



National Suicide Prevention Trail

Activity Work Plan

2020 - 2021

phn
COUNTRY SA

An Australian Government Initiative

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NATIONAL SUICIDE PREVENTION TRIAL

Activity Work Plan covering activities in 2020-21

Funding for the National Suicide Prevention Trial ceases 30 June 2021. The focus of the National Suicide Prevention Trial funding in 2020-21 should be on transition and sustainability.

In 2020-21, all sites participating in the National Suicide Prevention Trial are required to:

- Continue the focus on a systems-based approach to the delivery of suicide prevention services at a local level.
- Identify priority activity and consider funding arrangements in 2020-21 and sustainability options beyond 2020-21.
- Develop and implement strategies to safely transition clients from individual or group services to other existing or planned services.
- Continue to gather evidence and participate in relevant data collection and/or evaluation activities.

Activity Work Plans (AWPs) are to identify major activities in all stages of the trial that relate to these objectives.

Only activities that will be undertaken in the 2020-21 financial year should be entered into the AWP template, noting this may include activities which only run for part of the year or have been carried over from the previous year.

COVID-19 impacts

The Department acknowledges that restrictions in place as a result of the COVID-19 pandemic have impacted on many planned trial activities in the 2019-20 financial year. While the 2020-21 work plan should focus on transition, there is scope to deliver on activities that have been postponed as a result of COVID-19. If the activities will require a carryover of funds from 2019-20, this will need to be clearly identified in the AWP and budget.

Approval of Activity Work Plans

The Department has committed to expediting approval of all existing Primary Health Network (PHN) activities specified in 2020-21 AWPs to minimise burden on PHNs during the COVID-19 pandemic. New activities will be reviewed as per standard processes.

The trial AWP will be reviewed in line with the parameters of the *National Suicide Prevention Trial – Transition Support Guidance* and *Supplementary Guidance – COVID-19 pandemic* documentation. Sites that do not include a focus on transition, or have planned new activities that have not been adequately considered in the context of this documentation may be contacted by the Department for further information.

National Suicide Prevention Trial Activity Work Plan 2020-21

SUMMARY

Provide an overview of how transition will be approached, with particular focus on the following:

- *What options are there to support priority activity on a longer-term basis?*
- *For individual or group services – what plans will be in place to safely transition and support clients?*
- *How will end of trial or transition to other programs and services be communicated with key stakeholders?*
- *Which key partnerships may support transition and sustainability?*
- *Has COVID-19 impacted on key 2019-20 activity and if so, what are the plans to address this in 2020-21?*

A formal end of trial and or transition communications plan will be developed by CSAPHN. The communication plan will be outwards facing but also localised using established NSPT communication channels and such as the NSPT newsletter, NSPT steering committee, NSPT lived Experience reference group, PHN/LHN quarterly partnership meetings and broader trail region stakeholder meetings.

It should be noted that sustainability outcomes and messaging regarding end of trial has been built into the CSAPHN trial site since commencement in 2017.

Contractual management of all trial activity to ensure service/activity winddown processes and protocols are in place and conveyed to relevant stakeholders and service providers. This is inclusive of safe transition of vulnerable clients where required.

Regional and rural Aftercare service models established and trialled in the CSAPHN trial site regions have been effectively integrated into the broader service system. CSAPHN will advocate for ongoing Commonwealth funding for people experiencing a suicidal crisis or who have attempted suicide.

CSAPHN will pursue alternate funding sources for the Aftercare services, as such we will continue discussions with Beyond Blue regarding potential transition of the Aboriginal Aftercare program under the Governments national expansion of The Way Back Service. The South Australian Government did not pursue the option of a regional Way Back Service in this national expansion, it is our intention to advocate and demonstrate continued support for this option.

In the event the above advocacy is not successful both mainstream and Aboriginal specific Aftercare programs demand management and service wind down strategies and processes will be inserted into the 2020/21 service agreement.

A plan for CSAPHN NSPT team formally share learnings and evaluation outcomes from out trial site will be developed, this is inclusive of a localised CSAPHN evaluation of the effectiveness of trial site activity. The sharing of CSAPHN NSPT learnings will have a broad focus whilst providing a lens to the Country SA PHN context and experience. It will be inclusive of implementation and establishment learnings as well as effective strategies and activities commissioned under the NSPT. Communication materials and presentations will be developed, prior approvals from the Commonwealth Department of Health will be obtained before public distribution of said communication materials.

Post-trial it is envisioned that the strengthened referral pathways, changes to discharge practices and improved education and increased health literacy of the community surrounding suicide prevention, will help ensure sustainable long-term practices and support for consumers.

Support and collaborate in the transition of the community-based Suicide Prevention networks in the trial region to Wellbeing SA for long term sustainability of these networks.

COVID-19 biggest impact has been to the small grant community activity, as such extension to deliverables allowing adaptations of alternative service modalities has occurred. Additionally, an investment in online suicide prevention training options will be pursued.

CSAPHN intends to continue to ensure sustainability of internal workforce capacity and maintenance of suicide prevention intelligence.

Key transition partnerships

- National PHN network
- Key State and Commonwealth suicide prevention stakeholders
- Local and national NSPT evaluators
- South Australian Premier's Council for Suicide Prevention
- South Australian Department for Education
- Beyond Blue
- Local Aboriginal Community Controlled Health Organisation's
- CSAPHN NSPT commissioned service providers
- CSAPHN NSPT lived experience reference group
- CSAPHN NSPT steering Committee

- South Australian suicide prevention networks
- Wellbeing SA
- Country Health SA Local Health Networks
- Black Dog Institute

Please include timeframes for transition of the Aboriginal and Torres Strait Islander aftercare service (delivered by Pika Wiya) should an alternate funding source not be identified. The Department would expect this transition to commence a minimum of three months before the end of 2020-21, particularly if there is no other suitable service in the area that can take on these clients.

A service wind down clause has already been included in the 2020/21 service agreement for the Aboriginal and Torres Strait Islander aftercare service (delivered by Pika Wiya); See below wording

Service providers have a legal and ethical duty to provide continuity of care to clients upon being notified of program wind down. This includes ensuring the broader community and referring health professionals are given adequate notice. To ensure appropriate clinical handover, plans to manage and notify clients must be in place at least 12 weeks prior to the contract expiration date. There also should be no new referrals received three months prior to service closure.

All communication to stakeholders and referrers to the program must be pre-approved by the company pending any program wind down, and include a process (where appropriate) inclusive of:

- *managing community perception and expectations during service closure.*
- *informing clients of the service closure.*
- *transferring client health records to new provider where applicable.*
- *responding to clients' requests for access to their information; and*
- *arranging secure and safe storage of retained records as per the Standard Terms.*

In addition, monthly face to face meetings between Pika Wiya and CSAPHN will commence in February 2021 to provide necessary transition support to Pika Wiya and their management of community perception and expectations during service closure or transition to new provider.

Timeline

01 June 2020	Wind down clause added to 2020/21 service agreement
30 June 2020	Execution of 2020/21 service agreement.
01 February 2021	Joint Pika Wiya/CSAPHN transition Support meeting.
01 March 2021	Joint Pika Wiya/CSAPHN transition Support meeting.
01 April 2021	Joint Pika Wiya/CSAPHN transition Support meeting; Referrals closed, clients informed of the service closure or clinical handover to the new provider; broader community and referring health professionals informed of service cessation/transition.

	01 May 2021	<i>Joint Pika Wiya/CSAPHN transition Support meeting; Clinical handover of clients, transfer of client health records to new provider where applicable; responding to clients' requests for access to their information.</i>	
	30 June 2021	<i>Cessation of service and or service commencement by new provider</i>	
KEY ACTIVITIES	Description of activity	Planned expenditure (GST excl)	Is this a new or existing activity?
	<p>Emergency and Follow up Care for suicidal crisis service</p> <p>Purpose of activity Service continuation of mainstream Aftercare service being trialled in rural locations, as current national Aftercare models are adaptable to smaller populations and health units where infrastructure and resourcing is limited.</p> <p>Target group People experiencing a suicidal crisis or who have attempted suicide</p> <p>Location The Yorke Peninsula, Port Pirie, Port Augusta, Whyalla and Port Lincoln.</p> <p>Key partner(s) Country and Outback Health Country Health SA Local Health Networks Regional Community Mental Health Teams</p>		Existing activity

	Regional Hospitals (Pt Pirie, Whyalla, Pt Augusta, Pt Lincoln, Yorke Peninsula)		
	<p>Aboriginal specific Emergency and Follow up Care for suicidal crisis service</p> <p>Purpose of activity Service continuation of mainstream Aftercare service being trialled in rural locations, as the need for a specific Aboriginal aftercare service was deemed a key priority from community consultations held in Port Augusta and is supported by the local Aboriginal community.</p> <p>Target group Aboriginal and Torres Strait Islander people</p> <p>Location Port Augusta</p> <p>Key partner(s) Pika Wiya Aboriginal Health Service Inc Flinders and Upper North Local Health Network Port Augusta Hospital Port Augusta Community Mental Health Team</p>		Existing activity
	<p>Integrated program of community development and support for male dominated industry and workplaces</p> <p>Purpose of activity Mates in Construction will use training as a tool to raise awareness about suicide and it's contributing risk factors,</p>		Existing activity

	<p>delivering a suite of training and providing access to ongoing support to workers at risk.</p> <p>Continuation of male targeted training to build scale and sustainability of suicide prevention knowledge and skills within regional industries.</p> <p>Target group Males aged 25-54</p> <p>Location The Yorke Peninsula, Port Pirie, Port Augusta, Whyalla and Port Lincoln.</p> <p>Key partner(s) Mates in Construction Local LGA's Local Suicide Prevention Networks Heavy Industry partners in the NSPT region CSAPHN NSPT lived experience reference group</p>		
	<p>Sustainability activities</p> <p>Sharing of NSPT Knowledge and Learnings</p> <p>Purpose of activity Consolidation and formal communication of learnings and outcomes from the trial within the CSAPHN NSPT region and to the national suicide prevention sector both state and commonwealth.</p> <p>Capacity building activity based on NSPT learnings, targeted opportunities focusing on sustainability</p>		Existing activity

	<p>outcomes attached to best practice evidence-based suicide prevention training via online and face to face modalities.</p> <p>Target group Young people aged 15-24 Males aged 25-54 Aboriginal and Torres Strait Islander people</p> <p>Location The Yorke Peninsula, Port Pirie, Port Augusta, Whyalla and Port Lincoln. Whole of South Australia</p> <p>Key partner(s) National PHN network Key State and Commonwealth suicide prevention stakeholders Local and national NSPT evaluators South Australian Premier's Council for Suicide Prevention CSAPHN NSPT commissioned service providers CSAPHN NSPT lived experience reference group CSAPHN NSPT steering Committee South Australian Department for Education South Australian suicide prevention networks Country Health SA Local Health Networks Black Dog Institute</p>		
	<p>Local Evaluation of CSAPHN NSPT Activities</p> <p>Purpose of activity To conduct a retrospective analysis of the CSAPHN NSPT activities to further understand what strategies or activities were most effective in prevention of suicide at a</p>		Existing activity

	<p>local level. Retrospective Analysis of information from the CSAPHN NSPT will help to plan future activity and services, plus share relevant learnings with the wider suicide prevention sector.</p> <p>Target group Young people aged 15-24 Males aged 25-54 Aboriginal and Torres Strait Islander people</p> <p>Location The Yorke Peninsula, Port Pirie, Port Augusta, Whyalla and Port Lincoln.</p> <p>Key partner(s) University of South Australia, mental health and suicide prevention research group</p>		
	2019-20 CARRY-OVER		
	<p>CARRY-OVER Sustainability activities</p> <p>Sharing of NSPT Knowledge and Learnings</p> <p>Purpose of activity Consolidation and formal communication of learnings and outcomes from the trial within the CSAPHN NSPT region and to the national suicide prevention sector both a state and commonwealth.</p> <p>Capacity building activity based on NSPT learnings, targeted opportunities focusing on sustainability</p>	CARRY-OVER	Existing activity

	<p>outcomes attached to best practice evidence-based suicide prevention training via online and face to face modalities.</p> <p>Target group Young people aged 15-24 Males aged 25-54 Aboriginal and Torres Strait Islander people</p> <p>Key partner(s) National PHN network Key State and Commonwealth suicide prevention stakeholders Local and national NSPT evaluators South Australian Premier’s Council for Suicide Prevention CSAPHN NSPT commissioned service providers CSAPHN NSPT lived experience reference group CSAPHN NSPT steering Committee South Australian suicide prevention networks South Australian Department for Education Country Health SA Local Health Networks Black Dog Institute</p>		
	<p>CARRY-OVER Suicide Audit</p> <p>Purpose of activity The suicide audit aims to help inform local consideration of means restriction interventions and actions, through analysis and general information about means restriction specific to each trial site. The use of multiple data sources in collaboration with SA Health is expected to provide a</p>	<p>CARRY-OVER</p>	<p>Existing activity</p>

	<p>current estimate of suicide trends which may not otherwise be captured by a single data source alone.</p> <p>This information will also provide context to transition and sustainability activities.</p> <p>Target group Youth Males aged 25-54 Aboriginal and Torres Strait Islander people</p> <p>Location Whole of Country SA PHN</p> <p>Key partner(s) South Australian Premier’s Council for Suicide Prevention Prevention, SA government Country Health SA Local Health Networks Office of the Chief Psychiatrist, SA Health Black Dog Institute</p>		
<p>DATA COLLECTION AND REPORTING</p>	<p><i>Confirm what data are being collected routinely on services and consumers, including outcome measures.</i></p> <ul style="list-style-type: none"> • Both Aftercare services will submit client services data via PMHC MDS (augmented MDS for the NSPT) inclusive of outcome measures such as K10, K5 and the SIDAS Scale • All non-client activity is submitting data via Non-Individual activity MDS • Pre and post screening for all NSPT funded training <p>Individuals and organisations engaged in the trial who do not or cannot submit data via the PMHC MDS are supported in adopting alternate data submission options.</p> <p>We are continually working with Strategic Data and University of Melbourne towards quality improvement in this space and all individuals/organisations to be commissioned to provide trial services that fall under the scope of the PMHC MDS will also be managed and monitored for compliance.</p>		

	<p><i>Identify any major ad hoc or one-off collections to be undertaken this financial year.</i></p> <p>Suicide Audit intends to collect, analyse and report on the below data sets.</p> <ul style="list-style-type: none"> – Country SA Coronial death by intentional self-harm – Country SA Hospital Separations for intentional self-harm <p>Local Evaluation (dependant on successful ethics submission) will collect existing CSAPHN NSPT activity data and narrative reports from stake holders, suicide prevention networks, CSAPHN NSPT Lived Experience reference group and commissioned service providers for a retrospective analysis of the CSAPHN trial activity.</p> <p><i>Identify any major issues affecting compliance with reporting requirements and how these are to be remedied.</i></p> <p>Nil to report</p>	
<p>RECRUITMENT AND WORKFORCE</p>	<p><i>Identify issues that may affect recruitment and/or commissioning of services as necessary to progress trial activities.</i></p> <p>Potentially late approvals of the 2020/21 NSPT Activity Work Plan will impact the timeliness of execution of NSPT service agreements.</p> <p>Implementation of wind down protocols may affect service providers ability to retain staff to the end of contracted service delivery.</p> <p>Recruitment and retention of workforce in regional and rural areas with appropriate skills sets is an ongoing challenge. This has been true for both Aftercare services.</p>	
<p>OTHER</p>	<p><i>Identify any other major factors not covered above.</i></p> <p>Nil to report</p>	
<p>PLANNED EXPENDITURE</p>	<p>Category</p>	<p>Cost</p>
	<p>Project management, coordination and administration</p>	
	<p>Individual client services, group and other activities</p>	

	2019-20 unspent funds	
	Major items not related to above <i>(please specify or insert additional lines as required)</i>	
	TOTAL (GST exclusive)	

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