

SUMMARY OF FINDINGS

# Brisbane North National Suicide Prevention Trial

May 2021

# Foreword



## **FOREWORD**

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Every death by suicide is a tragedy and very sad, a loss of each person that is so overwhelmed in pain and isolation that they often do not want to die—they just do not know how to live with what they are experiencing.

Behind every suicide are the families, loved ones, their communities and the profound and immeasurable impact of loss, which can manifest through their social, emotional, spiritual, cultural, and physical wellbeing, along with the sense of burden.

### **Trial history**

Brisbane North PHN applied for funding under the National Suicide Prevention Trial (NSPT), basing it on priority populations and suicide data. After the application was supported, I was invited to sit as a leader in the community—someone who had experience in community working on resilience with young people in schools and could speak for the Aboriginal and Torres Strait Islander community.

We knew what we were doing as a community, including our government-led approaches, wasn't working and we were doing the same thing over and over without noticeable change. Work was being done in silos. What we wanted to see was a coordinated approach that rolled out simultaneously across our region so a series of strategies could interconnect and have a greater impact. It was important to connect campaigns to care and after care support as well as training and other services.

### **Pursuing change**

Watching people suffer over the past 30 years through trauma has made me motivated to support change. I want to do as much as I can to help people move through intergenerational trauma and to use culture as their conduit for hope and opportunities. So many of our people are disconnected from culture; for some they had no sense of self and meaning in their lives. I've always known I needed to help people in some way. Some of the young people I was able to assist in the 1980s and 1990s are now raising families of their own; families built on resilience and are better able to manage their traumas. Supporting people is always worth the human investment. That's what I needed to do, and I continue to invest.

If we can build into our people the resilience that enables them to build confidence and see the potential for a positive future, then we have done our small part to end some of the traumas that have followed us for generations. We can help our people see through the fog of stress and anxiety and mental illness, through to greater cultural safety and culturally sound support and services that can give clarity and hope.

### **Everlasting effect**

Across our society are the intergenerational traumas that have a multiplying and amplifying effect on families.

During the length of this trial, we experienced a death in community almost every week. The ripple effect through the earth is ongoing and intense. Behind a death from suicide are families, friends and loved ones who are confronted not only by the sudden impact of the person passing but the nature of how they passed. This can thrust people into a sense of loss that creates emotional and sociological distress for prolonged periods of time. Families try to make sense of the tragedy and search their memories for any signs they may have missed. Sometimes, sadly, there are no signs.

Throughout this trial, it has been a privilege to work with people who have massive hearts and who themselves invest almost all they have in assisting people to move to positive thoughts and connections, and to reach long-term constructive outcomes.

While doing so, we cannot forget those people who have passed due to suicide including during this trial, and who have left us a message. It is up to us to continue to search for that meaning—the triggers, thoughts and events that led to them taking their own lives—and to ensure we can support our communities to find greater meaning and hope.

These discoveries will not end with the trial. It's simply the end of a chapter, and the beginning of the next.

### **Uncle Ross Williams**

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Co-Chair  
**Aboriginal and Torres Strait Islander  
Community Implementation Team**

### **Ged Farmer**

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Suicide prevention officer  
**Brisbane North PHN**



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**WARNING:**

This document makes reference to suicide and discussion on prevention activities, which some readers may find disturbing.

## INTRODUCTION

# Acknowledgements

New Word Order would like to respectfully acknowledge the traditional Turrbal, Yuggera/Jagera peoples of Brisbane, the Gubbi Gubbi people of Caboolture and Bribie Island, the Waka Waka people of Kilcoy and the Ningy Ningy people of Redcliffe, on whose lands we live and work. We pay our respects to Elders past, present and emerging.

We would like to extend a special thanks to the many Elders and community members who have been actively involved in the trial program. Without their passion, enthusiasm and willingness to improve the communities' experience, many of these NSPT projects would not have been possible.

Thanks to: Uncle Ross Williams, Uncle Mark Robson, Aunty Lynne Mateson, Aunty Merle Cashman, Aunty Dawn Daylight and the Brisbane North Elders Group.

Vital to the success of the NSPT have been the community implementation teams who have led the design and implementation of activities for our LGBTIQ+ and Aboriginal and Torres Strait Islander communities. Their leadership and commitment to improving outcomes for those in their communities is the reason we have been able to connect and achieve these program outcomes.

LGBTIQ+ Community Implementation Team:

- Asha Keegan
- Ash Polzin
- Brian Becken
- Chris Pickard
- Lance Schema
- Nikki Whitmore
- Phil Sariago
- Rebecca Johnson
- Rebecca Reynolds
- Rob Nielsen
- Uncle Ross Williams
- Sally Morris
- Shaun Staunton
- Simon Betteridge
- Yvonne O'Callaghan

Aboriginal and Torres Strait Islander Community Implementation Team:

- Uncle Ross Williams (Co-Chair)
- Charles Rolls
- Glenda Jones – Terare
- Kevin Maund
- Lone Pearce
- Aunty Lynne Matsen
- Mandy Gibson
- Uncle Mark Robson
- Paul Durante
- Penny Tattam
- Phillip Sariago
- Rebecca Johnson
- Sally Sage
- Sarah Little
- Stephen Mam

We also acknowledge Aunty Minnie who provided our Acknowledgement to Country at the first Yarning Circle and contributed on the day.

We also acknowledge:

- people with a lived or a living experience of suicide who have lent their voices and shared their experiences to the important work of the NSPT
- the Gar'bun'djee'lum network who actively supported the trial at its inception
- the many community-based services organisations involved in the trial and the PHN whose collective efforts have made and continue to make a resounding impact on the Brisbane North community.

## Purpose, scoping methods and consultation

This report provides an overview of the trial activities and highlights the innovative approach undertaken by the PHN and communities. It also seeks to identify the trial's impacts and recommend opportunities to improve future work in community-based suicide prevention. This report will also fulfill its original objective to help guide the creation of transitional communication materials for service providers.

While the initial auspice of this report was focused on highlighting the innovative trial design and strategic communications recommendations, the richness of information and insights captured has also provided an opportunity to highlight recommendations for improving future activities.

In December 2020 and February 2021, New Word Order undertook scoping activities to ascertain the impact of the program trials through:

- one-on-one in-depth qualitative interviews with key trial service provider leads. Discussions included: program strengths, challenges, impacts and future opportunities
- a Yarning Circle with all trial groups represented by community leaders and Elders. Key themes explored included how the programs strengthened community connections, service continuity, the importance of developing a sense of belonging and opportunities for future improvement
- a quantitative survey to gather insights on program impacts, and challenges and communications support required for service providers
- desktop research jurisdictional scan to provide background information on the status of mental health and suicide prevention programs nationally.

This report brings together the insights from these scoping activities to share knowledge by highlighting key learnings and successful program outcomes.

## Background

The Brisbane North region is one of 12 sites across Australia selected by the Australian Government to participate in the NSPT program.

The trial's aim was to find the most effective approaches to suicide prevention for at-risk populations and to share this knowledge.

## ABOUT THE PHN

The Brisbane North Primary Health Network (the PHN) supports clinicians and communities in Brisbane's northern suburbs, Moreton Bay Regional Council and parts of Somerset Regional Council. Our region covers approximately 4100 square kilometres of urban, regional and rural areas, with a population of more than one million.

Our vision is a community where good health is available to everyone.

We work with others to create and deliver the best possible health and community care system for the people of our region.

Our key objectives are to:

- increase the efficiency and effectiveness of medical services for patients—particularly those at risk of poor health outcomes
- improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

The PHN works to reorient and reform the primary health care system by taking a patient-centred approach to health services in its regions through:

- commissioning health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. This may include working with others in the community to plan and deliver innovative services that meet specific health needs
- working closely with general practitioners (GPs) and other health professionals to build health workforce capacity and support the delivery of high-quality care
- working collaboratively within its regions to integrate local health services to create a better experience for patients, encourage better use of health resources and eliminate service duplication.

The Australian Government has identified seven priority areas to guide the work of the PHN. These are mental health, Aboriginal and Torres Strait Islander health, population health, digital health, health workforce, aged care, and alcohol and other drugs.

# Suicide prevention landscape: Australia and the Brisbane North community

## Australia

- Suicide is the leading cause of death for Australians aged 15–44.<sup>1</sup>
- The suicide rate among Aboriginal and Torres Strait Islander peoples is at least twice that of non-Indigenous Australians.
- People who identify as LGBTIQ+ are more likely to attempt suicide, to have thoughts of suicide and to have engaged in self-harm.

## The Brisbane North community

The reasons people take their own life are complex and while suicide is a whole-of-population issue, there are particular groups that demonstrate higher suicide rates in the Brisbane North region. The groups at higher risk, who were the primary focus of trial activities, include:

- Aboriginal and Torres Strait Islander communities
- the LGBTIQ+ community
- young to middle aged men (24–54 years).

Before the trial commenced in 2016, Australian Bureau of Statistics data for the previous five years showed the suicide rate in Redcliffe was 17.6 per 100,000 people, 1.5 times higher than the national average of 11.74. Caboolture was 15.2 in the same period, and Strathpine was 16.7.

Other risk factors were present as well—including being a lower socio-economic pocket of Brisbane, along with reduced access to health care services.<sup>2</sup>

In our one-to-one engagements, all community members highlighted a lack of follow-up care also placed community members at risk—particularly, in the 24 hours post-emergency department presentation where there was a need to ensure the individual was safe. There also wasn't a clear referral pathway provided or recommendation to another service.

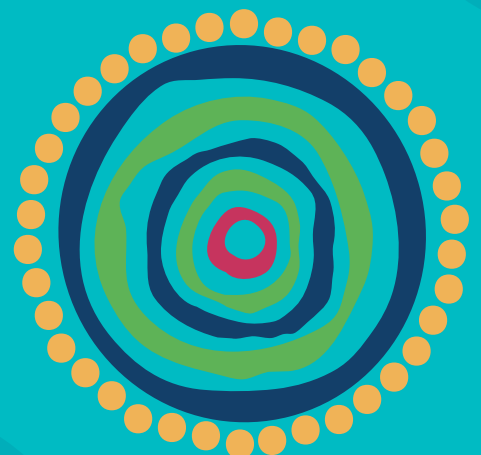
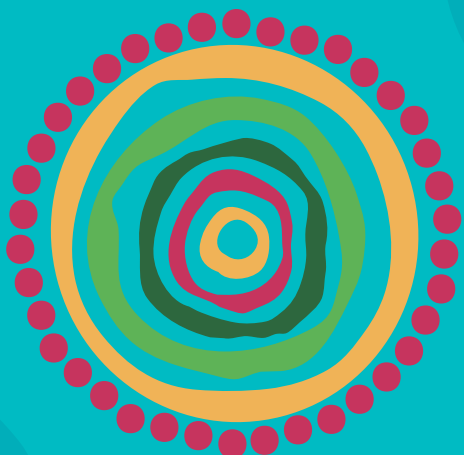
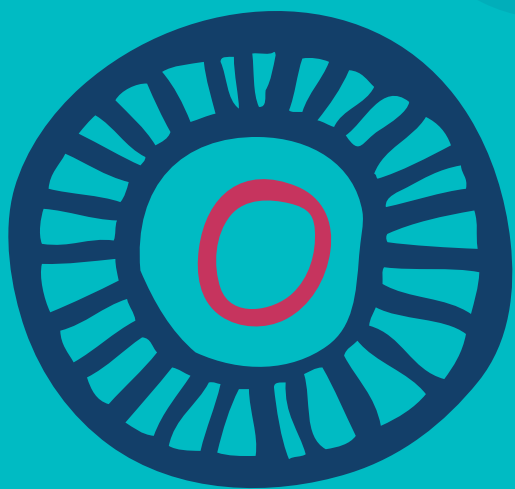
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1 <https://www.blackdoginstitute.org.au/education-services/lifespan-integrated-suicide-prevention/>

2 <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-phn-areas>  
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2014~Main%20Features~Intentional%20self-harm~10004>  
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3>



# Trial design



## TRIAL DESIGN

### The community

Trial design was community-led. Community leaders identified before the trial:

- There was a lack of health care support for an individual who was contemplating or who had attempted suicide—particularly in the 24-hour period post-attempt when a higher level of support was required.
- Those at risk who sought help weren't confident they could access appropriate support safely or discreetly. For example, many would not attend the hospital to access support services.
- There was no direct path for assistance or community directory that could be easily followed by someone at risk and/or in need of assistance.
- Support wasn't available continuously from the same person/organisation, so people were easily confused or just didn't bother. Often clinical or larger organisation support was short-term (for example, three months of psychological support) or people 'bounced' between a number of organisations for different types of support.
- There was no support for families or those who had experienced trauma or loss as a result of suicide.
- Many young men weren't asking for assistance directly: their families or partners were asking for assistance on their behalf.
- There was a gap in general health knowledge and clinical capability regarding the requirements for Aboriginal and Torres Strait Islander people, LGBTIQ+ people and young men in the community—key groups in need of assistance in suicide prevention.

Community groups involved in providing support were looking for an improved and proactive response to supporting those in distress and in need of immediate support. They sought to achieve this by addressing the social determinants of health and other factors contributing to suicide, such as housing, employment, personal finances and social support.

The trial has been hugely successful in creating safe pathways for individuals, families and the wider community—including at-risk population groups—to access culturally safe services, privately and with the discretion required to enable safe and ongoing access to support services.

“It felt like I was transactional and a number. I sat and waited in the ED room, watching others go into rooms with doctors. I really felt like I wasn't a priority because I couldn't let anyone know what was running through my head in case others overheard. That fear was very real for me.”

—person with lived experience

“It was by good luck—not good management—if you were able to find someone in the community to help.”

—community member

As the effects of COVID-19 were felt across the community and mental health came into sharp public focus, the programs also had to pivot away from meeting in-person to other forms of delivery. Despite this setback, the NSPT programs have had a profound and compelling impact on the Brisbane North community.

The NSPT programs provided a proactive service, and a holistic community-considered response. They provided support across the continuum as well as in unique environments for those at risk, their families and the community.

Many of the issues and key themes highlighted by the Brisbane North community are also reflected in both the initial findings from the National Suicide Prevention Adviser and the Interim Advice Report—with a strong focus towards a national, whole-of-government approach to suicide prevention:

*'Australia's present approach does not always respond to those in distress in a timely way. At times, the service response is not where the person seeking help wants to be. In addition, our current efforts are often fragmented and patchy across the country, access to professional services can too frequently be dependent on personal financial resources, support networks or geography. It is also clear that more needs to be done to co-design our services and responses in a way that is led by those with lived and living experience of suicide. We also need to ensure the needs of our first Australians are addressed in ways that work for them, their cultures and communities.'*

## The PHN

Through the trial during the past five years, the PHN has established parameters for innovative and agile community-led trial projects with compelling outcomes in suicide prevention.

Success has been achieved by targeting specific population groups at high risk in a whole-of-population (or regional) approach.

The PHN staff, largely grounded in community health and development, have been instrumental in supporting key stakeholders to deliver unique programs for priority population groups who demonstrate higher rates of suicide in the region.

Through the NSPT, the PHN has effectively focused trial programs on the social determinants of health and integrated suicide prevention activities (as opposed to primarily the provision of clinical mental health services).

The trial program has bridged gaps in service provision identified by the community, enhancing service delivery. Integrating the perspectives and 'on the ground' service provider insights has allowed for both community-specific and community-led solutions (and more time-effective implementation) to suicide ideation, attempt, recovery and community education.

### PHN objectives

- Procure service providers who could provide psychosocial, psychological, social and emotional wellbeing services across the full spectrum of need (identified in the Black Dog Institute Lifespan model).
- Educate and upskill community members to readily identify and assist those in need (ensure community support mechanisms).
- Fill the community gaps in pre and post care for individuals, families and the wider community.

## Community implementation teams

The community implementation teams have provided vital community leadership, guidance and direction to the work of the trial. The teams were established as part of the early co-design processes to oversee the development of local activities within a systems-based approach to suicide prevention within the north Brisbane region.

The teams have undertaken their role with a clear focus on:

- working collaboratively with the best interests of the community paramount
- actively engaging and involving those with lived experience of suicide
- making decisions based on evidence gives equal weight to the voice of each member

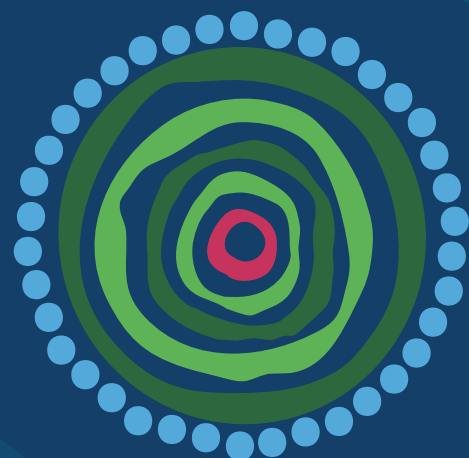
- having the courage to innovate to achieve outcomes including trialling new approaches and new ways of working
- facilitating a community driven systems approach
- continuously monitoring and evaluating our work and sharing with others transparently
- providing a mutual accountability mechanism to ensure effective partnerships and progress to achieve key milestones.

The teams contributed invaluable knowledge, skills and insights that have led to improved services, outcomes and experiences for the communities involved across the breadth of the trial.

“It’s impossible to not look at the social and emotional wellbeing of individuals in need of assistance. Sometimes the precursors for a feeling of hopelessness and suicide ideation have been unsafe housing or lack of family support. We do our best, with case workers at the forefront, to provide culturally safe, appropriate and timely connection so that those in need of assistance can access it quickly and safely. Done the right way, at the right time (right now) at the right place and with the right people—a culturally capable workforce.”

—service provider

# Target population and profile of providers



## TARGET POPULATION AND PROFILE OF PROVIDERS

### Target populations

The need for targeted interventions, with identified population groups in the Brisbane North areas, had a direct correlation with suicide data Australia-wide. More vulnerable and at-risk groups in the Brisbane North area include:

- young to middle-aged men
- Aboriginal and Torres Strait Islander Peoples
- LGBTIQ+ people.

“Young men weren’t actively seeking help. More frequently, women reported or were seeking support on their behalf.”

—service provider

# Aboriginal and Torres Strait Islander providers

## KURBINGUI YOUTH AND FAMILY DEVELOPMENT



### About Kurbingui

Kurbingui Youth and Family Development is a not-for-profit Aboriginal community-controlled organisation providing family, community, cultural, education, training and social wellbeing services across the Greater Brisbane, Moreton Bay and South East regions.

Through the trial activities, Kurbingui focused on assisting those in need of culturally safe emergency suicide prevention services (front line) and social and emotional support for those experiencing or who have been impacted by suicide and their families.

### Lifespan Model components

- Improving emergency and follow-up care for suicidal crisis
- Using evidence-based treatment for suicidality

### Trial activities

- Implement a culturally appropriate community-based suicide prevention program, with an emergency response service, a follow-up care service and a community wrap around service.
- Establish culturally appropriate referral pathways to support people who access services and who may require ongoing supports beyond the conclusion of their episode of care.
- Working with NSPT community implementation teams to develop and implement culturally appropriate referral pathways for Aboriginal and Torres Strait Islander People in the Brisbane North region to enable ongoing support at the conclusion of the trial period.
- Engage staff to implement a culturally appropriate community-based response to Aboriginal and Torres Strait Islander Peoples in the Brisbane North PHN region.

[www.kurbingui.org.au](https://www.kurbingui.org.au)

## YOUTH 2 KNOWLEDGE



### About Y2K

Y2K is an Aboriginal and Torres Strait Islander organisation that works with high schools, communities and individuals nationwide to deliver a range of mental resilience and wellness programs for young people.

The Yarning Circle Project provides Aboriginal and Torres Strait Islander students with a safe place for young people to build strong connections to their culture and each other through attending a one-hour Yarning Circle, facilitated by local Elders, each week for five weeks. The facilitation of these groups has helped build cultural identity, cultural pride and allows individuals to seek help confidentially and safely from Elders, or be pointed in the right direction for further assistance.

### Lifespan Model components

- Promoting help-seeking, mental health and resilience in schools
- Engaging the community and providing opportunities to be part of the change

### Trial activities

- Design, deliver and evaluate a culturally appropriate community-based suicide prevention response to Aboriginal and Torres Strait Islander young people in the Brisbane North PHN region aligned with strategy five of the Black Dog Institute Lifespan Model.
- Engage between four and six secondary schools in the Brisbane North region to negotiate access and deliver Project Yarning Circle. Project Yarning Circle builds resilience against suicide through cultural awareness, cultural connectedness, mental health education and tools that can be used to address everyday stresses.

[www.y2k.com.au/y2k-programs/staff-training/](http://www.y2k.com.au/y2k-programs/staff-training/)



## INDIGILEZ

Indigilez Women's  
Leadership and Support Group  
[www.indigilez.org](http://www.indigilez.org)



### About Indigilez

IndigiLez is a an Aboriginal and Torres Strait Islander and South Sea Islander organisation that provides support services to Aboriginal and Torres Strait Islander and South Sea Islander lesbian and same sex attracted women.

As part of the trial, Indigilez worked to ensure the vital links between the services and community are culturally appropriate and safe. This has included work on the campaigns and healing retreats.

#### Supported by gar'ban'djee'lum

gar'ban'djee'lum worked in tandem with IndigiLez from the beginning of the trial and contributed significantly to the program's inception. They then withdrew due to limited resources.

### Lifespan Model components

- Engaging the community and providing opportunities for change

### Trial activities

IndigiLez has worked directly with the Queensland Council for LGBTI Health to facilitate:

- links to culturally appropriate and clinical care
- social and emotional support through healing retreats
- healing and support group connection to create a safe space and place to seek assistance, for both individuals and families
- policy and project support—both nationally and internationally—to provide a voice for inclusion
- campaign support (including resource development and distribution) for the Yarns Heal campaign.

# LGBTIQ+ services

## DIVERSE VOICES



### About Diverse Voices

Diverse Voices is a Queensland-based not-for-profit organisation focused on the wellbeing of the diverse voices that make up their community. They provide a national LGBTIQ+ peer-to-peer telephone, web chat and referral service, QLife, in partnership with three other LGBTIQ+ state-based peer support services across Australia.

As part of the NSPT trial, a project lead was recruited to roll out a three-stream training and community education program.

The training program included workshops targeting young people, a two-day Applied Suicide Intervention Skills Training (ASIST) course for community and frontline workers on how to assist someone in crisis, and a five-day 'train the trainer' version of ASIST.

### Lifespan Model components

- Promoting help-seeking, mental health and resilience in schools
- Improving the competency and confidence of frontline workers to deal with suicidal crisis

### Trial activities

- Deliver LGBTIQ+ focused ASIST and SafeTALK workshops to LGBTIQ+ services, LGBTIQ+ peer based supports, and LGBTIQ+ people (including carers) facilitated by LGBTIQ+ identified trainers
- Promote and distribute suicide awareness and prevention information, resources and campaigns to LGBTIQ+ services and communities

## CENTRE FOR HUMAN POTENTIAL



### About Centre for Human Potential

The Centre for Human Potential provides private 24/7 psychologist and case management services to LGBTIQ+ and Aboriginal and Torres Strait Islander People 12 years and older.

Strengthening referral pathways has been a key component of the trial program for the centre.

The centre has been working with GPs and LGBTIQ+ and Aboriginal and Torres Strait Islander community-based service providers to develop and implement culturally appropriate referral pathways as part of the trial program.



### Lifespan Model components

- Improving emergency and follow-up care for suicidal crisis
- Using evidence-based treatment for suicidality

### Trial activities

- Implement a culturally appropriate community-based suicide prevention response.
- Establish culturally appropriate referral pathways to support people who access services and who may require ongoing supports beyond the conclusion of their episode of care.
- Work with NSPT community implementation teams to develop and implement culturally appropriate referral pathways for people from Lesbian, Gay Bisexual, Transgender, Intersex, Queer + (LGBTIQ+) community in Brisbane North region to enable ongoing support at the conclusion of the trial period.

| [www.cfhp.com.au](http://www.cfhp.com.au)

## OPEN DOORS YOUTH SERVICE



### About Open Doors Youth Service

Open Doors Youth Service provides support to young people with diverse genders, bodies and sexualities. It supports young people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, Pansexual, Sistergirl or Brotherboy (LGBTIQ+) aged 12–24 across South East Queensland.

Through the trial, Open Doors has provided two streams of service to young people in the Brisbane North community as well as their families in need of support.

The two program streams are:

1. A LGBTIQ+ youth suicide intervention and aftercare stream that aims to implement a culturally appropriate, community-based suicide prevention response using evidence-based treatment for LGBTIQ+ young people.
2. In response to the increasing need in high schools, the in-school suicide prevention stream uses psychosocial-focused activities to grow a sense of belonging with at-risk students.

### Lifespan Model components

- Improving the emergency and follow-up care for suicidal crisis
- Using evidence-based treatment for suicidality
- Promoting help-seeking, mental health and resilience in schools
- Engaging the community and providing opportunities to be part of the change

### Trial activities

- Engage staff to implement a culturally appropriate community-based response to the LGBTIQ+ community in the Brisbane North PHN region.
- Implement a culturally appropriate community-based suicide prevention response.
- Establish culturally appropriate referral pathways to support people who access services and who may require ongoing supports beyond the conclusion of their episode of care.
- Work with NSPT community implementation teams to develop and implement culturally appropriate referral pathways for people from the LGBTIQ+ community in Brisbane North region to enable ongoing support at the conclusion of the trial period.
- Design and deliver an appropriate community-based suicide prevention response for LGBTIQ+ young people in the Brisbane North region aligned with the Lifespan Model.
- Engage with schools, community groups and others to deliver community-based suicide prevention activities to build resilience and promote help seeking for mental health needs.

| [www.openddoors.net.au/](http://www.openddoors.net.au/)

## QUEENSLAND COUNCIL FOR LGBTI HEALTH



### About Queensland Council for LGBTI Health

The Queensland Council for LGBTI Health provides services and support to enable lesbian, gay, bisexual, transgender and intersex people to achieve the best possible health and wellbeing and to participate fully in the life of communities free from stigma and discrimination.

As part of the trial, the Queensland Council for LGBTI Health has been providing emergency and follow-up care, frontline worker suicide prevention training, facilitating a community awareness campaign (Yarns Heal) and undertaking Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy retreats through the 2Spirits Program (a collaborative partnership with 2Spirits, IndigiLez and gar'djee'lum).



### Lifespan Model components

- Improving emergency and follow-up care for suicidal crisis
- Improving the competency and confidence of frontline workers to deal with suicidal crisis
- Engaging the community and providing opportunities to be part of the change

### Trial activities

- Implement a culturally appropriate community-based suicide prevention response.
- Establish culturally appropriate referral pathways to support people who access services and who may require ongoing support beyond the conclusion of their episode of care.
- Work with NSPT community implementation teams to develop and implement culturally appropriate referral pathways for people from the LGBTIQ+ community in Brisbane North region to enable ongoing support at the conclusion of the trial period.
- Support and promote the development of appropriate community awareness campaigns in partnership with trial providers.
- Respond to inquiries received from community regarding the campaign materials.
- Develop and promote appropriate referral pathways for people seeking support as a result of the campaign activities.

| [www.quac.org.au](http://www.quac.org.au)

# Young to middle-aged men

## **MATESHIP MATTERS (MATES IN CONSTRUCTION)**



**MATESHIP  
MATTERS**



### **About Mateship Matters (Mates in Construction)**

Formulated with a similar ethos to the Mates in Construction Program, Mateship Matters provides an educational program to sports clubs to help members recognise the signs of suicidal distress and highlight how they can help and access referral support tools and resources.

Community members (coaches, peers, etc.) who participate in the program become a key connector and often referral point between individuals needing assistance and seeking the support services available. The unique sporting environment and intergenerational dynamic have been key to the program's success.

### **Lifespan Model components**

- Engaging the community and providing opportunities to be part of the change

### **Trial activities**

- Identify a defined community within the Brisbane North PHN area and engage with local sports organisation and seek support from these organisations to establish a suicide prevention and mental health literacy program within the sports organisations.
- Identify existing and accepted structures that can be used for the rollout of a program and existing pathways to care within the community.
- Implementation of community training and awareness programs in partnership with identified community-based organisations.

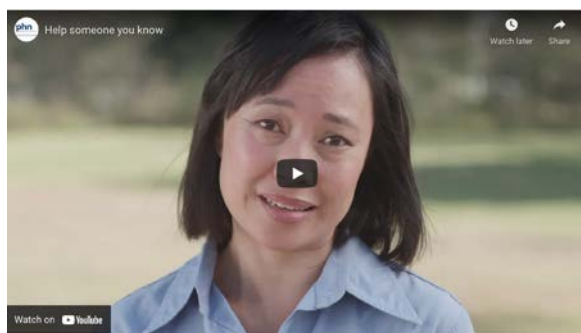
 | [www.mateshipmatters.org.au](http://www.mateshipmatters.org.au)



# Campaigns

Across the trial activities, three separate but interrelated community campaigns were developed to target the specific needs of the priority populations identified for the trial.

## REASONS TO STAY



### About

The Reasons to Stay campaign targeted the whole population of the Brisbane North PHN region.

Its creative execution involved actors representing population groups within the region, each delivering to camera a simple message to 'talk to me'. The campaign then directed viewers to seek further help around suicidal thoughts, peer support, grief and bereavement.

The campaign used videos and clicks through to the [reasonstostay.com.au](http://reasonstostay.com.au) website. It first ran in late 2019, and was funded for three subsequent bursts in 2020 and 2021.

[www.reasonstostay.com.au](http://www.reasonstostay.com.au)

## YARNS HEAL



### **About**

Yarns Heal is a suicide prevention campaign for Aboriginal and Torres Strait Islander and LGBTIQ+ Sistergirl and Brotherboy communities that encourages sharing stories and reaching out to loved ones and community cultural connection when times are tough.

Under IndigiLez and gar'bn'djee'lum leadership, the campaign links stronger peer support systems to culturally safe help, and nurtures cultural healing, love and hope.

The campaign features campaign ambassador Steven Oliver, an Indigenous poet and rapper, actor, singer, dancer and writer. Other ambassadors include senior cultural leader Uncle Ross and Aunty Merle, an educator.

A central piece to the campaign is a meaning-rich artwork, Woven Together, created by artist Riki Salam in collaboration with the Yarns Heal Community Working Group.

[www.yarnsheal.com.au](http://www.yarnsheal.com.au)

## TALKING HEALS



### **About**

The Talking Heals campaign was a joint campaign by the Queensland Council for LGBTI Health, Open Doors Youth Service and the Centre for Human Potential.

It connected members of the LGBTIQ+ and Sistergirl and Brotherboy communities who were facing a suicide crisis or were grieving the loss of a loved one with psychologists and case managers.

Referral options were intentionally broad to create culturally safe pathways. Affiliated referrers included Diverse Voices, IndigiLez, gar'bun'djee'lum, Y2K, Wendybird, Roses in the Ocean, BrookRED and True Relationships.

[www.talkingheals.org.au/](http://www.talkingheals.org.au/) QC LGBTIQ+ Campaign



## The governance and funding landscape today

From a governance and funding perspective, the trial sites had a four year tenure (an initial three year trial with a 12 month extension) supported by funding from the Australian Government. A fifth year was provided to transition the trial programs. The entire trial ran financial year 2016–2021. The governance and funding auspice has been undertaken by the PHN with community groups delivering frontline services.

Over the trial period, more than \$4 million of services were delivered in the Brisbane North community. Conservatively, based on the service demand and feedback from service providers, \$1–2 million per year would be required to continue the majority of programs. An additional \$3–4 million annually would allow programs to evolve and grow to meet the increasing needs of the community and to adapt the trialled service models to continue to respond appropriately in the community.

Australia's first National Suicide Prevention Adviser was appointed in July 2019 to support a zero-suicide objective. As part of the August 2020 interim report, there is a sharp focus on improving whole-of-government coordination and delivery of suicide prevention activities. The final report was published in April 2021.

At the time of writing, the Australian Government's 2021–22 budget was likely to be handed down in May 2021. It is hoped that, in response to the evaluation of the National Suicide Prevention Trial activities undertaken by the University of Melbourne, the budget will include funding to respond to and leverage the great work undertaken in the trials. In doing so, it will continue to support the needs of the community.

“Aboriginal and Torres Strait Islander community members shared stories of when their family members had accessed services at hospital emergency departments... they were kept waiting, it wasn't a culturally safe experience, the physical environment wasn't culturally appropriate and there wasn't capacity for private storytelling.”

—service provider

## Impact on service providers and those using trial services

Many people, organisations and communities have been positively impacted by trial activities.

There are now:

- more seamless pathways for those receiving care as gaps between services have been bridged
- specific population groups receive more appropriate care as we develop a better understanding of their requirements
- people have better access to the care they need through stronger links and more awareness of the services available.

Many of the trial programs offered avenues of support not just for the individual at risk or having suicided but for bereaved family, friends and community members.

# Transitioning away from NSPT funding

It is imperative to highlight that, without recurrent funding, many of the trial activities will be unable to continue in their current format. This includes social support programs and ongoing educational activities to support suicide prevention. Some providers will move to a self-sustaining model. For others, transition may mean integration with other service providers or closure of trial activities (largely due to funding dependencies).

The PHN is working with community service providers on a transition plan to support the continuity of service provisions for both social service organisations and those using the services.

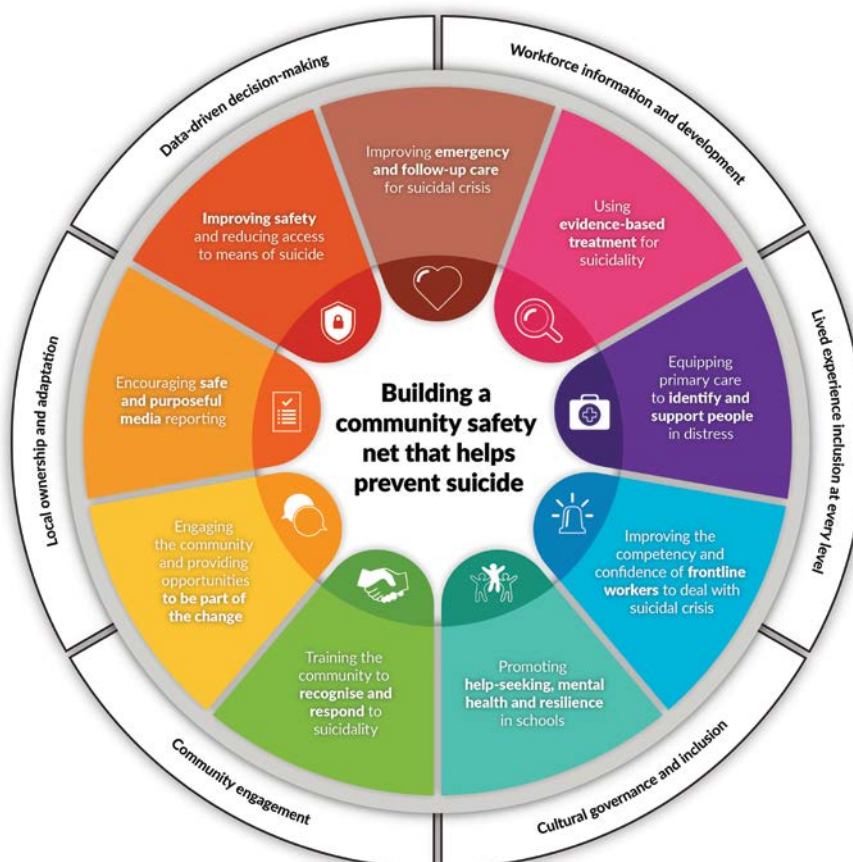
Existing primary mental health care funding for suicide after-care services will continue to be funded by the PHN and key trial learnings will be included in the provision of these services.

However, it is important to acknowledge that these initiatives are not specifically modelled on key components of the Black Dog Institute Lifespan Model for Suicide Prevention<sup>3</sup> on which trial activities were based and program success was evidenced.

Some of the Lifespan Model components are:

- training the community to recognise and respond to suicidality (community education and training)
- improving the capabilities and confidence of frontline workers to deal with suicidal crisis
- promoting help seeking or mental resilience in schools (school-based programs)
- pre- or post-support for families or the wider community (for example, in a sports-based context or areas where there are multiple suicides in a defined community group).

## The Black Dog Institute's Lifespan Model



3 <https://www.blackdoginstitute.org.au/education-services/lifespan-integrated-suicide-prevention/>

“LGBTIQ+ communities reported that those seeking assistance at a hospital emergency department weren’t treated respectfully: they were frequently misgendered during assessment and triage processes. It wasn’t culturally safe for trans people who were often further traumatised by the process of trying to access support. In addition, there wasn’t a mechanism for private conversations and as such, on arrival, those who needed assistance were reluctant to divulge their details and the nature of the assistance they required (related to suicide prevention).”

—service provider

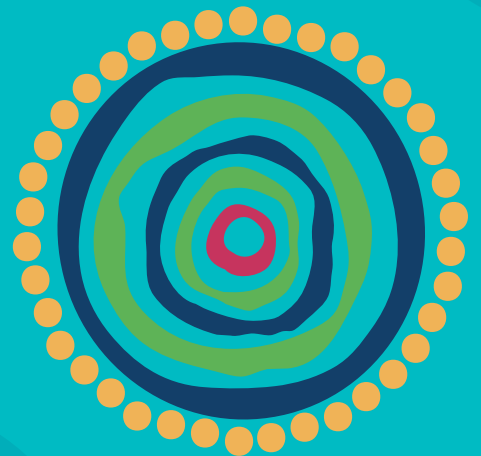
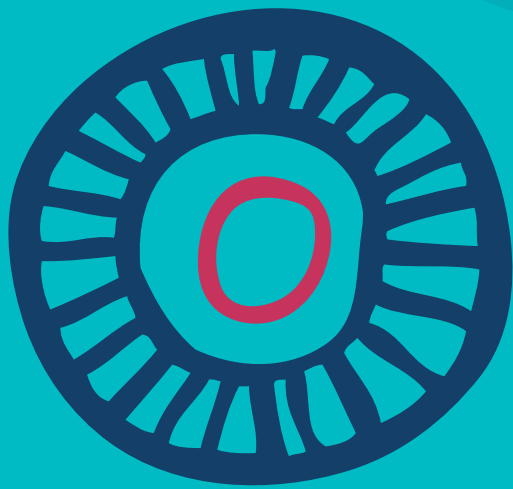
## Activities and learning for program improvement

In acknowledging the requirements for patient care, the PHN will continue to fund (from its primary mental health care provisions) a number of suicide aftercare services throughout the region as well as psychological support for people experiencing suicidal crisis. These services will incorporate key learnings from the trial.

It is important to note the following:

- Key learnings from the trial have been incrementally included in the improved provision of services. The trial has also highlighted the need for additional services and the inclusion of targeted support for specific groups.
- The PHN is actively partnering to continue delivering outcomes for targeted populations using the learnings from the trial. For example, The Way Back Service was trialed at Redcliffe Hospital in 2017. In 2020, the Way Back Service was extended to the Caboolture Hospital and in 2021, a new Way Back Service will commence in the Royal Brisbane And Womens Hospital (RBWH) catchment. The new RBWH program will specifically cater for both needs with the inclusion of Aboriginal and Torres Strait Islander, and LGBTIQ+ community-based referral pathways in the service model.
- The PHN funding for psychological therapy services will continue to focus on key population groups for whom mainstream services are not accessible or appropriate. These include Culturally and Linguistically Diverse (CALD), LGBTIQ+ communities, children, people who have experienced trauma or abuse and those at risk of suicide.
- An integrated social, health and emotional wellbeing program will continue to be funded through an Aboriginal and Torres Strait Islander Service provider.

# Trial impact and novel aspects



## TRIAL IMPACT AND NOVEL ASPECTS

### How did the NSPT achieve its results?

The grassroots provision of community services is underpinned by a wealth of community partnerships, skill and experience. The result has been remarkable outcomes and broader community connection including the timely implementation of the trial.

#### A preventative health and social determinant approach

- This unique funding opportunity allowed the Brisbane North trial to focus on a preventative health approach that considered the social determinants of health and wellbeing and their impact on suicide.<sup>4</sup> Traditionally, the procurement of services for the PHN are focused on the provision of primary health care services, for example clinical psychology services.
- Community stakeholders, at the commencement of the trial, felt their requests for preventative and educative support had been heard (some of the stakeholders articulated they hadn't felt heard in some time and were trying without adequate funding support to help as much as they could). As a result of bringing key community members together to discuss the community need, the trial saw the PHN and service providers share the responsibility to reduce suicidal behaviours, and that meant reshaping the social, economic and physical environment together.
- A proactive community approach has also seen the community help identify the gaps in care and provided a timely and informed understanding of how these social determinants are impacting suicides in the Brisbane North community. The timely provision of this information has allowed the PHN to be more flexible in the allocation of funding based on community need.

“Let’s not get to the stage where someone is contemplating suicide as a way out. It’s what we can do to provide support before someone gets to that point that’s important. And, for our mob, that could mean health and housing support. There’s so much more to the equation.”

—service provider

- Redressing social inequities and preventing suicide in identified community groups, by treating the individual directly for their specific needs, has helped solidify a sense of belonging (a whole person approach)—for example, Aboriginal and Torres Strait Islander and LGBTIQ+ service providers highlight that people feel safer to access help and be themselves.

#### Engaged community in co-design

Engagement of embedded community members in the co-design process provided both the service providers and the PHN with a social licence to operate in the community.

- The PHN actively and broadly engaged members of the community in the co-design process. From the beginning, members were actively engaged through consultation, commissioning and the implementation of the trial programs.
- Strong community links and cultural guidance engendered community confidence in the programs (for example, support from Elders).
- Respectful governance with an Aboriginal Elder able to provide cultural guidance as co-chair of the Aboriginal and Torres Strait Islander Community Implementation Team strengthened the programs and fostered community acceptance (“they know what they’re on about, they’ll help and do the right thing by our young people”).

4 [https://www.blackdoginstitute.org.au/wp-content/uploads/2020/09/What-Can-Be-Done-To-Decrease-Suicide\\_Chapter-2-Social-Determinants.pdf](https://www.blackdoginstitute.org.au/wp-content/uploads/2020/09/What-Can-Be-Done-To-Decrease-Suicide_Chapter-2-Social-Determinants.pdf)

- Accessing existing community members' connections helped provide a directory of established community connections so timely assistance could be provided to those at risk/in need. Informal referral pathways existed but were often constrained through lack of direct and timely contact with or awareness of other providers who could provide support to at-risk individuals and their families. For example, it was difficult to access in-person psychological support services in the Bribie Island region. However, Elders often provided informal support to families in immediate need.
- Elders who undertook training of 'how to talk to someone at risk and where to refer them' felt empowered to help rather than feeling helpless or conflicted on where to send individuals for assistance.
- Service providers reported that the opening of these referral pathways and community collaboration on suicide prevention has allowed the wider Brisbane North community to proactively look for and access support.
- Community members have become a conduit to connect and link individuals to safe, appropriate and timely support. For example, families are seeking information on behalf of loved ones in need.

“Engagement with the Brisbane North Aboriginal and Torres Strait Islander community, through this trial, has engendered a level of respect and trust that has helped the PHN with the development of the organisation’s Reconciliation Action Plan.”

—**Naomi Lauuli,**  
**Brisbane North PHN**

### **Early engagement and authentic co-design = timely implementation**

- The PHN engendered a high level of trust in respecting the different groups' ability to both know what was needed in the community and to provide these services. The PHN played an oversight and assistance role rather than trying to 'manage' any problems independently. This often meant the groups held difficult conversations but there was a steady resolve to find a way forward and keep the outcome and needs of the community top of mind.
- Stakeholders were particularly complimentary about the level of respect the PHN staff showed around community knowledge and insights.
- Early community engagement with key community members allowed a level of trust to be established between key stakeholders quickly.
- For those at-risk seeking support, care and assistance can be mobilised quickly in the community because of newly established community links. These links helped to provide a clear and simple pathway for individuals and families seeking support.
- The PHN ensured early and ongoing community engagement and collaboration on all aspects of the trial. This allowed for a more timely implementation of the trial compared to other national trial sites.
- Community members felt empowered because this was a true co-design process with no preconceived ideas about what the community required.
- The PHN relied on the community input/ advice and tweaked or adapted the trial requirements accordingly.

“Early co-design was exceptional because the PHN disseminated authority to the community and the community was happy to take the baton with the PHN’s support.”

—**service provider**



## Building strong connections – the power of community

- The collective knowledge and skills of each of the groups were well respected by all.
- Key stakeholders had a say in the needs assessment, and as a result, further community connections were established that helped underpin the project's success. From Elder involvement and co-chairing of the committee through to on-the-ground support and inclusion of mental health community support groups, for example IndigiLez involvement in both Aboriginal and Torres Strait Islander and LGBTIQ+ trial streams.
- The group acknowledged early that they were 'stronger together in their fields of expertise' despite there being some historical tensions.
- Those who had lived experience shared their stories, which was powerful for both healing and community education (for example, people who had lived experience of suicidal thoughts or attempts, or those that had cared for a loved one or bereaved the loss of a loved one through suicide). An informal outreach has helped others understand.
- Community members felt safe to share their stories in open forums once trust had been established, which provided a deeper level of connection. Enduring mentorships have been created as a result.
- Peer support through trial programs has for many taken the blame or guilt component away.

"One of the most unique characteristics of the trial was the PHN bringing together providers for conversations about community need. Fostering these enduring partnerships has been a major win. There has also been a reigniting of partnerships that had been dislocated over the years."

—service provider

## A new model of care and service continuity

This model created a pathway focused on preventative, pre-clinical and post care.

- Brisbane North service providers have been able to form partnerships and share resources under the trial structure.
- The provision of clinical support (e.g. psychology services) as part of a broader spectrum of care has made participants more comfortable in seeking support. Organisations then, through inclusive step-up and step-down programs, have the ability to hold space and support for the individual seeking assistance.
- The trial has allowed for the provision of clinical and psychological services as well as social and emotional support (preventative) with a focus on belonging, and working through and unpacking the trauma that may have contributed to thoughts of suicide and/or suicide attempts. This is especially important because the current care pathway does not cater for vulnerable people who may need long-term support but do not meet acute criteria. For example, individuals who have experienced trauma and family violence need longer term support than is typically available through a GP mental health plan.
- In recognising the immediate need for assistance, trial participants were supported in the trial through the provision of social workers to help guide individuals so they could access services safely without their wellbeing being compromised. For example, individuals re-engaging with social welfare services like Centrelink after having negative experiences previously.
- A community reference point for support (community member, organisation or case worker) has helped individuals navigate the range of support options available at an extremely vulnerable time. And has helped provide the necessary links for longer term support (answering the central question: where do I go for help where I feel safe and seen?)
- Providing 'connector' training for community members through trial program activities has provided support for individuals to help them recognise the signs of suicidal distress, highlight how they can help and provided referral support tools for an at-risk individual and community members who may be in need of support.
- Connector training has also engendered younger people to provide peer support through participating in the training.

- How are these service providers making a difference?
  - The model of service delivery allows for the timely and immediate provision of assistance.
    - + Wait times of 3–5 days are often a reality for the provision of clinical support. Provision of outside-of-hours care, backed by community knowledge and awareness of what is happening in the community. Community members identified that care is rarely required 9am–5pm and community knowledge and awareness goes a long way to helping understand what it is happening in particular areas and identifying patterns of behaviour.
- In many examples, access to services was impeded by not being culturally safe, by not being able to find the appropriate contact or resource quickly, an inappropriate or unsafe space in hospital setting for the discussion and disclosure of private information. In many cases, for the LGBTQ+ community being misgendered was also an issue.
- There was a distinct lack of follow-up care in the 24 hours post incident that individuals required to stay safe.
- Bringing key community members to the table to identify the Brisbane North community specific problems and then asking who were the best organisations to provide essential services—a community assessment of organisational capability that was aligned with individual community needs.

### **The procurement approach was based on effective stakeholder engagement**

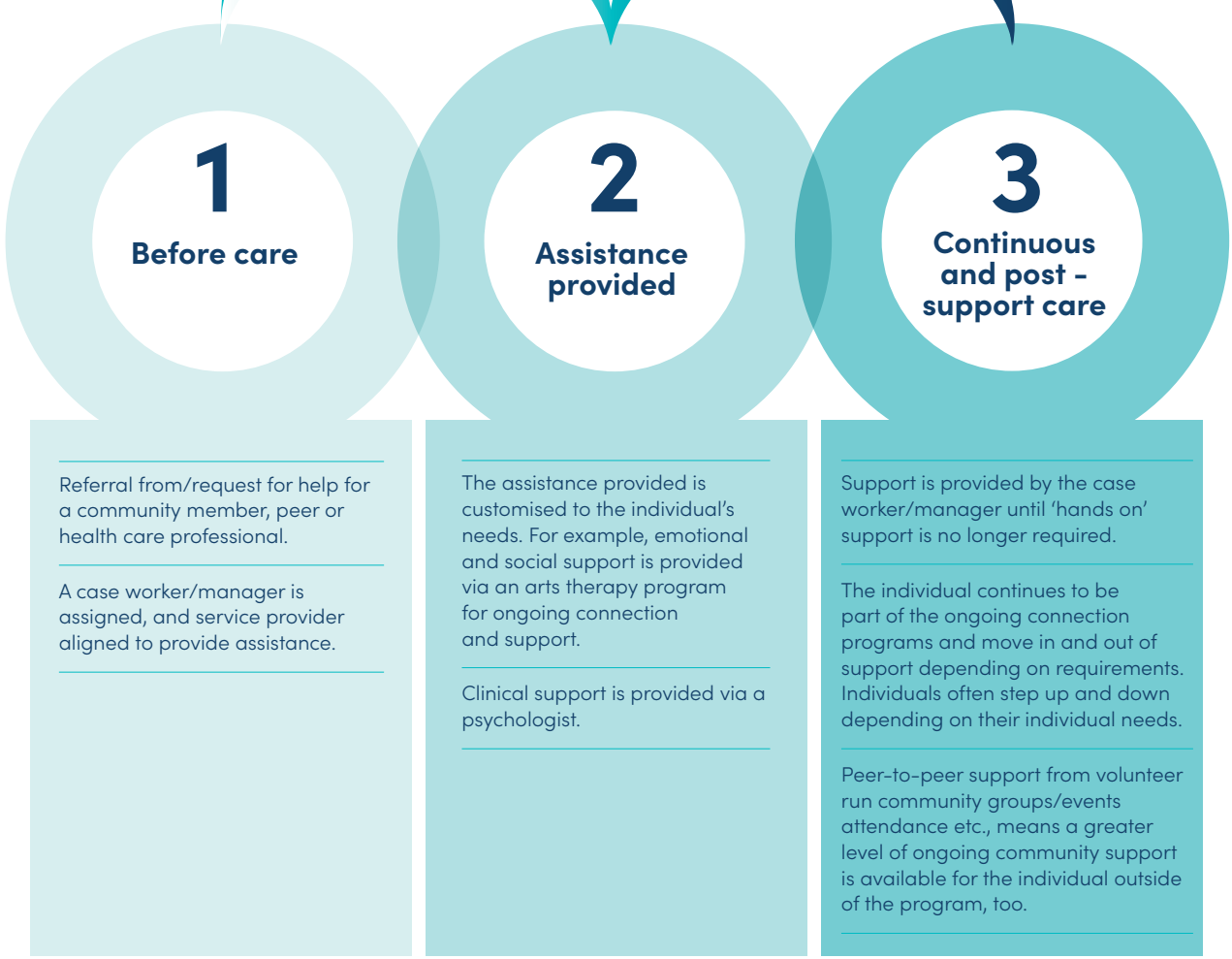
- The initial needs assessment undertaken by the PHN was developed and co-designed through community consultation activities. The trial objective was to ensure there was a robust commissioning framework in place and the needs of the community weren't directed or informed by the PHN—that the community was empowered to speak about, support and help implement the trial components.
- As a result, the share of voice throughout the trial has been owned by the community stakeholders and service providers. Community members have been empowered in the decision-making process and have been able to readily articulate who is best placed to undertake the work required to reach these discrete populations and any notable gaps.
- The Brisbane North community was a loud community voice—it recognised the need and was frustrated at the lack of targeted services provided for those in suicide ideation or who attempted suicide, their families and the wider community.
- A large part of the stakeholder engagement work was helping reconcile the poor experiences that had been had in trying to access services and support.
- Being flexible enough to make procurement changes when it was evident individual organisations could more effectively implement key program areas. For example, one initial contract was split into three individual contract arrangements.
- Elimination of the competitive tendering process and definitive budget allocations transformed the style of relationship between providers where there was no direct competition for funding.

“It’s not just before, hospital or after care—we treat the person as a whole person. It’s a different way of providing help. Our case workers help point young people to all manner of support. For example, housing support, medical care (if required) and other social support so they can keep their lives on track.”

**—service provider**



**Continuous loop = community**



## Educating the community

Educating community members to recognise the signs leading to suicide and how they could help expanded their focus and enabled them to reach those in need in their own environment.

- Those close to at-risk individuals—for example, family members, community members (coaches, etc.)—have been able, through the educative support provided, to readily identify those individuals who may be in need of assistance and provide support. This assistance has been provided, for example, at sporting venues as an outreach service to support direct and immediate community need.
- The Y2K program has provided a safe system to self-empower individuals and build cultural pride within schools. In addition, Elders (and referrals by key school staff) are providing a community point of contact and assistance for those in need of care.
- Provision of culturally safe guidance and support is catering for the needs of these individual students.
- Treating the whole person, rather than just individual illnesses.

## Direct information

Providing information directly to the community on the services available in their area made pathways more accessible.

- Trial groups have been able to provide information directly to members of the community in their environment (or an environment where they feel safe to seek this information out) and discreetly through social systems/networks like peer referral. This has been particularly evident with a younger demographic throughout the trial.
- There is a large number of mental health providers and it is often difficult for community members to understand where they can access help. The creation of a quasi-service directory among service providers and active promotion of the services available (for example, a campaign) and connection through social media has helped to provide information.
- All providers articulated that they would need to significantly upscale to meet any immediate need if wider promotion of their services occurred and they had a primary reliance on referrals being generated directly from community members, other social service providers or a social media presence.
- The group referral process has helped streamline/ provide a direct line of support for young people. There is a distinct lack of knowledge and a large amount of confusion about who/which provider can assist young people.

“We had an instance where there was a cluster of suicides in the area. Coaches from a sports club reached out for support after undertaking the connector training. The sports club organised an event where 200+ people attended. A field manager and case support worker also attended the event to discuss preventative activities and post support assistance for friends and family. Being able to support friends and family when the community grief was palpable speaks volumes for why Mateship Matters works.”

**—service provider**

## Brisbane North NSPT activities at a glance\*

### COMMUNITY



**1,040** People engaged   **28** community sessions held

### YOUTH



**206** sessions held   **1,545** young people attended

### SCHOOLS



**48** student sessions held   **797** students attended  
**19** teacher sessions held   **307** teachers engaged

### TRAINING



**32** training workshops held   **392** people trained

### EMERGENCY FOLLOW-UP CARE



**376** people (and their families and carers) received services   **6714** occasions of service

\* July 1 2018 to December 2020. Data includes estimates of people engaged during community events and registered participants at training and activities.

# How the community successfully implemented the trial



## HOW THE COMMUNITY SUCCESSFULLY IMPLEMENTED THE TRIAL

### Stakeholder engagement

- Community members were engaged in all aspects of the trial—from the initial needs assessment through to trial transition.
- The PHN sought to undertake a process of co-design and empowerment with community stakeholders. Understanding the principles and practices of co-design proved challenging for both the PHN and the stakeholders, but the process ultimately resulted in better relationships and co-designed services and processes. Some of the service providers have, over the time of the trial, built their capacity, and now deliver more programs.
- Opening up the conversation: the trial program engendered a community change in talking respectfully about suicide and prevention activities, and stakeholders actually hearing and participating in trial-based training. The term ‘suicide’, which in many communities there is not an equivalent word or there was shame in discussing, was no longer taboo.
- Service providers are also now more aware of the market and future expansion opportunities—the organisations themselves have grown and so have staff capabilities within the organisation through training opportunities.
- Partnerships and collaboration with community organisations is particularly strong. The PHN’s role has been a facilitation focus and supporting the community groups to deliver.

### Learnings – stakeholder engagement

- Initial meetings were held at a venue where Aboriginal and Torres Strait Islander members did not feel culturally safe. As a result, discussions stalled, and information was not forthcoming. This was easily remedied by asking the Aboriginal and Torres Strait Islander community for advice and changing to a more culturally appropriate venue.
- On the second consultation, a groundswell of support was evident—there wasn’t a large enough space for all members to be seated.

- When trust was established, a 90-minute meeting spilled into a 3–4 hour consultation and the meeting became a healing space where those in attendance felt they could share their stories openly.
- These stories and the lived experience of those in the room helped inform the backbone of the co-design process.
- The community implementation team became pivotal in providing timely community insight and in questioning the values of any decisions being made. At times, these meetings became the place to have uncomfortable conversations and resolve any tensions before contract sign off and submission of the implementation plans.
- Timelines for implementation should consider the level of stakeholder engagement and resources required as part of the initial planning/scoping process.

“In some schools, there were negative perceptions about being Aboriginal and Torres Strait Islander, and with the help of the Yarning Circles, the schools embraced cultural identity respectfully. In one school recently, ovals were renamed in language and maintenance done on a Yarning Circle area that had been in disrepair. These acts helped the students at the school feel a sense of pride and inclusivity. I doubt this would have been a reality if the students and staff hadn’t participated in and supported the Yarning Circles.”

—service provider

“It’s empowering to see Aboriginal and Torres Strait Islander students feel safe to ask cultural questions and seek help without fear of retribution. We’ve been able to help some students with support and referrals discreetly and quickly. Others feel a sense of belonging and camaraderie they haven’t felt for a while because they’re connecting with other Aboriginal and Torres Strait Islander students across age groups at the school. For some students, all of a sudden, it’s cool to be themselves again and that cultural pride makes me smile.”

—service provider

### Learnings – community involvement and cultural engagement

- The PHN staff have, at times, had to sit on the peripheral of community conversations as an active observer out of respect for the nature of the conversations and those leading the conversations (for example, Elders). For some staff, it’s been difficult to gauge when it’s appropriate to be part of the conversation and when they’ve been required to be part of these conversations so they can still do their job.
- The PHN staff found great benefit from being involved in stakeholder engagement if they are not directly involved in the particular community so they can be part of the casual conversations that happen outside of the scheduled meetings.
- Keeping touch and having these on-the-ground insights has been pivotal to understanding the needs of the community in a timely way and managing any trial risks particularly when there has been a direct impact in the community as a result of suicides.

### Suggestions

- Rich insights have been captured as part of stakeholder engagement activities but haven’t been documented progressively with the exception of meeting minutes. The development of a quarterly or bi-annual snapshot of the trial progress would be helpful for future projects (outlining both qualitative and quantitative insights for the PHN and providing content for service providers to highlight their service provision via program updates to the wider community).
- Early planning should consider the requirements of culturally responsive engagement with Aboriginal and Torres Strait Islander Peoples—for example, a more considered approach, longer timeframes for engagement (to allow for community and Elder consideration) and awareness of communication style preferences of the groups.
- Staff trained in cultural capability to understand and engage with Aboriginal and Torres Strait Islander and LGBTIQ+ peoples and communities in a way that demonstrates respect and support for Aboriginal and LGBTIQ+ language, heritage and culture. If trained in the ‘proper way’ it would have helped mitigate some of the early engagement missteps.
- Undertaking a ‘ways we work’ workshop early in the engagement process when the governance structure was suggested and adopted may help to enhance understanding around budgetary processes and approval timeframes for the service providers.

## Building capacity – sector and service providers

- The PHN's focus has primarily been on supporting the service providers to meet the needs of individual clients in the community and key education activities that have allowed individuals and the wider community the ability to understand how they can support an individual requiring assistance.
- Trial activities have helped the sector to improve the pathway for individuals to access services. Appropriate services could be readily accessed through the trial via multiple entry points for individuals, in a culturally capable way with the subject of suicide approached sensitively.
- Training and tools were provided through the trial to support mental health care pathways and to build capacity in the community to identify those in need of assistance.
- Training in individual measurements that help step individuals through assistance was also provided. For example, the training in the clinical STARS assessment tool has been implemented by those providing emergency follow-up services.

## Community understanding of government process and practices

Given the transparent nature of procurement used during the trial, it was important that all stakeholders understood the systems and processes involved in the contracting and funding arrangements. For example, the carry over of underspend in the first year of the trial, given the time taken to develop and build community relationships and co-design the trial services, meant that additional funding could be provided to services in the second year of the trial. However, this had to be managed as funding then returned to budgeted amounts for the following years.

The PHN learned, through the trial, that working in a community-based model in time sensitive work like that of suicide prevention required a significant responsiveness and resourcing that was not typical of other work, which also meant helping to inform service providers about how the PHN worked. For example, there was a community expectation throughout the trial that the PHN should provide an immediate response to queries and questions—something that wasn't practical with the level of project resource support available.

## PHN staff resources, capabilities and operational support

- The PHN staff are primarily from a community development background. This skill base helped to ensure a more personable connection with key community stakeholders and helped to oversee the community-led initiatives.
- The PHN focus was on sustaining relationships to deliver outcomes, rather than a pure contract manager focus. The recruitment of a project officer with key community links was pivotal to the successful implementation of the trial.
- The nature of staff interaction is different as a result of PHN staff experience—the community focus is engaged rather than purely transactional—for example, 'how can I be involved to help' versus 'I'm a commissioner'.
- PHN provided executive administrative and stakeholder engagement support to organise meetings throughout the trial.

"A local gym reached out for assistance in a 'we don't know what to do' moment after three members had taken their lives. Staff undertook the connector training and were energised that they now had the skills to support members. There was a lot of commentary around 'had we known this at the time, we would have done things differently.'"

—service provider

## Learnings

- The level of governance, administration and stakeholder engagement support that the PHN provided is resource-intensive with community implementation groups meeting every 6–8 weeks.
- Administrative support was provided from the broader PHN mental health team and the needs of the groups were quite intensive. Many of the providers primary focus on frontline support meant there was a reliance on the PHN to provide administrative support—for example, secretariat support for the governance framework and associated meetings. Providing dedicated administration support as part of the trial would have been of benefit.
- Resource-intensive stakeholder engagement was undertaken by the trial coordinator in the absence of a dedicated stakeholder engagement specialist.
- On PHN staff dealing with a traumatic subject—for example, dealing with personal impacts of suicides while working in the community—means that suicide is not only an intense topic but sometimes relationships can be intense. The current trauma approach for PHN staff is limited to support and debriefing (i.e. via the Employee Assistance Program [EAP]). Frontline vicarious trauma training could help assist staff understand and respond to stakeholder stresses and better understand the complex trauma service providers deal with daily.
- The volunteer contributions made by community members to support service providers is extremely high. For example, the volunteers that invested hundreds of hours of their time as part of the campaign steering group, in event coordination and in the distribution of campaign resources. These volunteers also dedicated many hours supporting healing retreats and Yarning Circles. The dedication of the volunteers has been pivotal to the success of the trial projects.

“Ask an expert—listening to the lived experience of others should be the norm – because it works. Not just for those involved in the trial but also for our younger generation.”

—Uncle Mark

## Governance, reporting and risk mitigation

- A governance framework was created by the PHN to support the community groups who were part of the trial. This framework worked particularly well.
- It is difficult, largely due to a statistical lag of almost two years, to articulate the impact of the suicide prevention trial quantitatively in a timely manner. This is, however, not unique to this trial with a fundamental shift in measuring outcomes in suicide prevention and improved data and evidence collection highlighted by the National Suicide Prevention Adviser in 2020 findings. Despite this, the BHPHN undertook a quarterly quantitative reporting assessment to progressively gauge the progress of the service providers. The qualitative impact of the trial has been determined through canvassing the service providers and undertaking a lessons learned exercise with the PHN in the formulation of this report.
- Senior PHN staff were comfortable to sit with the risk that the quantitative reporting may not truly reflect the true impact that the trial was having in the community but that the community outcomes were the true measure of the trial’s success.
- Community service providers are feeling a moral and values push to continue services without funding—this is a risk for staff burnout or may result in services being streamlined so only those with immediate and pressing need are able to access services.

## Learnings

- Adopt future Australian Government reporting recommendations and develop quantitative and meaningful data capture across key project milestones in the trial implementation.
- Training or education as part of transitional activities to help those smaller organisations with a business transition plan to ensure services are enduring.



## Procurement

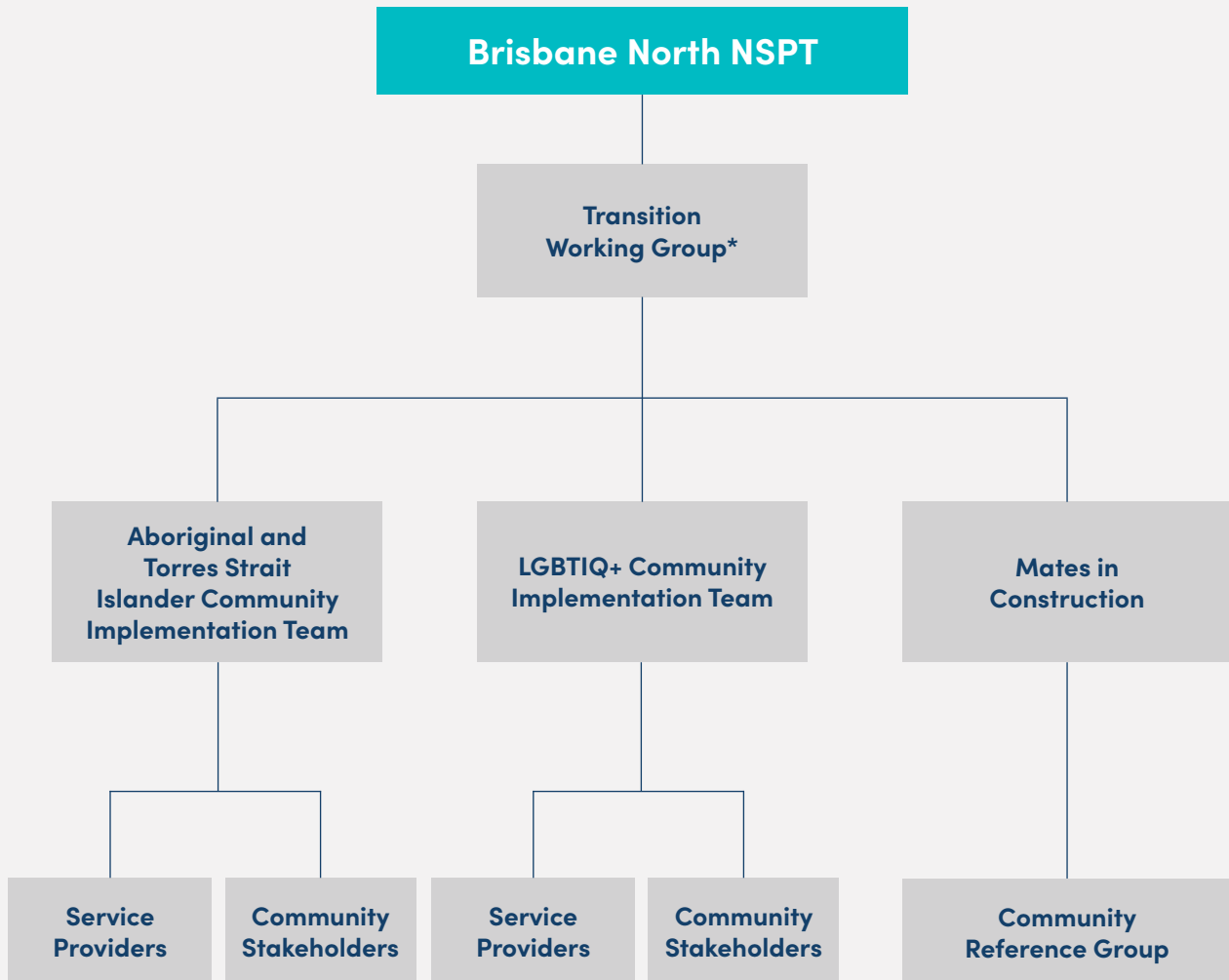
### Procurement learnings

- Defining the boundaries of a commercial contract based on community and stakeholder identified need was not something that community-based organisations had been involved in before. Traditionally, contracts were commercial in confidence or the groups involved had been competing for the same funding provisions. The switch to a community collaborative and co-design process was not without issue. However, the bravery, openness and true focus on working towards community need in a timely way took precedence. In fact, relationships that had previously been fractured in the community were healed through the central objective being about providing the best care for the community. In the Aboriginal and Torres Strait Islander community collaboration between service providers was undertaken with an openness and cohesion that is being celebrated and speaks volumes about the organisations involved in the trial.
- The transparency about contract provisions and discussing ‘everybody’s business’ in the same narrative required a level of bravery from the key stakeholders and organisations involved particularly when some of the organisations were non-profit and others profit driven.
- It could be considered by some as a somewhat risky approach not to engage mainstream or larger organisations for the delivery of the trial work. It became evident that in order to support smaller providers and to ensure the provision of tailored services that the PHN would need to take a more relational approach and work with providers to build their capacity in governance and reporting functions to meet contract obligations. Organisations were also at a different level of maturity—some newly formed (two years), others who had been through recent management changes and others who had not collaborated for some years due to past tensions.
- Some service providers articulated that a simplified grants program and application process to minimise the time invested in the grant application process would allow organisations more ‘hands on time’.
- An open and inclusive discussion with multiple providers on the best approach to ‘what are the activities that need to be delivered and who is going to deliver them?’ was a unique approach.
- Consensus decision making, in contractual and service provision discussions, was challenging for key stakeholders in the first instance. It wasn’t an approach that was a typical experience for service providers.
- Establishing the initial procurement parameters was challenging in a traditional procurement environment that assessed applications. Instead, procurement pivoted to ensure all community members were heard and attended all relevant meetings, and to accurately assess what the services were capable of delivering.
- To ensure cultural integrity is integrated in the procurement process, cultural references could be requested as part of the procurement process for organisations that identify and seek to provide services to Aboriginal and Torres Strait Islander peoples. This would help to ensure a culturally safe experience and ensure the PHN has an awareness of the level of cultural capability of the organisation/service provider.

“We’re guiding young people through a genuinely difficult time and often challenging circumstances. Having someone with them along that journey—be it suicidal thoughts or an attempt—has been instrumental in saving their life.”

—service provider

## Governance, reporting and risk mitigation



\* The Transition Working Group was formed as a joint initiative of the Community Implementation Teams and Mates in Construction to bring the groups together to work specifically on the transition and sustainability of the trial during 2020/21.

- The general consensus from both the PHN and service providers was that there has to be an effective model where:
  - the key decision-making rests primarily with the community that’s affected
  - stakeholders in that community are working together to make a joint agreement that they own
  - the selection and procurement process involves a level of rigor
  - the most appropriate provider is selected.
- Generally, there was consensus that the traditional procurement model of competitive tendering was not an appropriate criteria to determine the fit of service providers for the trial.
- Early research or benchmarking so that quantitative data is available in a timely manner and there is a reduced reliance on data that is 18–24 months old. Quantitative data sometimes doesn’t capture the full scope of work being undertaken for reporting purposes.
- The focus of resource support in the trial was primarily around Aboriginal and Torres Strait Islander and LGBTIQ+ peoples. A more focused engagement activity that focused on young to middle aged men would be helpful. While resources touched on this audience, it was largely other groups that formed the focus of the trial.

### Suggested improvements for future projects – the PHN

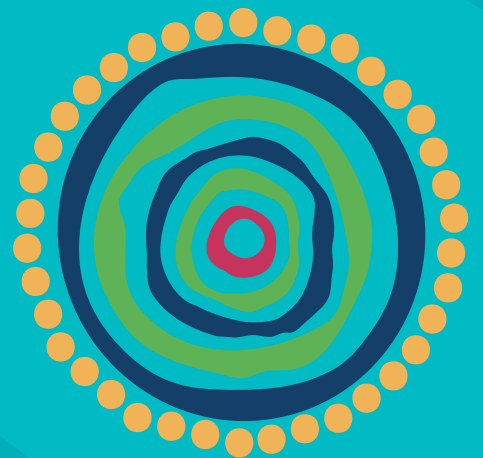
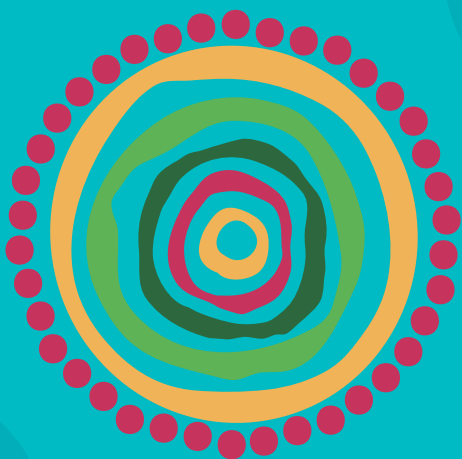
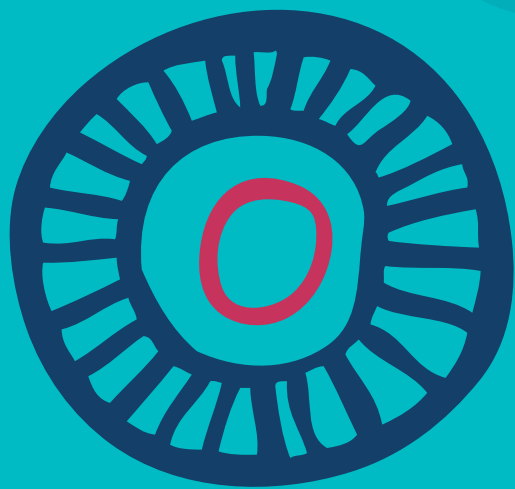
- Continuity of funding across a 10-year (generational) span that is reviewed annually so a true evaluation can be undertaken, and the trial program impact measured effectively. This would also remove the need for clients who are receiving treatment to be stepped down or transitioned out of existing trial programs that poses an on-cost risk to individuals and the wider community.
- Realistic timeframes for co-design.
  - The timelines for program implementation should be agreed by all key stakeholders as part of the funding allocation process (or at the very least considered in the context when funds are made available).
  - Stakeholder engagement was in the inform and consult stage of the IAP2<sup>5</sup> spectrum. Fast tracking stakeholder engagement to the collaborate stage was required and there were some stumbling blocks as a result.
- A co-designed reporting framework that was consistent across all organisations would assist with coherent data capture—all organisations use different reporting frameworks depending on the nature of the organisation and their board-based reporting requirements.

“My dream would be that Aboriginal and Torres Strait Islander culture is taught and well-integrated into Australian life, there is no direct need for cultural education and our mob feel safe in the community and in their identity.”

—service provider

5 <https://www.iap2.org.au/resources/spectrum/>

# Appendix



## **APPENDIX**

### **Strategic communication for trial providers**

During the trial, providers leveraged their online presence and existing community relationships to forge pathways to their trial activities.

More formally, the Yarns Heal and Talking Heals campaigns were developed to create more awareness of the trial activities within discrete communities. Reasons to Stay, by contrast, was designed as a whole-of-population campaign and drove broader awareness of suicide prevention services. Due to their success in their communities, the campaigns will continue to some level beyond the life of the trial even if the services they encouraged connection with are limited post-trial.

To support ongoing advocacy and to enable the sustainability of trial services beyond the funding deadline, providers need to develop greater marketing maturity.

### **Provider feedback**

In addition to verbatim conversations with providers, which covered topics from trial services through to communication, New Word Order undertook a survey of providers in early 2021 that delved deeper into communication capabilities.

The majority of trial participants heard about the NSPT programs via word-of-mouth channels: health professional referrals, friends, school, community or family. Nearly 70 per cent of participants were already known to the services.

Referrals were attributed mostly to community members (for example Elders) or other organisations (such as sports coaches). Fewer than half of the referrals came from owned channels (e.g. a service provider's social media platform) or paid channels (paid media, such as Facebook ads).

The vast audience targeted by providers—from primary school-aged children through to people aged over 65, as well as people from distinct communities—also presented a challenge for providers to appropriately target their communication.

“Our aim is to do ourselves out of a job. My dream would be that all young people feel self-empowered, safe in their identity and know how to be self-reliant/self-supporting with a healthy mind.”

—service provider

### **Communication needs**

While all providers have basic communication channels established—such as a website or Facebook—there was an expressed desire for further communication tools that providers could share with their networks:

- professional pitch deck (presentation) for future funders
- case studies
- social media assets
- concise flyer that includes information on referral pathways.

These communication tools are being developed with each provider in order to drive further advocacy and sustainability of trial services.

Importantly, all will be designed similarly—although with each provider's unique brand colours and logo—to enable professional joint funding proposals in the future.

Many of the providers are small and lack the staffing to be able to properly resource a marketing function within their service. Under trial funding, New Word Order will offer a half-day workshop for each provider in order to help them develop a systematic, sustainable approach to growing their marketing capabilities.

## Future funding

Increased funding will enable better quality and more audience-focused communication across more diverse channels.

Many of the materials produced and identified on the trial's service providers' digital channels are text and PDF-based with some videos. There is an industry-wide absence of interactive or visual tools.

It is particularly important to provide information in formats that are consistent with target audiences and cater for unique and diverse audiences—for example, to provide video formats for younger audiences.

With access to services a major barrier in the provision of assistance for those at risk and underlying confusion still evident on which service can assist, it is also important that the format of any communications is simple, concise and has ready reference/referral points so access to information isn't a barrier to accessing services promptly.

Future funding could enable:

- A joint website to provide a one-stop portal for all providers and pathways
- Greater media coverage of trial activities
- Video footage throughout the trial period, edited together at the end for an overview package
- Visual case studies to celebrate success
- Simple, visual material to explain programs e.g. infographics
- Ongoing campaign material and funding.

“A concise flyer for providers, including information for and connection with relevant hospital departments to develop referral pathways.”

—service provider





