

September 2023

Strategic suicide prevention workshop in the Hunter region: Summary report



About this report

This report has been prepared for suicide prevention stakeholders in the Hunter region and was developed by Everymind in partnership with Hunter New England Local Health District (Towards Zero Suicides team), HMRI Healthy Minds Research Program and Hunter New England Central Coast Primary Health Network.

The report summarises the outcomes of a workshop held at the Fletcher Community Centre on 7 September 2023. In total, 44 attendees contributed to the workshop, including local service providers, people with lived and living experience, community members, families and friends, academics and sector leaders. The outcomes of the workshop have been integrated into this summary report.

Acknowledgements

Everymind and our partners would like to acknowledge the Awabakal people as the traditional owners of the land where this work was conducted and pay respects to Elders past, present and emerging. We also acknowledge the current and continuing contributions of the Awabakal people to social and emotional wellbeing and suicide prevention.

We would also like to recognise the contribution of people with lived and living experience of suicide and the knowledge and expertise they have provided to this project and suicide prevention initiatives. Thank you to the many organisations, service providers and community members in the Hunter region who shared their experiences and expertise at the workshop.

What we heard

Workshop participants in the Hunter region identified that a key strength of the local suicide prevention approach was the breadth of existing services provided by passionate staff making clear efforts to improve service collaboration and communication. Participants also identified that recent investments and innovative approaches to suicide prevention in the local area were a key opportunity to build on, including the development of safe spaces and the expansion of peer workers and lived experience involvement across the region.

While improvements were reported in the service system, gaps were identified, especially for young people, older people and those who did not meet service inclusion criteria. Long waitlists and costs associated with some services were also barriers to access, contributing to significant challenges in the local communities. Participants identified that improved collaboration and connection between services will help to reduce siloing and enhance outcomes for people trying to access support.

Across the workshop, participants identified many priorities to improve the local suicide prevention approach and build community capacity and resilience. Still, there was no clear consensus about the priority actions to be taken forward. Across the workshop activities, there was strong agreement that children, young people and the individuals who are closely linked to their wellbeing (families, friends, carers, sports clubs, and schools) require additional support, education and resources. Participants suggested that services could improve their collaboration and the concept of a community hub with co-located services. Finally, the need for expanding safe spaces and access to people with lived and living experience within these safe spaces was discussed, as well as the need for a coordinated approach to sharing information and data across services and the community.

Emerging priorities

- Improve service collaboration and care coordination, with an interest in co-located services to better support people with diverse needs.
- Increase support for children, young people and families by commencing social and emotional wellbeing education in early learning centres and primary school. Increasing support and available resources to schools was seen as a critical enabler to support this.
- Expand the availability of safe spaces across communities as alternatives to the emergency department and increased access to the lived experience workforce within these safe spaces.
- Increase opportunities to upskill and support the existing mental health and suicide prevention workforce, including a focus on trauma informed care.
- Develop detailed service mapping resources to assist services and community members to navigate available services and support, drawing together local, regional and national options.
- Continue to improve the provision of culturally specific and safe services for Aboriginal and Torres Strait Islander people.

Next steps

This workshop is one of three being conducted across the Hunter New England region. Following the completion of all workshops, a report synthesizing priorities across all three sites will be prepared to inform regional suicide prevention planning.



Current strengths, gaps and priorities

Workshop activity one identified the key strengths, gaps and priorities across three broad domains of suicide prevention action - prevention, intervention and postvention.

Prevention

Suicide prevention refers to actions focused on preventing the onset of suicidal thoughts and behaviours. Prevention may include enhancing social and emotional wellbeing, reducing risk factors for suicide or responding early to signs of distress.

Strengths	Gaps	Priorities
<ul style="list-style-type: none">• Improvements in community awareness of suicide prevention interventions• Increase in the availability of information about suicide prevention and how people can play a role• Increase in local services and passionate staff within services, including the Lake Macquarie and Newcastle Suicide Prevention Network and the Towards Zero Suicide Initiatives.	<ul style="list-style-type: none">• Lack of affordable access to services• Lack of support for schools to play a role in prevention education and wellbeing, with a large gap identified in primary schools• Lack of support for young people experiencing distress, as well as the families and friends who support them.	<ul style="list-style-type: none">• Increase resources and education that increase the capacity of school staff to respond to early distress, with a particular focus on primary schools• Increase community education and capacity building• Increase engagement with local sports clubs to provide education to families and communities.



Current strengths, gaps and priorities

Intervention

Suicide intervention refers to early, safe and effective support for someone experiencing suicidal thoughts or behaviours. Interventions are compassionate and support people experiencing suicidal distress, suicidal crisis and following a suicide attempt.

Strengths	Gaps	Priorities
<ul style="list-style-type: none">• Compassionate existing workforce within the health and community services• Recent increases in lived experience involvement and engagement across the service system• Strong relationships between local schools and youth services, including CAMHS.	<ul style="list-style-type: none">• Lack of safe and accessible spaces that are available 24/7• There is not enough support being given to schools and the families and friends of young people experiencing distress• Long wait times and lack of flexibility in service criteria are significant barriers.	<ul style="list-style-type: none">• Increase service collaboration to ensure people get to the right support easily• Increase opportunities to upskill the existing clinical and non-clinical workforces• Increase support and education for schools and school staff• Improve timely access to care, considering gaps in particular parts of the region.



Current strengths, gaps and priorities

Postvention

Postvention is focused on supporting individuals, families and communities affected by a suicide death.

Strengths	Gaps	Priorities
<ul style="list-style-type: none">• When people can access existing services quickly and easily, it is a strength. However, navigation can be difficult.	<ul style="list-style-type: none">• Lack of clear pathways for individuals to access postvention and bereavement support services• There is not enough proactive support within communities that are more isolated• Lack of non-clinical support and community knowledge about bereavement and how to support others.	<ul style="list-style-type: none">• Increase awareness of existing services and how to access them• Improve coordination between services to make it easier to refer family and friends to the right supports• Prioritise healing, then learning, then system improvements following a suicide death.



What we need

Workshop two used five common experiences of people with a lived or living experience of suicide to identify what is needed, who needs to be involved and the local priorities. People worked on their particular experience type in small groups.

Common experience one

Adverse experiences in childhood, psychological and social challenges as a young person and co-occurring stressors in adulthood.

What is needed?	Priorities
<ul style="list-style-type: none">• A focus on fostering good attachment and support for parents to ensure everyone gets the best start they can in life by having a good relationship between child and caregiver• Ensuring that people have support from key touchpoints across their lifespan, including teachers, sports coaches, community leaders and GPs• Access to affordable and equitable care in the community• Increased support for people with mild to moderate concerns and provide support early in distress• Improved connection between community organisations and health service providers.	<ul style="list-style-type: none">• Building community awareness of trauma and its ongoing impact on individuals• Early childhood education on social and emotional wellbeing for children and their families and carers• Supporting schools with resources and knowledge to build their confidence and capability• Expand alternatives to emergency departments for those requiring immediate support• Ensure a range of support staff that meet the needs of the community in safe spaces, including peer workers and Aboriginal health workers• Support mental health services to take a trauma-informed approach and also provide appropriate services that are specifically for people who have been or are living with the impacts of trauma.



What we need

Common experience two

Co-occurring psychological, financial and relational stressors in adulthood.

What is needed?	Priorities
<ul style="list-style-type: none">• Education for GPs, family and friends and community members on how to notice and respond to distress• Pathways to gain and maintain meaningful employment for people accessing financial and social support• Individualised support that is accessible, strength-based and culturally sensitive• Interventions and support focused on boys and men that are accessible to the community.	<ul style="list-style-type: none">• Coordinated sharing of information across local community support and services• Expand childhood interventions and support• Support schools and teachers by providing resources and holistic wellbeing services.

Common experience three

Onset of complex mental illness in youth followed by social disadvantage or contact with the justice system.

What is needed?	Priorities
<ul style="list-style-type: none">• An integrated stepped-care model• Shared case management across services• A consideration of what is needed across the spectrum of 'youth' from 13-25 years• Health and primary care services, specialist early intervention services, and community support.	<ul style="list-style-type: none">• Shared care, better care coordination for young people and young adults who are engaging with multiple agencies• Local coordination meetings between mental health, wellbeing and social support services and other government agencies (e.g. justice, emergency services).• Consider a 'one-stop-shop' model to enhance access to coordinated care, e.g. Head to Health• Ensure age definitions are applied consistently across primary and secondary care and other touchpoints• Educational pathways from high school to adult education for those who have experienced mental health concerns.

What we need

Common experience four

Adverse experiences in childhood followed by co-occurring mental health challenges and other stressors as a young person.

What is needed?	Priorities
<ul style="list-style-type: none">• Increase resources and support to schools, including primary schools, e.g. school counsellors, family education programs, and early emotional wellbeing education• Increases in resources for the Department of Community Justice (DCJ)• Bolstering Perinatal, Infant Mental Health Services (PIMHS) to improve early access for families in early stages post birth and recognition and treatment of birthing trauma• Family and parent education on accessing wellbeing services (not just mental health) provided in early childhood centres.	<ul style="list-style-type: none">• Build the capability to identify and respond early to distress experienced by children and young people – considering early childhood centres, primary schools and families and carers• Co-locate service to build a coordinated approach and enhance care coordination and navigation for people needing multiple services and supports (including allocation of a consistent service navigator)• Access to local service mapping for community members and other service providers.

Common experience five

Impacts on families and friends (including those bereaved by suicide).

What is needed?	Priorities
<ul style="list-style-type: none">• More services for family and friends that are accessible, person-centred and safe• Access to existing services that are available locally and nationally• Support for health workers taking on the support role for family and friends who may experience vicarious trauma.	<ul style="list-style-type: none">• Community and workplace awareness about the needs of people and communities bereaved by suicide• Workforce training to support employees at risk of vicarious trauma while supporting families and friends• Specific services for family and friends that need specialised support with grief, loss and trauma• Respond effectively to the range of people affected in a community following a suicide through a local coordinator.

Enablers for action

Workshop three focused on identifying the current approach, future approach and priority actions for three key suicide prevention enablers - lived experience, data and evidence and whole-of-community approaches. Participants were given the opportunity to contribute to two of the three key areas.

Lived experience

Active involvement and leadership from people with a lived and living experience of suicide.

Current approach	Future approach	Priorities
<ul style="list-style-type: none">• Workforce shortage, particularly outside of Newcastle city, and lack of opportunities to join the lived experience workforce• Power imbalance within the system that makes peer work tokenistic• Mostly reactive engagement of lived experience perspectives in service provision with no planning for how people with lived experience will be engaged to tackle the future problems of service delivery.	<ul style="list-style-type: none">• People with lived experience in leadership roles, running and leading on service delivery• Increase mechanisms for lived experience feedback to be integrated into services• Expand the lived experience voice across all areas of services, e.g. policy, service development, and service evaluation.	<ul style="list-style-type: none">• Develop pathways for people with lived experience to hold leadership positions• More power and choice for people with lived experience through avenues like advisory groups• Genuine, consistent, respectful and useful ongoing relationships and codesign with lived experience community.



Enablers for action

Data and evidence

Availability and use of local data to support planning and responses to suicide.

Current approach	Future approach	Priorities
<ul style="list-style-type: none">• Mostly reactive use of data to highlight and demonstrate existing and known issues• A gap between research and the implementation of research in service delivery• It is difficult to access good quality and relevant data in a timely manner• Lack of diversity and context captured in routine data collection• Significant gaps in shared data and communication about available data between schools and health services.	<ul style="list-style-type: none">• Access to timely data so that planning and service responses can be proactive• Access to local data that all sectors, services and the community can access• Bridge the gap between research and service delivery• Collect data across the lifespan and consider ways to get better data about the social determinants of health• Measure the effectiveness of interventions in health services, schools and other settings.	<ul style="list-style-type: none">• A unified data system accessible in real-time for all who need it• Easy to use data tools and a dedicated team to create and coordinate data locally• Collecting data throughout the lifespan and proactively using it for future and current needs• Develop supports for integrating research into practice and evaluating existing interventions.



Enablers for action

Whole-of-community action

Collective action across agencies, sectors and community groups to contribute to suicide prevention.

Current approach	Future approach	Priorities
<ul style="list-style-type: none">• Services are siloed and not well coordinated• There are barriers to service access, including rigid inclusion criteria• Community initiatives such as R U OK Day and Mental Health Month activities, which are 'one-off'• Unclear accountability between services• Unstable funding for many services.	<ul style="list-style-type: none">• Make it easier for people to receive services (streamline referral pathways, use technology, etc.)• Increase collaboration between services and improve joint service accountability• Flexible funding approaches to support collaboration and meeting community needs• No wrong door approaches, ensuring everyone can be linked to the support they need.	<ul style="list-style-type: none">• Make it easier for people to receive services (streamline referral pathways, use technology, etc.)• Increase collaboration between services and improve joint service accountability• Flexible funding approaches to support collaboration and meeting community needs• No wrong door approaches, ensuring everyone can be linked to the support they need.



Future action

This workshop is one of three conducted across the Hunter New England region. A report detailing immediate and future priorities across the region will be prepared to inform regional suicide prevention planning.

If you have further questions, please visit everymind.org.au or contact:

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