

**RURAL SUICIDE PREVENTION
STRATEGY
EXECUTIVE SUMMARY
& RECOMMENDATIONS
2004**

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The Centre for Rural Mental Health is a joint initiative of Monash University and Bendigo Health Care Group.

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1. Executive Summary

This project was undertaken to evaluate the Loddon Mallee Region's Suicide Prevention Strategy '*Connections*' and, from this, to recommend actions required for the second phase of implementation within the Loddon Mallee Region, and to develop and present an implementation package for the establishment of suicide prevention strategies in four additional rural regions – Hume, Barwon South West, Grampians and Gippsland. The evaluation took a summative approach and analysis of program processes was a central feature of the evaluation. The evaluation did not review the effectiveness of individual suicide prevention programs.

The evaluation used both quantitative and qualitative methods and included five key components.

- Regional workshops to provide directions for the evaluation of the *Connections Suicide Prevention Action Plan*
- Review of a range of key State and National policies, frameworks and strategies relevant to suicide prevention activities
- An audit of suicide prevention activities across the Loddon Mallee Region
- Survey of key stakeholders within the Loddon Mallee Region
- Interviews with key stakeholders within the Region to clarify data collected by the audit and survey and, in some cases, provide additional data

The research report *Connections: Suicide Prevention in the Loddon Mallee Region* was endorsed by the DHS Regional Executive in April 1999. Subsequently, the *Action Plan* was developed and disseminated.

The evaluation found that several of the activities identified within the *Action Plan* were achieved over the ensuing three years. These included increased inter- and intra-agency cooperation around suicide prevention activities and resilience building, the establishment of suicide prevention networks and increased awareness of the population-based resiliency approach to suicide prevention.

Activities which were not achieved included a documented increase in primary prevention activities, a documented increase in community resilience programs, the development of co-ordinated suicide prevention pathways, the development of suicide postvention plans by local government as part of their emergency management plans, an increase in local research into improving access to suicide prevention services for at-risk groups of people in the Loddon Mallee Region, and collection of suicide data that is consistent across the Region and with State and National guidelines.

The evaluation also found that a variety of initiatives had been implemented during the life of the *Action Plan* which, whilst not directly the result of the Plan, appeared to have been influenced and/or facilitated by *Connections*.

The evaluation identified a number of strengths of the *Connections* report and *Action Plan* including:

- The Plan provided a unifying framework for collaboration with respect to suicide prevention activities in the Region
- The Plan was consistent with both State and National policies and frameworks and, as such, the scope and focus was on the prevention and education end of the suicide prevention continuum.

The evaluation identified a number of barriers to implementation of the activities listed in the *Action Plan*. These included:

- The need to undertake actions within existing resources
- The perception by many agencies and organisations within the Region that suicide prevention is not part of their ‘core business’
- Lack of engagement of the broad range of service providers required for suicide prevention across the continuum from prevention to intervention to treatment
- A shortage of services and service providers within certain parts of the Region

Recommendations for second phase implementation in the Loddon Mallee Region and for the establishment of suicide prevention strategies in four additional rural regions include:

- In order to develop achievable plans, Regions need to match resources and capacity within each Region to goals identified in their Plan
- Plans should be developed around a model which identifies at each level of intervention (e.g. universal preventive intervention, clinical intervention), the aim of the intervention, the type of activity to be undertaken, and the agency(s) who can deliver the activity
- Engage stakeholders across the service system including specialist mental health services, primary health care services, police, education, justice and local government
- Ensure that engagement with stakeholders is active and sustainable to ensure ownership and uptake of strategies
- Identify the needs of smaller communities and ensure actions are inclusive of, and can be implemented in, these communities

2. Recommendations to inform Rural Suicide Prevention *Action Plan* development and implementation

Recommendation 1: Regional Plans match Regional Resources

Whilst a broad array of social, cultural and economic factors can contribute to suicide, Regions have finite resources and capacity for addressing these issues (such as unemployment, income inequality). Furthermore, actions that require influence beyond the Region, such as Action Twelve, need to be carefully considered as they may not be achievable.

In order to ensure Regions develop achievable plans it is recommended that the goals of the Plan are carefully matched against resources and capacity within each Region. This process could be achieved through a mapping exercise that cross-references a Region's possible suicide prevention goals against their resources (as shown with examples in **Table 1** below) and which guides the choice of action for implementation.

<i>Suicide prevention goal</i>	<i>Objective</i>	<i>Resources & Characteristics</i>	<i>Key Players</i>	<i>Feasibility of Goals</i>
Reduce suicide attempts and self harm amongst indigenous communities	-Increased access by ATSI people to early intervention mental health services -Appropriate follow-up of self-harm presentations amongst ATSI people at Emergency Departments	- Strong links between Area Mental Health Services and indigenous health services and communities. - Regional multi-agency indigenous health working group	-Indigenous communities and health services -Area Mental Health Service -Regional Hospital Emergency Departments	Achievable medium term-goal
Reduce suicide amongst people with substance abuse	-Develop a response to people who have made suicide attempts and have substance abuse that is tailored specifically to their needs	-No current protocols between Area Mental Health Services and Drug and Alcohol treatment services -Inconsistent provision of D&A treatment services across the region	-Area Mental Health service -Regional Hospital Emergency Departments - Drug and Alcohol services	Revise Goal: - Identify barriers to collaboration between AMHS and D&A treatment services

Increased resiliency amongst children of parents with a mental illness	-Development/ delivery of programs for target group that promote resilience	-'Children of parents with mental illness working group' in 1 PCP catchment area -Additional funding not currently available for program -Limited evidence-base for effective programs for target group	-Schools -AMHS - Community health -PDRSS	Revise Goal: -Increase awareness of the needs of target group across region -Identify potential funding sources for program development/ delivery
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Table 1: Example Mapping Exercise

Such a mapping exercise would not only enable Regions to identify goals, but also areas where there were limited, sufficient, or insufficient resources. Where currently available resources are not sufficient to achieve a planned goal, the initial objectives can be revised and more achievable short-term and long-term targets set. Such a mapping exercise requires input from key stakeholders and can be used as an opportunity for stakeholders to understand the roles and limitations of other key services in the Region. The process should also be ongoing, responsive to the changing service context and demographic profile of the Region. *Recommendation 2* and *Recommendation 3* should be incorporated into the mapping exercise.

Some actions within the *Connections Action Plan* required activities beyond regional resources and influences. Regional plans should focus on activities that can be achieved within existing resources.

Recommendation 2: Focus on Process

In order to ensure the fidelity of planned interventions it is recommended that Regional plans focus on the process for achieving objectives and clearly articulate the details of how suicide prevention goals are to be achieved. This should include identification of the resources and the responsible agencies for achieving these goals and objectives, and strategies for how these agencies will work together.

Another important component is the availability of baseline data so that any changes made over the course of the Plan can be quantified.

Recommendation 3: Levels of intervention

Suicide prevention interventions can operate at different levels ranging from broad population-based interventions to the use of individual evidence-based therapies. In developing plans it is recommended that Regions structure the Plan so that it is consistent with State and National suicide prevention initiatives and develop a model, (such as **Table 2** below) which identifies for each chosen level of intervention

1. The aim of the intervention
2. The types of activity
3. The agency(s) who can deliver the activity

This will ensure clarity with respect to both the range of activities addressed by the Plan as well as clearly identifying key players and ensuring the actions they are required to undertake are within their mandate. Each Region will need to identify which organisations are responsible for working at each intervention level and strategies for how this will occur.

Universal preventive interventions		
What	Who	Aim
Building connectedness and a sense of belonging Reduce risk factors associated with mental disorders in a defined community	Whole of government approach including: Health Housing Employment Justice Welfare Education Human rights	Promoting mental health, and preventing mental health problems and mental illness
Selective preventive interventions		
What	Who	Aim
Change (improve) the environment or promote resilience in individuals Intervene at times of traumatic experiences or adverse life events (includes suicide postvention)	Region specific strategies to address identified 'at risk' groups. May include e.g. Schools Housing Youth services Support services for people with chronic pain or illness	Promote mental health and prevent mental health problems and mental illness
Indicated preventive interventions		
What	Who	Aim
Modify symptoms of disorder Address causes of symptoms of disorder Provide support to those with	Primary care health providers Youth services Drug treatment and prevention services Hospital Emergency Depts.	Promote mental health, address mental health problems, prevent mental illness

symptoms of disorder	Schools, employers, etc.	
Clinical Interventions		
What	Who	Aim
<ul style="list-style-type: none"> ▪ Case identification ▪ Early treatment ▪ Standard treatment ▪ Engagement with long-term treatment including relapse prevention ▪ Long term care including rehabilitation 	<ul style="list-style-type: none"> ▪ Primary care health providers ▪ Specialist public mental health services ▪ Private psychiatrists and clinical psychologists ▪ Ambulance, police and other emergency services ▪ Drug treatment and prevention services ▪ Hospital Emergency departments 	Promote mental health and treat mental illness

Table 2: Levels of intervention for suicide prevention

Recommendation 4: Ensure an appropriate dissemination strategy is part of future suicide prevention strategies

There is a growing body of evidence that indicates passive, impersonal methods of dissemination such as the publication of guidelines and strategies has very little impact upon the practices of health care providers. This is reflected in the low level of penetration of the *Action Plan* had despite its wide availability. There are identified strategies, which are effective in promoting change. These strategies include multifaceted approaches, interventions that reflect the needs of the target audience and those which use local opinion leaders. Therefore, it is recommended that future suicide prevention strategies develop dissemination plans and that these plans are consistent with the best available research (such as the National Health and Medical Research Council *How to put the Evidence into Practice: Implementation and Dissemination Strategies*).

However it should be noted that such strategies are resource intensive and so will only be possible if dedicated resources are available. Such resources could include ‘opinion leaders’ from organisations within the Region.

Recommendation 5: Ongoing engagement with key stakeholders

Engagement with stakeholders has been widely recognised as engendering ownership and uptake of strategies, and ensuring that the issues addressed are relevant to the key players. Whilst the *Connections* strategy ensured there was broad based consultation

for the Research Report, participants in the evaluation felt there was less stakeholder participation during the development of the *Action Plan*. Suicide prevention initiatives, particularly those which aim to change systems and increase collaboration and networking between agencies, require ongoing engagement with key stakeholders. This engagement could occur through mechanisms such as specific reference groups or working parties, or through existing networks and structures. This will assist in both engendering commitment to the initiatives and ensure that they are relevant to the context within which suicide prevention activities are delivered. It may be useful (and resource efficient) to have different levels of intervention coordinated through different mechanisms e.g. universal preventive interventions through regional mental health promotion working groups, and clinical interventions through Primary Care Partnerships or Primary Mental Health and Early Intervention Teams.

Recommendation 6: Identify agencies with mandate and capacity

In order to effect change around suicide prevention it is also important to ensure there is a match between the type of strategies developed and the capacity of agencies to undertake these activities. For example Primary Care Partnerships may be best situated to facilitate universal preventive interventions such as improving mental health literacy, whilst Area Mental Health Services and general practitioners are better resourced to focus primarily on the indicated preventive and treatment end of the continuum. Some agencies such as community health centres may have the capacity to undertake activities across the spectrum of interventions. The Plan needs to provide detail about the type of activities agencies are required to undertake, and the appropriate type of partnerships that could be developed to facilitate initiatives and maximise resources.

It is also important that suicide prevention become ‘core business’ for a range of agencies, not just those providing mental health care. As the 3rd National Mental Health Plan (2003-2008) indicates, improving mental health cannot be achieved by the health sector alone. Rather, it requires the engagement of a range of sectors. Agencies outside the health sector can play a key role in mental health promotion, universal preventive interventions, and the early identification and referral of people at risk of suicide.

Recommendation 7: Acknowledge local circumstances Rural Department of Human Services Health Regions are large and are typically diverse in terms of their population groups and the level of services available throughout the Region. It is important to acknowledge this diversity and develop a regional approach that can reflect and address these differences. Mapping services throughout the Region and discussions with key stakeholders would assist in this process.

Recommendation 8: Ensure Flexibility and Monitoring

Within a dynamic environment it can be difficult to determine the best methodology to successfully implement actions. Whilst in theory some actions may appear straightforward and easily achievable, in practice they may prove difficult and unrealistic. Suicide prevention strategies should be flexible and responsive to new initiatives and changing circumstances. Strategies need to have mechanisms that enable objectives to be revisited, unrealistic objectives to be amended and the scale of activities tailored to the capacity of service providers. Such a mechanism could be a stakeholder reference group that meets regularly to discuss and monitor the Actions within the Plan, new State, Commonwealth and Regional initiatives, new funding opportunities, and how to promote the Plan's initiatives within these changing conditions.

Coupled with flexibility, is the need for ongoing monitoring. Ongoing monitoring ensures that weakness within the Plan can be identified and addressed and strengths can be built upon and potentially replicated. Ongoing monitoring also has the potential to identify new issues as they emerge, new funding sources and programs that could be incorporated into the strategy, and refocus on new priorities as existing issues are addressed.

Recommendation 9: Maintaining momentum

In order to maintain the momentum of a plan it is recommended that a lead agency be responsible for bringing together key stakeholders throughout the life of the Plan to drive the initiatives of the Plan. The Regional Department of Human Service is the obvious candidate for driving the initiative, however each Region may identify other appropriate agencies. The driving agency needs to have the capacity to identify and bring the key stakeholders together, facilitate regular meetings of key stakeholders, be informed of initiatives and developments across the Region, State and nationally, and

have a mechanism for disseminating information to stakeholders and other appropriate agencies. However, it must be acknowledged that momentum will only be maintained if the lead/co-ordinating agency is well supported by key stakeholders.

Workshops have been undertaken with the Gippsland and Grampians Rural Regions describing the evaluation findings and presenting these recommendations (with two further workshops to follow in Barwon and Hume).

3. Recommendations to guide development of a Second phase *Action Plan* for the Loddon Mallee Region

1. Have a plan that targets a measurable number of actions that are achievable within existing resources and which does not require activities beyond the influence of the Region.
2. Ensure the Plan remains consistent with State and National suicide prevention initiatives
3. Identify a lead agency to be responsible for bringing key stakeholders together throughout the life of the Plan and to drive the initiatives of the Plan and ensure this agency has the necessary resources to undertake these activities.
4. Engage stakeholders across the service system including the AMHS, PDRSS, Police, primary health care, education, justice, local government and key Department of Human Service program areas.
5. Whilst building on initiatives at the population-based prevention end of the intervention spectrum, also address initiatives focused on the early intervention, treatment and continuing care areas
6. Examine ways for increasing support, especially education and training for primary care providers in assessment and management of individuals with risk factors for self-harm and suicide.
7. Whilst building on the initiatives focusing on interaction between primary care providers, also address the interaction between primary care providers and specialist mental health services
8. Ensure initiatives are clearly focused according to their aim i.e. promoting mental health, addressing mental health problems, or treating mental illness.
9. Identify which individuals/organisations can best address which interventions and ensure they have the necessary resources to do so.
10. Identify the needs of smaller communities and ensure actions are inclusive of, and can be implemented in, these communities.