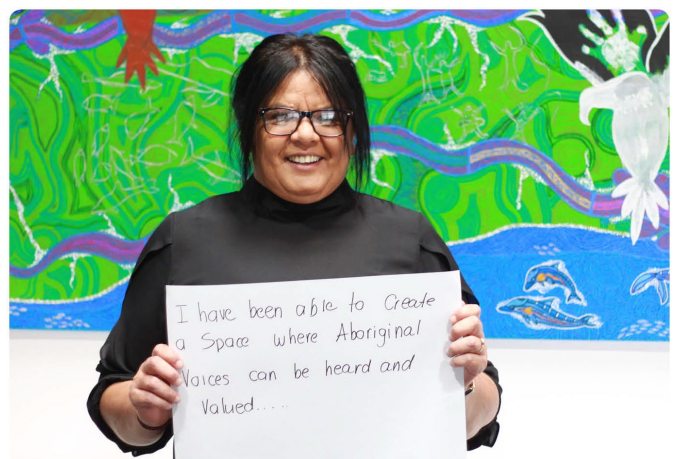
- Limited capacity of LifeSpan Newcastle team to progress actions identified by the group.

Ongoing work

- Group continues to meet to identify how to progress the work outlined above.



R U OK? Day BBQ at Aboriginal Health, Hunter New England Local Health District



What has LifeSpan Newcastle meant to you? Toni Manton, Hunter New England Central Coast Primary Health Network





“I want to thank LifeSpan Newcastle for inviting us to the table and ensuring Aboriginal and Torres Strait Islander people were included in the conversation... and for the direction and continued support that they've provided to the Aboriginal Advisory Group.

One of the other most significant outcomes of the LifeSpan Newcastle would be our approach. And I mean, our approach.

We knew that there were services already working in suicide prevention. And we knew that there are services that have a responsibility to provide support in the suicide prevention space, and specifically to our people.

LifeSpan Newcastle gave us an opportunity to get suicide prevention on the table for our people. LifeSpan also gave us the opportunity to connect with our people, to network, to review the suicide prevention services and supports that are currently available for our people. LifeSpan then provided a platform for us to strengthen the power players for our people locally.

Our Aboriginal Advisory Group worked together in collaboration recognising the importance of supporting our local Aboriginal and Torres Strait Islander communities.

We work together towards addressing locally identified issues experienced by our local Aboriginal community. We have played a role in ensuring that the mainstream services and activities and interventions were culturally appropriate, inclusive and sensitive towards the needs of our people.”

*Leonie Garvey, Greater Newcastle Aboriginal Health Coordinator
Hunter New England Local Health District*



Research and evaluation

“Any new health intervention or innovation should be evaluated to the highest degree technically possible to test its effectiveness- and this is as true in suicide prevention as for any other area of health.”

Professor Greg Carter, Calvary Mater Newcastle

The evaluation of LifeSpan is being led by the Black Dog Institute, with the primary aim being to examine whether the LifeSpan intervention reduces suicide attempts at 24 months post-baseline in the four regions, relative to a comparable baseline control period in each region.

The secondary aims are to examine:

- Whether the LifeSpan intervention reduces suicide deaths at 24 months post-baseline in the four regions, relative to a baseline control period.
- Change in rates of suicidal acts (suicide deaths and attempts) at 24 months post-baseline in the four regions, relative to a baseline control period.
- The rate of change in suicidal acts (suicide deaths and attempts) in the trial sites compared to the rest of NSW from baseline to 24 months post-baseline.

The final outcomes are expected for the primary outcome for all trial sites in December 2020 with results for Newcastle available from March 2020.

LifeSpan resources, progress reports, and in the future the Lifespan evaluation outcomes, are available from the [LifeSpan webpage](#) on the Black Dog Institute website.

Outcomes to date

Local research and evaluation

To complement the work led by Black Dog Institute, the site coordinators have been actively involved in local suicide prevention quality assurance and evaluation, including presentations at the national suicide prevention conference.

2017

Symposium: Using evidence, engaging communities and building collaborations: LifeSpan in action

Presentation: Using a comprehensive suicide audit to inform LifeSpan Newcastle suicide prevention activity

2019

Workshop: Implementing a multi-level suicide prevention research trial in the real world

Presentation: Targeted suicide prevention media campaigns in LifeSpan trial sites: What worked and what didn't



LifeSpan site coordinators and Black Dog Institute LifeSpan team, April 2019



Recommendations

“Suicide is a very complex problem and problems like that require lots of groups to work together. So I think what LifeSpan has done has strengthened some existing relationships among health and social care and community groups, and given them a bit of extra strength in tackling the issues that underpin suicide.”

*Jane Gray, Director, Partnerships Innovation and Research
Hunter New England Local Health District*

Our vision for the future of local collaborative suicide prevention

- That the momentum that has been created, and the collaborative relationships that have been built and strengthened over the LifeSpan Newcastle trial will continue. This includes the continuation of the Leadership Group, as well as the Lived Experience and Aboriginal Advisory Groups.
- That through sustained collaborative work, our region will continue to be a leader in collaborative suicide prevention, and because of this will be competitive in securing funding for ongoing and new initiatives.
- That there is continued investment in, and local capacity building to enable, evaluation and research to improve local suicide prevention initiatives and contribute to the evidence base for suicide prevention.
- That the dynamic simulation modelling tool will be utilised by decision makers to inform suicide prevention commissioning decisions, to make the best use of the resources available, and that it is also used to support implementation, monitoring and evaluation.
- That the regional suicide prevention plan will be collaboratively developed and implemented well with the required resources and commitment across organisations in our region.
- That a suicide prevention coordinator position is resourced so that the area can continue to benefit from a dedicated position that can: 1) provide an umbrella view of local suicide prevention work occurring, 2) act as a knowledge broker, facilitating connection of people and resources, and 3) assist with the coordination of capacity building.

“I think one of the most significant outcomes of LifeSpan has been creating an opportunity for our leaders and organisations, our communities and people with lived experience to really come together and talk about suicide and suicide prevention, and how we’re going to make a difference for our community.”

Jaelea Skehan, LifeSpan Newcastle Leadership Group Chair



Identified priorities

“Coordination of suicide prevention activities, communication and bringing key people and groups to work together are some of the key achievements realised by Lifespan Newcastle. It showed that dedicated people working together in new ways is required to improve how we collectively undertake suicide prevention in all its forms.”

Katrina Delamothe, Mental Health Services Executive, Hunter Primary Care

We believe the top priority for the region is to consolidate the foundation for future collaborative work. This includes identifying the resourcing, structure and/or plan for how local collaborative suicide prevention work will continue.

In addition to this, the top five identified needs and gaps include:

1. A quality improvement initiative to improve service system navigation and access.
2. Expanded means restriction activities at other identified hot spots across the region.
3. Ongoing support and suicide prevention capacity building with priority populations, including:
 - a. Aboriginal Advisory Group – supporting the group to identify and secure relevant resourcing to progress work
 - b. Lived Experience Advisory Group – supporting the group to become an independent entity and to consolidate the connections to and with ongoing service/sector reform work.
4. Establishment of a coordinated clinical suicide prevention education and training (and implementation) approach/role across sectors and agencies.
5. Development of a regional suicide response (postvention) plan.

What's next for local collaborative suicide prevention in our region?

“The key impact has been bringing organisations together to communicate, plan and try to really work together to address an issue that's a messy one and one that we can't address alone.”

Richard Nankervis, CEO Hunter New England Central Coast Primary Health Network

The Hunter New England and Central Coast Primary Health Network in partnership with the Hunter New England and Central Coast Local Health Districts and the Sax Institute are leading work to develop a dynamic simulation modelling tool for suicide prevention for the Hunter New England and Central Coast regions.

The development process will occur in the second half of 2019 with the end result being a tool that can be used by the regions to test the likely impacts of evidence-based interventions over the short and long term before they are implemented. This tool will be able to be used to help local decision makers determine where to target investments for suicide prevention and with what intensity - so that the impact of limited resources can be optimised and to ensure effective, locally tailored strategies for reducing suicidal behaviour are used.



The consultation, service mapping and data collation, as well as the priorities identified through this process, will be used to inform the development of the Hunter New England and Central Coast Primary Health Network regional suicide prevention plan.

Key stakeholders across the Hunter New England and Central Coast regions will contribute to both pieces of work.

What else is happening in suicide prevention?

In addition to the work occurring locally, it's important to note that suicide prevention in Australia is a priority across state and federal governments with the following initiatives in progress:

- NSW Government investing nearly \$90 million over next three years into new suicide prevention initiatives.
- Prime Minister appointing a National Suicide Prevention Adviser to drive a whole-of-government approach to suicide prevention.
- Federal government supporting the establishment of the Suicide Prevention Research Fund.
- Ongoing funding being provided via Primary Health Networks for local suicide prevention services.
- Pending release of the National Suicide Prevention Implementation Strategy, following the endorsement of the Fifth National Mental Health and Suicide Prevention Plan by the Council of Australian Governments Health Council (COAG) in 2017.

This provides an ideal environment for continuing and building on the local work done to date, providing further and new opportunities to continue to strengthen community capacity for suicide prevention.

“Life after LifeSpan - I would really love to see the momentum continue. We’ve forged some great partnerships and collaborations in the region and I think it’s a real opportunity for us to move forward and build on those. I’d love to see those collaborations help forge new initiatives and new ideas and opportunities for our region.”

Danielle Adams, Operations Manager, Way Back Support Service