LifeSpan
Integrated suicide prevention
2017 Annual Report

Building a community safety net that helps prevent suicide

- Improving emergency and follow-up care for suicidal crisis
- Using evidence-based treatment for suicidality
- Equipping primary care to identify and support people in distress
- Improving the competency and confidence of frontline workers to deal with suicidal crisis
- Promoting help-seeking, mental health and resilience in schools
- Training the community to recognise and respond to suicidality
- Engaging the community and providing opportunities to be part of the change
- Encouraging safe and purposeful media reporting
- Data-driven decision-making
- Workforce information and development
- Local ownership and adaptation
- Community engagement
- Cultural governance and inclusion

LifeSpan
Integrated Suicide Prevention
Black Dog Institute
LifeSpan has been made possible thanks to the generous support of the Paul Ramsay Foundation
The LifeSpan four site research trial funded by the Paul Ramsay Foundation commenced in 2017. Two of the four trial sites have commenced implementing programs and strategies for evidence-based, integrated suicide prevention. The next two sites are well into their planning and establishment phase, and will commence in 2018.

Beyond this, the LifeSpan trial has been a major catalyst in the development of broader implementation activities across Australia in suicide prevention. LifeSpan, in association with our partners, is now involved in assisting 12 National Suicide Prevention Trials around Australia, eight of which are adopting and using the LifeSpan framework. In NSW, additional funding has been made available by NSW Ministry of Health to continue The Way Back Support Service in the Newcastle region. The Black Dog Institute and the LifeSpan team are also now being actively sought out by Primary Health Networks and state governments around Australia to provide support to the implementation of evidence-based suicide prevention activities, over and above existing trial sites. This extraordinary uptake reflects the need from governments and communities to act in reducing suicide, as well as the fit between the LifeSpan model with existing community and health structures, and the tremendous work and expertise of the LifeSpan teams – both at Black Dog and at the implementation sites.

This report provides an update on progress in the NSW research trial for the period November 2016 to October 2017. Some ongoing monitoring activity continues within Phase I and substantial progress has been made in Phases II-IV. A visual summary of progress is provided in Table 1.

Phase II is well underway. Our key achievements to date include:

- Implementing the data strategy, producing Suicide Audit Reports and the Resource Atlas. This includes coding and analysing NSW Ambulance and NSW Police data to improve the availability and use of attempt and mortality data for planning and outcome monitoring purposes.
- Implementing two new evidence-based suicide prevention programs adapted for the Australia context, which were not previously present or widespread in Australia. These are the Youth Aware Mental Health (YAM) which is delivered to young people in secondary schools, and Question, Persuade, Refer (QPR) which is a training program designed to improve the general community’s ability to recognise and respond to suicide.
- Rolling out of interventions targeting primary care, community and schools in Newcastle, with plans locked in place for delivery in Illawarra Shoalhaven in early 2018.
- Creating and implementing key research studies. These included developing the major cohort study protocol, which aims to measure the experiences of those in aftercare following a suicide attempt; the commencement of media monitoring studies, which aim to determine if there are changes in community and media reporting; and the development of a research methodology to measure the uptake of evidence-based gatekeeper training.
- Development of a comprehensive communication strategy including key messages and collateral, and providing consistent, action-based messaging about LifeSpan.
- Running a series of capacity building workshops, facilitating knowledge translation and equipping Local Implementation Teams with clear, practical, evidence-based guidance.
- Managing key partnerships, and facilitating partnerships across the four NSW research trial sites and 12 national trial sites.

This report provides an update on progress in the NSW research trial for the period November 2016 to October 2017. Some ongoing monitoring activity continues within Phase I and substantial progress has been made in Phases II-IV. A visual summary of progress is provided in Table 1.

Phase II is well underway. Our key achievements to date include:

- Supporting Newcastle and Illawarra Shoalhaven in their early implementation and Central Coast and Murrumbidgee in the establishment of LifeSpan.
My role on LifeSpan started in 2015 when we began scoping the 'systems approach to suicide prevention' model with funding from the New South Wales Mental Health Commission. Since then, I've had the privilege of seeing the project move from ideas to implementation, with interventions now rolling out in two of our four New South Wales trial sites. In 2016, we developed an early guide for Primary Health Networks who wanted to use the model. We now have a much more extensive and sophisticated suite of implementation and research guides that have been developed in partnership with our four trial sites, and are also available to the 12 Commonwealth trial sites. I'd like to take this opportunity to thank the Paul Ramsey Foundation for supporting LifeSpan and investing in this ambitious, important project.

As a researcher, I’m also excited to start receiving data so that we can begin the process of measuring changes. We now have access to coronial data on suicides across New South Wales from 2006 to 2016, which will help us to establish the baseline rates of suicide for the trial sites, and then to measure change over the coming years. We have baseline community data for two of our four trial sites on community-level suicide knowledge and stigma, their exposure to suicide, and help seeking attitudes and behaviours. We will be running these surveys every 12 months to measure changes in these outcomes in the trial sites, and comparing it to other NSW control sites.

One of the other key outcomes of LifeSpan is the development of young implementation scientists and researchers. The suicide research field is relatively young and underdeveloped in Australia. Projects such as LifeSpan play a key role in ensuring that we have the capacity to continue researching better solutions and, importantly, that we have the skills to translate those findings into practice. LifeSpan now has a team of highly skilled implementation scientists who understand this process of translation, all with a common purpose to reduce suicide.

At a deeply personal level, I am moved to see more health professionals developing the capacity to respond well to mental illness and suicide risk. Many years ago, a close family member experienced severe depression which led to several suicide attempts. This was my first experience of how difficult it can be to find good help for a person who is suffering a mental illness and is in crisis. It has had a lasting impact on my desire to see a better health system response to people who are in crisis, and earlier identification of people who are becoming unwell. LifeSpan’s nine strategies will help to create a safety net for all levels of risk.

Dr Fiona Shand
Research Director, LifeSpan
I have been the Research Manager for LifeSpan at the Black Dog Institute since November 2016. My role is to coordinate and manage the many research and evaluation projects that are part of LifeSpan. I manage a fantastic small team of enthusiastic researchers and research assistants.

I certainly didn’t envisage I would be working in suicide prevention. My background encompasses community and social research, surveys, statistics, health data, and a variety of other roles. However, two years ago my 17-year-old son took his own life and I decided, after what seemed like an eternity of turmoil and grief, to do something to help prevent other people – especially young people – from taking their own lives. This is how I came to join the LifeSpan team.

My job perfectly aligns both with my work experience and my personal objectives; something I could only have wished for. It is exciting to be part of LifeSpan and part of a close team working on implementing and evaluating what the evidence indicates are the most likely strategies to reduce suicide.

It is also an opportunity to use my own experience to help inform some of the research, such as the cohort study, which aims to look at the experience of those who attempt suicide – their care during and after a crisis. Some would see such research as a real challenge.

However, when I was with the Australian Bureau of Statistics I worked on the National Survey of Mental Health and Wellbeing in 2006-07. During the development and testing of the survey, I was surprised at how willing nearly everyone was to talk about their mental health, even when the questions being asked were primarily diagnostic. Many people had experienced mental health issues, and it seemed like they had never before had the opportunity to share that with anyone.

I’m finding that it is similar with suicide – many have been touched by it, and are willing to share their stories, for the benefit of researchers, like me. It is a very privileged position to be in.

Not all of the LifeSpan studies involve working with people, as the intended community survey will do. Some studies involve scrutinising data, such as coroners’ findings, as well as data from police records and ambulance attendances for suicide attempts and deaths. This would be harrowing if it wasn’t for the purpose of undertaking such work – identifying ways to reduce suicide, whether by finding populations who are at risk and targeting those groups with appropriate interventions, or seeing where a barrier or other intervention may help.

Examining workforce suicide prevention training, and evaluating ways to increase that, is also part of LifeSpan.

I am excited by the research we are undertaking because it has a purpose that I can strongly identify with. And the evidence suggests it should also be rewarding, as the planned interventions are proven to reduce suicide risk. I look forward to seeing the results over the coming years.

Dean Martin
Research Manager, LifeSpan
## Table 1: Snapshot of LifeSpan delivery status

<table>
<thead>
<tr>
<th>Phase/Step</th>
<th>Deliverable</th>
<th>Status</th>
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<tbody>
<tr>
<td><strong>Phase I: Exploration – LifeSpan Planning &amp; Establishment</strong></td>
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<tr>
<td>Establishment</td>
<td>Establishment Plan</td>
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<td>Risk Management Plan</td>
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<td></td>
<td>Detailed project plan</td>
<td>In progress as per schedule</td>
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<td></td>
<td>Scoping Study Report</td>
<td>Overdue</td>
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<td></td>
<td>Governance Framework</td>
<td>Future start date</td>
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<td></td>
<td>HR strategy developed and key positions filled</td>
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<td></td>
<td>Sites selected</td>
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<td></td>
<td>Establish and formalise key partnerships</td>
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<tr>
<td>Stakeholder and Community Engagement</td>
<td>Forums, events, engage key stakeholders</td>
<td>Future start date</td>
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<tr>
<td></td>
<td>Develop LifeSpan brand and communications plans</td>
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<tr>
<td>Financial Management</td>
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<td><strong>Phase II: Installation – LifeSpan Strategy Development &amp; Implementation Preparation</strong></td>
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<td>Research and Evaluation Design and implementation</td>
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<td>Ethics strategy and approvals</td>
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<td>Implementation and Engagement Framework</td>
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<td>Lived Experience Framework</td>
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<td>Pre-Implementation Research and Development</td>
<td>Literature reviews to identify interventions</td>
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<td></td>
<td>Confirm intervention programs per strategy</td>
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<td></td>
<td>Produce detailed Intervention Descriptions</td>
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<td></td>
<td>Program adaptation</td>
<td>Future start date</td>
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<thead>
<tr>
<th>Phase/Step</th>
<th>Deliverable</th>
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<tbody>
<tr>
<td><strong>Site Establishment and Pre-Implementation Preparation</strong></td>
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<tr>
<td>Recruit Regional Suicide Prevention Coordinator</td>
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<td>Establish multiagency suicide prevention group</td>
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<td>Community forums and engagement underway</td>
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<td>Conduct Suicide Audit, local focus group</td>
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<td>Conduct readiness, barriers and facilitators assessments</td>
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<tr>
<td><strong>Evaluation commencement</strong></td>
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<tr>
<td>Cohort baseline monitoring commences</td>
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<tr>
<td>Community surveys</td>
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<tr>
<td>Workforce surveys</td>
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<tr>
<td>Individual studies commence</td>
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<td><strong>Phase IV: Full Implementation of Stepped Wedge Trial</strong></td>
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<tr>
<td>Regional LifeSpan Implementation Plan</td>
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<tr>
<td>Confirmed timeline per intervention</td>
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<tr>
<td>Local implementation of Lived Experience Framework</td>
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<tr>
<td>Detailed intervention installation plans</td>
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<tr>
<td>Regional Suicide Response Plan developed and endorsed</td>
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<td>Health Interventions Implementation</td>
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<td>S3 – StepCare and ATSP implementation commences</td>
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<td>S1,2,4 – Training and improvement strategies commence</td>
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<tr>
<td>S1 – Delphi outcomes implemented in hospital EDs</td>
<td>Complete</td>
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<tr>
<td>S1 – Aftercare service resourced and implemented</td>
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<td><strong>Future start date</strong></td>
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#### Phase IV: Full Implementation of Stepped Wedge Trial

**Community Interventions Implementation**

- **S7** - Local communications strategy developed
- **S7** - Champions recruited
- **S5** - Gatekeeper training commences
- **S7** - Campaign activities planned
- **S8** - Mindframe Plus training held, media strategy implemented

**School programs implementation**

- **S6** - YAM instructors recruited
- **S6** - YAM instructors trained
- **S6** - YAM delivery into Government schools commences
- **S6** - YAM delivery into non-Government schools commences

**Data for good implementation**

- **S9** - Local means restriction plan developed

**Indigenous suicide prevention implementation**

- Framework to align ATSISPEP and LifeSpan
- **SX** - Local action plan developed

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<tr>
<th>Newcastle</th>
<th>Illawarra</th>
<th>Shoalhaven</th>
<th>Central Coast</th>
<th>Murrumbidgee</th>
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Newcastle was the first site to kick off and are currently in the early implementation phase. The site is led by the Hunter Alliance, a collaborative partnership bringing together Hunter New England Local Health District (LHD), Hunter New England Central Coast Primary Health Network, Hunter Primary Care, and Calvary Ltd. The LHD is the lead agency for the project with the Coordinators based at Everymind (formerly known as Hunter Institute of Mental Health).

The local team is led by Site Coordinators, Katherine McGill and Tegan Cotterill, who we interviewed for an update on local activity.

Looking back on the work done during the establishment phase, what were some of your most notable achievements?

Our biggest achievement during the establishment phase in Newcastle was forming and strengthening connections with and between stakeholders in the region. It was great to obtain an understanding of where suicide prevention activity was already occurring and to paint a picture of how LifeSpan might be able to complement or build on existing activity.

Implementation formally started in August 2017. What are the current priorities for LifeSpan Newcastle?

Our current focus right now is taking the details for each intervention and working out how to put them into action locally. We have our working groups together and they are looking at the implementation guides and working out how to action these in the local context – there’s a lot of practical discussions happening. For example, our working group for ‘Using evidence-based treatment for suicidality’ is investigating how we are going to build capacity of our local clinicians. We’re also working to get regular local media coverage around suicide prevention activities in the region to reinforce key messages and encourage people to get involved. The first round of YAM delivery under the school strategy is currently wrapping up having reached the majority of mainstream public schools in the region and next year we’re hoping to reach more independent and Catholic schools. We are also looking to continue building the momentum around GPs, particularly around StepCare and the training we are offering to them.

What’s been a highlight in community engagement so far?

Most recently as part of R U OK? Day, we offered two ‘conversation benches’ to interested organisations as a unique way to create ongoing opportunity for conversation and connections. The benches went to a local school and university and generated so much interest that the local Council and Aboriginal Medical Service are keen to add benches in their spaces. Leading up to R U OK? Day, we offered small grants for community groups to spend on R U OK? Day activities.
specific activities. The diversity and creativity in the applications was amazing! There was a whole range of groups keen to be involved including headspace, the university and even a local business that manages websites – they aren’t a traditional player in suicide prevention, simply a business that has recognised that they have a role to play in community mental health and wellbeing. One of our favourite ideas was by the local post-grad association at the university who handed out fortune cookies containing positive messages, having conversations with people as they distributed them.

**Newcastle was the first LifeSpan site to go-live. What did you learn that you can pass on to the other sites?**

Work to establish genuine partnerships as early as you can as the LifeSpan model relies on strong collaboration for the project to be a success. Because we were the first site and LifeSpan is a pilot, it’s taken time and effort to make sure all partners understand the resources they need to commit to make LifeSpan happen. Having high level executive support is essential to achieving this and our governance structures have evolved over time to make sure the right people are involved to make things happen.

The timing of engaging stakeholders is also critical. The process of pulling together implementation advice at the central level was larger than anticipated and created delays on the ground for Newcastle. We had started local conversations and had buy in from stakeholders but couldn’t translate that into action as quickly as we had hoped. This caused some frustration and meant we needed to invest extra effort into relationship management. The later sites will benefit from having all the background resources ready from the start of their trial period.

Sometimes it’s the small things that you didn’t think would be an issue that can trip you up. We thought getting people to do QPR online training would be hard but we have been pleasantly surprised by the high level of buy-in. Instead it’s been setting up the payment portal for QPR that has been tricky!

**What can you share with us about the people who are getting involved with LifeSpan in Newcastle?**

The engagement of local people who have lived experience of suicide has been significant. There are many people who are taking part in our advisory groups who have never been involved in suicide prevention before. LifeSpan provided the opportunity for them to reach out and take on an active role. We also have people and organisations engaged in the project that haven’t played as big of a role in suicide prevention in our community before. The local police and Department of Education, are both very involved and connecting with others across sectors to think about how they can contribute to creating a community safety net that helps to prevent suicide.

**What’s it like trying to achieve systems change?**

It’s certainly not easy! LifeSpan has the potential to help change some aspects of the local suicide prevention system but we are still acting within bigger systems such as the health service. We can’t change it all through LifeSpan. An example of this is trying to increase the use of evidence-based treatment for people that are suicidal (strategy 2). We can offer professional development training and provide up to date information, but we know that this alone won’t change behaviour, for that you need continual engagement and reinforcing activities. LifeSpan is a really good starting point, establishing partnerships and building an impetus to change, and we’re working to establish true partnerships with other organisations and to build strategies for sustainability to keep momentum going after the trial.

**What are you looking forward to in 2018?**

The year 2018 will be a year of action for us. The level of involvement from across the community has created real momentum. It’s an awesome energy that’s generated when people come together to achieve something to benefit the community. We’re looking forward to seeing the positive impacts that result from this energy and all of the hard work that’s being put in to make LifeSpan a success.

To find out how to get involved in LifeSpan Newcastle visit the website [www.everymind.org.au/programs/lifespan-newcastle](http://www.everymind.org.au/programs/lifespan-newcastle)

![Conversation bench at Jesmond Public School, September 2017](http://example.com/conversation-bench.png)
Update from LifeSpan Illawarra Shoalhaven

The second site to start LifeSpan, Illawarra Shoalhaven are currently in the early implementation phase. The site is led by Illawarra Shoalhaven Suicide Prevention Collaborative, established in 2015 to tackle the region’s high rates of suicide.

The local team is led by Alex Hains, Regional Manager, and Emma Ringland, Project Coordinator, who we interviewed for an update on local activity.

Looking back on the work done during the establishment phase, what were some of your most notable achievements?

It’s only the beginning but it feels like we have already had some significant achievements and have established a strong foundation. We recruited Emma, our Project Coordinator, and have set up five working groups aligned with the LifeSpan workstreams. Each group involves service providers and people with lived experience. A huge milestone was being successful in our region receiving funding from the NSW Government to set up an aftercare service called ‘Next Steps’, representing a funding commitment of $1.7 million and adding vital infrastructure to the local community.

Implementation formally started in August 2017.

What are the current priorities for LifeSpan Illawarra Shoalhaven?

Our focus is now on hitting the ground running with LifeSpan. We are beginning to implement plans set during the establishment phase, and then review how implementation is progressing and can be continuously improved. Three of the nine LifeSpan strategies are now live. We held a formal launch event on R U OK? Day, harnessing the momentum of that national campaign to get local media and organisations engaged. In preparation for the launch, organisational and community spokespeople undertook the Mindframe training with some local journalists and communications staff. Our focus for R U OK? Day was to encourage people to do QPR online training. We have had a lot of enthusiasm from big employers in the region to roll this training out across their workforces, which is fantastic. Implementation of YAM in schools will start early next year, along with StepCare within General Practices from February/March. Our aftercare service has just rolled out to the second major ED and will be operational within all three major EDs by April 2018.

What are some of the challenges you’ve faced in Illawarra Shoalhaven so far?

Timing is probably one of the biggest challenges. There is so much going on with suicide prevention nationally and the shift to regionally-based commissioning through the PHNs. Trying to roll out LifeSpan at the same time as all that other change is difficult not only for us but for our stakeholders as well. Being part of the LifeSpan trial comes with ambitious timeframes, but the type of sustainable cultural change we are working to create here takes a lot of time and there’s a risk in rushing things.

Relationships and engaging certain stakeholders can also be a challenge. We have encountered some barriers when trying to engage professionals who work in a crisis context – police, paramedics and emergency departments. The other challenge comes from existing programs that have good uptake in the community but don’t have the evidence-base to be endorsed under LifeSpan. This has meant we’ve had to repeatedly return to talking about the importance of evidence, carefully navigating the existing beliefs in the region, and trying to help program owners to start building evidence.

What’s it like trying to achieve systems change?

Painful but rewarding! We’re really trying to create a cultural change, changing the way people see suicide prevention generally. Many stakeholders had previously thought that suicide prevention didn’t have anything to do with them but really, they have a core role to play. This requires a massive mind shift. We
can't simply tell people they must do things differently or force people to change. Instead we try to engage them through the fundamental goal of saving lives and rely on our ability to build good relationships and make a compelling case for change.

At this stage in the process, there's no easy way to know if what we are doing locally is actually working. Our Suicide Prevention Collaborative has been in place for two years, starting before LifeSpan came along. So we already had some momentum, and while our work is going well and making a positive difference, we don't have many concrete barometers of change to point to. This is something we are really focused on at the moment. We are very grateful to Paul Ramsay Foundation for investing in a project like LifeSpan to encourage systems change – the Foundation should be very proud of what they are doing.

Tell us about a highlight in community engagement so far?

The energy being generated as part of LifeSpan has been enormous. Our launch event on R U OK?Day (14 September; see photos and Figure 1) was a major highlight and provided a great chance for the local community to find out more about what’s happening in suicide prevention in the region, and to speak with members of the Collaborative to find out how they can get involved. We thought we would get about 50 to 60 people attending but there was more like 160 people from across the community – we even had people queuing up to sign up to do QPR online! Local media was very supportive and helped spread the message that LifeSpan is happening and everyone has a role to play across the region. The atmosphere after the launch was so positive and inspiring.

How have people with lived experience of suicide reacted to LifeSpan and the work you are doing?

We’ve been approached by many individuals in the community who have shared their experiences of suicide attempts and recovery with us, and some of them become actively involved in the project. One example is Carrie Miller who spoke at our launch and is a co-lead of one of the working groups (see Figure 1, media piece including interview with Carrie). Carrie speaks openly now about her experiences, having first made a suicide attempt when she was 18 years old. She tells us that if the interventions in LifeSpan had been in place 30 years ago when she was a teenager, it would have made a huge difference to her. Carrie also speaks of how being able to contribute to LifeSpan has allowed her to reframe negative experiences and feelings of shame and guilt, and recognise that she brings a valued, unique perspective, finding some purpose in her suffering.

What are you looking forward to in 2018?

We’re looking forward to action rather than planning. And really looking forward to the point where we can monitor and gauge how we’re tracking. It will be good to be able to provide solid feedback to all those who have been involved to date.

To find out how to get involved in LifeSpan Illawarra Shoalhaven visit the website www.suicidepreventioncollaborative.org.au
Survivor tells her story on R U OK? Day

SUICIDE PREVENTION

BY HAYLEY WARDEN

Kiama

WHEN Carrie Miller was 18 years old she attempted to end her own life.

Feeling alone and depressed she had not even heard of the word ‘suicide’ That was 32 years ago.

“I was completely alone, I mean you already feel that alone when you are that depressed and then to have thoughts about suicide when you’ve never even heard the term and no one talks about it, it’s so frightening and isolating,” she said.

“I think it enhanced the feelings that led me to attempt to kill myself.

“Now what’s amazing is it is now seen as the community’s responsibility to talk about suicide, to talk openly about it and to make sure we have conversations with people that might be thinking about it, so it gives me great hope.”

Miller shared her lived experience of suicide when the Illawarra Shoalhaven Suicide Prevention Collaborative launched the Black Dog Institute’s LifeSpan project in Kiama on Thursday.

The launch coincided with R U OK? Day, a campaign which reminds people that having meaningful conversations with others could save lives.

“I find it very heartening that I can be part of my own community of people who are either suicide survivors or people who have had suicidal thoughts, that makes me feel really hopeful that we’re still here and can get together and share our stories,” Miller said.

“I wear that badge proudly [suicide survivor], I think we need to reduce shame around that kind of stuff and I feel like a survivor, I’ve sort of been through a bit of battle in life and I’m very happy to be here, to live with hope is an amazing thing.”

LifeSpan is a new evidence-based, integrated approach to suicide prevention.

Dr Alex Hains, Regional Manager of the Collaborative, was delighted that the Illawarra Shoalhaven was selected as one of only four pilot sites in NSW for LifeSpan.

“Suicide prevention is everyone’s business, and so we want everyone in the community to understand what role they can play in reducing suicides, and to feel confident to play that role,” Dr Hains said. Lifeline 13 11 14, beyondblue 1300 224 636.
PHASE
Exploration
LifeSpan Planning & Establishment

Establishment
Deliverables:
• Establishment Plan
• Risk Management Plan
• Detailed project plan
• Scoping Study Report
• Governance Framework
• Human Resource strategy developed and key positions filled
• Sites selected
• Establish and formalise key partnerships

Key updates for this reporting period:

Risk Management Plan
Risk is managed at multiple levels and cascades from the overall project level through to implementation risks. Responsibility for risk management has been allocated to the LifeSpan Director and is overseen by the Project Governance Committee. Project management also feeds into the Black Dog Institute’s broader organisational risk management processes while financial risk is overseen by the Black Dog Finance Risk & Audit Committee.

The Risk Management Plan is regularly updated following review at the Project Governance Committee or to incorporate any issues identified during implementation or via the Research and Advisory Committee Meeting.

Governance Framework
The LifeSpan governance structure has been revised to enable better collaboration and knowledge exchange between research and subject matter experts, people with lived experience of suicide and representatives of priority populations. This redesign involved the merging of the Research and Evaluation Committee with the Advisory Committee into a single, Research and Advisory Committee. The redesign has already resulted in greater cross-fertilisation of ideas, collaboration and effectiveness especially in the advisory and implementation areas.

In June, we surveyed the Research and Advisory Committee members (membership list included in Appendix A) to obtain feedback on the committee’s scope and functioning. In response to feedback meetings are now held quarterly, terms of reference have been revised to focus the purpose of the committee, representatives from NSW trial sites are now invited to attend meetings and improvements have been made to agendas and papers to drive discussion.

Human Resource strategy developed and key positions filled
The Human resources strategy for LifeSpan has been updated to incorporate new positions within the management of the NSW trial as well as expand the staffing structure to incorporate new roles dedicated to supporting the 12 National Suicide Prevention Trials. The LifeSpan team currently comprises of 17 individuals (plus oversight from members of the Black Dog Executive Team) equivalent to 15.8 FTE roles.

The team is overseen by Scientia Professor Helen Christensen, Director & Chief Scientist at Black Dog Institute and Chief Investigator of the LifeSpan research trial, and Nicole Cockayne, Director Discovery and Innovation at Black Dog.

The project is led by Rachel Green, LifeSpan Director, and Fiona Shand, Research Director.

Other members of the LifeSpan team in 2017 were:
• Celeste Thomson, Implementation and Project Officer
• Chris Rule, Implementation Manager
• Davina Dressler, Senior Implementation Manager (Commonwealth)
• Dean Martin, Research Manager
• Emily Li, Research and Data Assistant
• Isabel Zbukvic, Postdoctoral Research Fellow
• Jacqueline Frei, Research Assistant
• Jo Riley, Implementation Manager
• Katherine Mok, Postdoctoral Research Fellow
• Laura Vogl, Research Fellow
Establish and formalise key partnerships

A number of partnerships have been established to support LifeSpan. Partnerships are governed via a Memorandum of Understanding, service contracts and Research Collaboration Agreements, as required. Partners to date include:

- Australian Institute of Health and Welfare*
- Australian National University – Lived Experience (Dr Michelle Banfield)
- Boxing Clever
- Centre for Evidence and Implementation (CEI)
- Folk
- Integr8tiv
- Macquarie University (Centre for the Health Economy)
- Mental Health in Mind (Karolinska Institute – YAM provider)
- Mindframe
- New South Wales Police Force
- Orygen – The National Centre for Excellence in Youth Mental Health
- Roses in the Ocean
- SAS Institute Australia Pty
- The National Centre for Geographic Resources & Analysis in Primary Health Care at Australian National University (ANU GRAPHC)
- The University of Melbourne – Nicola Reavley
- University of Western Australia (Poche)*

* Funding contribution from the Commonwealth Government agreement to support to National Suicide Prevention Trial Sites

Stakeholder and Community Engagement

Deliverables:

- Forums, events, engage key stakeholders
- Develop LifeSpan brand and communications plans

Key updates for this reporting period:

Forums, events, engage key stakeholders

Stakeholder and community engagement is a continuous process to ensure the acceptability, sustainability and implementation of LifeSpan. Given the complexity of LifeSpan, diversity and number of stakeholders and the critical importance of relationship management, we have held a series of face-to-face workshops over the past 12 months including:

First All Sites Workshop, December 2016: The purpose of this workshop was to provide site coordinators and key representatives from each of the sites with an update on proposed interventions under each of the nine LifeSpan strategies, and to update site coordinators on further reviews of the evidence, consideration of feasibility, feedback from consultations to date and discussions related to implementation. The workshop also provided an important opportunity to build working relationships and gain an understanding of pertinent issues at the site level.
Forming Implementation Teams, February 2017:
Facilitated by Robyn Mildon from one of LifeSpan’s key partner agencies, Centre for Evidence and Implementation, this workshop provided a key learning opportunity for the Black Dog Institute implementation team and representatives from the four LifeSpan sites. The workshop equipped participants with a solid and shared grounding in the core principles of implementation science, laying the foundation for establishment of central and local implementation teams. This was also a chance for the Black Dog Institute and site teams to meet face-to-face, building and reinforcing team relationships, and to review the expressions of interest submitted by parties to deliver the YAM program in schools (LifeSpan strategy 6).

LifeSpan Communication Strategy and Lived Experience Workshop, February 2017: We were grateful for the contribution from individuals with a lived experience of suicide at this workshop and their input on two key documents; the Lived Experience Framework and the LifeSpan Communication Plan. Participants were presented with a summary of the report on the evidence-base for inclusion of those with lived experience (prepared by Dr Michelle Banfield of ANU) and an overview of it will be applied in LifeSpan. Boxing Clever, a communications consultancy engaged for LifeSpan, ran a workshop to gather input on key messages and communication tools. Feedback received from the group has been incorporated into these two key documents, helping ensure they reflect community concerns and needs.

Sector Workshop – Community Interventions and Developing a Regional Suicide Response Plan, March 2017: This workshop brought senior leaders from the sector together to share our plans for community-focussed strategies and explore the concept of developing Regional Suicide Response Plans. Representatives from Lifeline, Mindframe, beyondblue, headspace School Support, NSW Police, NSW Education, R U OK? Day and Wesley Mission attended. While there are a significant number of existing resources and services available across Australia to support communities in the aftermath of a suicide, it is can be difficult to navigate the fragmented system and access resources. Drawing on the expertise of those in attendance, we have prepared the LifeSpan Regional Suicide Response document to guide sites as they proactively develop response plans and leverage existing national suicide postvention and bereavement resources.

YAM facilitator training, May 2017: Youth Aware of Mental Health (YAM), the central program recommended for schools taking part in LifeSpan, improves mental health literacy and teaches the skills necessary for coping with adverse life events and stress, so that young people get help before reaching a crisis. To build a workforce of facilitators equipped to deliver YAM to schools throughout trial sites, LifeSpan brought the program developers from Sweden and the USA to Sydney to train 40 individuals over the course of two weeks. This included a group of 20 staff from the NSW Department of Education, a key partner of LifeSpan committed to the delivery of YAM to schools during and beyond the research trial.

Student wellbeing head teachers from the NSW Department of Education and YAM trainers from Mental Health in Mind (Karolinska Institutet)

Central Implementation Team ‘CIT-In’, May 2017: Bringing together NSW site coordinators and the LifeSpan central team for a two-day intensive meeting provided the opportunity to reflect on and revitalise operating practices. Sites could exchange experiences based on their respective stages of implementation while drawing on knowledge of subject matter experts from the central team and the Centre for Evidence and Implementation. All agreed the face-to-face workshops are vital to strengthening relationships and should be held regularly moving forward.

Feedback from workshop participants:
“Provided a great opportunity to network with other participants and great to meet face-to-face with people you only know by name.”

“Update of great work from Black Dog Institute. Some initial info on tools. Hearing where other regions are at.”

“The workshop itself was brilliant!”

“I thoroughly enjoyed all of it.”

“Glad to get the opportunity to attend. Hope we all learnt from each other.”
National Suicide Prevention Conference, July 2017:
This conference, attended by 500 delegates, provided an opportunity to showcase LifeSpan and to network with professionals and community members from across Australia. The LifeSpan team were involved in a number of presentations and ran a dedicated workshop to share lessons learned and future plans for implementation and research activity. The team manned an exhibition booth, disseminating new LifeSpan collateral and engaging in conversations with new and existing stakeholders.

**Develop LifeSpan brand and communications plans**

Building on earlier work to re-brand the Systems Approach to Suicide Prevention as LifeSpan and establishing foundation communications resources (e.g. brand assets, summary documents, templates), significant effort has been invested in developing a Communication Strategy for LifeSpan. This document supports local implementation teams to clearly and concisely articulate what LifeSpan is and tailor messages to meet audience needs. Boxing Clever, a specialist communication consultancy, was engaged to drive the development of the communication strategy. Central to the brand evolution has been a revision of the LifeSpan 'wheel' as illustrated in Figure 2.
To support sites implement the Communication Strategy, an updated suite of brand and communication assets has been professionally designed and produced. The current range of LifeSpan collateral includes:

- **LifeSpan infographic** – providing a snapshot of the LifeSpan framework and key messages about the trial
- **What is LifeSpan** summary brochure – outlining details of local delivery of LifeSpan
- **Strategy-specific brochures** – a brochure per strategy to summarise the evidence-base, LifeSpan recommendations and action-based messages to drive involvement
- **Strategy-specific research summaries** – focused summaries of the evidence-base for each strategy and associated interventions
- **Animated video** to provide mechanism for consistent delivery of key messages about LifeSpan to community audiences. Visit the Black Dog YouTube channel to view: [www.youtube.com/user/BlackDogInst/](http://www.youtube.com/user/BlackDogInst/)
- **Social media assets** – a suite of images designed for Facebook and Twitter
- **Logos, images and templates** – various templates to deliver a professional, consistent brand profile across documents, presentations and promotional materials.

The LifeSpan website has been updated and incorporated into the Black Dog Institute website, reflecting the refreshed branding and improving content management processes. The weblink [www.LifeSpan.org.au](http://www.LifeSpan.org.au) remains current and redirects to the updated webpages.

The LifeSpan team work closely with Black Dog’s marketing and communications team and LifeSpan site communications representatives to drive solutions-focused, safe and responsible discussion of suicide prevention in the media. A total of 141 media stories mentioning LifeSpan have been generated since November 2016 (to 16 October 2017), with coverage appearing nationally across online, print, radio and television.

### Knowledge translation and dissemination

The LifeSpan Intranet, is the primary dissemination tool for implementation guides and LifeSpan resources. The intranet is constantly evolving with regular updates to content and forum discussions between sites and the central team. There are over 100 users who access a wealth of implementation tools and support via this easy-to-navigate intranet, providing all LifeSpan team members – central or site-based – with a single source of truth to guide consistent, evidence based activity.

To disseminate the knowledge and research generated throughout the LifeSpan project more widely a series of publications (including peer-reviewed journal articles) and conference papers will be produced. Table 2 provides a summary of published, drafted or submitted planned publications.

### Table 2: LifeSpan Major Publications

<table>
<thead>
<tr>
<th>Document</th>
<th>Notes</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoping a systems approach to suicide prevention</td>
<td>Foundational document for LifeSpan</td>
<td>Published</td>
</tr>
</tbody>
</table>

Table 2 continued overleaf
<table>
<thead>
<tr>
<th>Document</th>
<th>Notes</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifeSpan summary document</td>
<td>Overview of LifeSpan used to brief stakeholders</td>
<td>Publication retired (branding updated)</td>
</tr>
<tr>
<td>Framework for the engagement of people with a lived experience in program implementation and research</td>
<td>Review and report prepared for the LifeSpan suicide prevention project by Dr Aino Suomi, Mr Ben Freeman &amp; Dr Michelle Banfield, ANU</td>
<td>Published <a href="http://www.blackdoginstitute.org.au/docs/default-source/lifespan/anu-lived-experience-framework.pdf">http://www.blackdoginstitute.org.au/docs/default-source/lifespan/anu-lived-experience-framework.pdf</a></td>
</tr>
<tr>
<td>Applied LifeSpan lived experience framework</td>
<td>Application of the above document in LifeSpan</td>
<td>Drafted</td>
</tr>
<tr>
<td>LifeSpan implementation framework</td>
<td>Prepared by Bianca Albers, Senior Advisor, Centre for Evidence and Implementation</td>
<td>Complete</td>
</tr>
<tr>
<td>Research and evaluation overview</td>
<td>Provides an overview of the research and evaluation process</td>
<td>In progress</td>
</tr>
<tr>
<td>Communication strategy for LifeSpan</td>
<td>Prepared by Boxing Clever</td>
<td>Complete</td>
</tr>
<tr>
<td>Corporate communications strategy</td>
<td>Prepared by Synapse Communications for internal BDI use</td>
<td>Complete</td>
</tr>
<tr>
<td>LifeSpan brand guide</td>
<td>Prepared by Alex Warder Designs</td>
<td>Complete</td>
</tr>
<tr>
<td>Mapping LifeSpan against existing suicide prevention frameworks and strategies</td>
<td>Compare and contrast LifeSpan against frameworks such as EAAD, Zero Suicide, etc.</td>
<td>Complete</td>
</tr>
<tr>
<td>A comparison of multi-component systems approaches to suicide prevention</td>
<td>Baker, Nicholas, Shand, Green, Christensen, Australasian Psychiatry, 2017, online first 21 Nov</td>
<td>Published <a href="http://journals.sagepub.com/doi/full/10.1177/1039856217743888">http://journals.sagepub.com/doi/full/10.1177/1039856217743888</a></td>
</tr>
<tr>
<td>Walking together: exploring options for alignment between ATSISPEP and LifeSpan</td>
<td>Poster for World Congress First Nations Suicide Prevention World Leaders Dialogue</td>
<td>Published. See Appendix B</td>
</tr>
<tr>
<td>Using evidence, engaging community and building collaborations: LifeSpan suicide prevention in action</td>
<td>Workshop at the 2017 National Suicide Prevention Conference</td>
<td>Delivered</td>
</tr>
<tr>
<td>Using a comprehensive suicide audit to inform LifeSpan Newcastle's community action on suicide prevention</td>
<td>Presentation at the 2017 National Suicide Prevention Conference</td>
<td>Delivered</td>
</tr>
</tbody>
</table>
Table 2: LifeSpan Major Publications (continued)

<table>
<thead>
<tr>
<th>Document</th>
<th>Notes</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why implementation science is required to reduce suicide rates</td>
<td>Green, Halliday, Boydell, Shand, Australasian Psychiatry Journal</td>
<td>Submitted</td>
</tr>
<tr>
<td>Improving patient care after a suicide attempt</td>
<td>Shand, Vogl, Robinson, Australasian Psychiatry Journal</td>
<td>Submitted</td>
</tr>
</tbody>
</table>

**Financial Management**

**Deliverable:**
- Multiyear budget

**Key updates for this reporting period:**

Strong focus is placed on the development and management of a budget designed to build sustainability into the delivery of LifeSpan. Funds are focused on seed activities early on in implementation and for evaluating outcomes to inform continuous improvement. This will minimise the artificial impact of finite funding source for sites, while providing the resources required to initiate systems change.

Regular budget re-forecasts are prepared as the project progresses and a more realistic picture has formed of the investment needed for program development or adaptation, implementation and research.

This re-forecasting has seen an increase in grants directly to sites (compared to the 2016 Annual Report) with $3.60 million now granted to the four trial sites to assist with localised strategies, coordination and capacity building. An additional $1.47 million has been allocated for the deployment of interventions in partnership with national and local providers including training YAM facilitators, purchasing QPR licenses, Mindframe Plus training and Roses in the Ocean capacity building workshops and mentoring.

Data collection and management costs have been reduced to $440,000. Reductions reflect lower than anticipated data linkage costs and a shifting of costs to staffing and internal capacity building. As significant barriers were encountered when attempting to outsource coding work, a decision was made to invest in building team capacity to carry out the coding of ambulance and police data.

Research and evaluation expenses are forecasted at $1.89 million and research staffing levels have grown as the requirements of the research trial have firm ed.

Operational costs and staffing are planned to account for $7.5 million or 50% of the total budget over the full term of the project. Representing an increase in internal capacity for data coding and to ensure adequate resourcing of research and implementation support for the trial sites.

All figures quoted are ex-GST.
Research and Evaluation Design and Implementation

Deliverables:
- Research and Evaluation Design completed
- Ethics strategy and approvals
- Research and evaluation governance processes
- Data Strategy

Key updates for this reporting period:

Research and Evaluation Design completed and will continue to be updated during the trial.

A comprehensive research overview to guide the overall measurement design of the trial has been written and this is due to be published in early 2018. The research overview outlines the design of individual studies and research activities within the overall evaluation and identifies key milestones and activities. Table 3 lists the main research studies and activities organised by the five broad streams of activity and by LifeSpan strategy.

Table 3: LifeSpan Research Studies, timing and progress overview

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Study name</th>
<th>Expected publications</th>
<th>Status</th>
<th>Start</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Primary outcome study</td>
<td>Using coronial, police, ambulance and hospital data, this study evaluate the impact of LifeSpan on suicides and suicide attempts in each of the four sites. It evaluates changes in suicides and suicide attempts over the course of the project</td>
<td>Analytic plan prepared and under review</td>
<td>May 2018</td>
<td>Dec 2020</td>
</tr>
<tr>
<td>Overall</td>
<td>Economic evaluation</td>
<td>This is a cost effectiveness and cost benefit study of LifeSpan on reducing suicide mortality and suicide attempt rates</td>
<td>Design currently under review to expand scope</td>
<td>Jun 2017</td>
<td>Apr 2020</td>
</tr>
</tbody>
</table>
| Strategy 1    | ED patients' cohort study| 1. A longitudinal study that will recruit participants from hospital EDs following a suicide attempt and examine their experience of health care using quantitative and qualitative methods  
2. A data linkage study examining health service use and re-presentations to hospital following hospital treatment for a suicide attempt for all patients within the LifeSpan regions, compared with control regions | Protocol and ethics for overall study approved and work continues on obtaining site specific agreements | Jun 2017| May 2020 |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Study name</th>
<th>Expected publications</th>
<th>Status</th>
<th>Start</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy 2 and 3</td>
<td>Suicide prevention training – health professionals</td>
<td>1. Longitudinal survey to evaluate the impact of advanced training in suicide prevention on GPs, psychologists, and psychiatrist’s referral and treatment behaviours, stigma, and suicide literacy. 2. Use of routinely collected data (Medicare items, pharmaceutical benefits) to evaluate impact of training and StepCare on referral and treatment</td>
<td>Data collection has commenced</td>
<td>Jun 2017</td>
<td>Apr 2020</td>
</tr>
<tr>
<td>Strategy 3</td>
<td>StepCare</td>
<td>Use of routinely collected GP clinical data (diagnosis, prescription, referrals) to examine the impact of StepCare on identification, referral, and treatment behaviours</td>
<td>Under review</td>
<td>Jun 2017</td>
<td>Apr 2020</td>
</tr>
<tr>
<td>Strategy 4</td>
<td>Frontline suicide prevention training</td>
<td>A longitudinal survey to evaluate the impact of suicide prevention training on suicide stigma, literacy, and treatment behaviours</td>
<td>Surveys designed</td>
<td>Aug 2017</td>
<td>Feb 2019</td>
</tr>
<tr>
<td>Strategy 5</td>
<td>Gatekeeper training</td>
<td>A longitudinal survey to evaluate the impact of community helper training on stigma, literacy, identification of risk and referral behaviours</td>
<td>Data collection commenced</td>
<td>Aug 2017</td>
<td>Feb 2019</td>
</tr>
<tr>
<td>Strategy 6</td>
<td>Community survey</td>
<td>A longitudinal survey of the general community at each site to measure change in suicide stigma, literacy, and ideation; help-seeking</td>
<td>Data collection commenced</td>
<td>May 2017</td>
<td>Jun 2020</td>
</tr>
<tr>
<td>Strategy 7</td>
<td>Evaluation of YAM</td>
<td>A longitudinal survey of participating students to examine the impact of the program on suicidal ideation and behaviour, suicide stigma, suicide literacy</td>
<td>Design complete and ethics applications under review</td>
<td>Aug 2017</td>
<td>Feb 2019</td>
</tr>
</tbody>
</table>
### Table 3: LifeSpan Research Studies, timing and progress overview (continued)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Study name</th>
<th>Expected publications</th>
<th>Status</th>
<th>Start</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy 8</td>
<td>Monitoring of media reporting of suicide</td>
<td>This study will evaluate the impact of media training at each site on the quality of reporting of suicide, using systematic national monitoring of online media</td>
<td>Negotiation for data provision by media monitoring company</td>
<td>Jul 2017</td>
<td>Feb 2019</td>
</tr>
<tr>
<td>Strategy 9</td>
<td>Means restriction</td>
<td>A suicide audit, means restriction audit, and geospatial mapping to examine changes in suicide locations and means</td>
<td>Audit complete in Newcastle, Illawarra Shoalhaven; audit pending; baseline data mapped</td>
<td>May 2017</td>
<td>Dec 2020</td>
</tr>
<tr>
<td>Overall</td>
<td>Lived Experience Framework</td>
<td>• Impact of lived experience participation on the individuals engaged with suicide prevention activities • Additional sub-studies TBC</td>
<td>Design stage</td>
<td>Jan 2018</td>
<td>Dec 2020</td>
</tr>
</tbody>
</table>

**Research to inform implementation and practice**

| Strategy 1 | Delphi study of ED assessment | Delphi findings to guide best practice for suicidal individuals in ED settings | Seeking endorsement from professional bodies; webinar on 1 Nov | Dec 2016 | May 2017 |
Ethics strategy and approvals

LifeSpan involves a cascading and comprehensive ethics strategy with approvals required at multiple levels and from multiple committees. Table 5 below lists each ethics application, the Human Research Ethics Committee (HREC) from which approval is sought and the status of key milestones.

Table 5: Ethics strategy and approvals*

<table>
<thead>
<tr>
<th>Ethics Application/Purpose</th>
<th>HREC</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifeSpan NEAF</td>
<td>Hunter New England HREC</td>
<td>Approved</td>
</tr>
<tr>
<td>LifeSpan SSA</td>
<td>HNE Governance Office</td>
<td>Approved</td>
</tr>
<tr>
<td>LifeSpan SSA</td>
<td>Illawarra Shoalhaven GO</td>
<td>Under review</td>
</tr>
<tr>
<td>LifeSpan SSA</td>
<td>Central Coast GO</td>
<td>Under review</td>
</tr>
<tr>
<td>LifeSpan SSA</td>
<td>Murrumbidgee GO</td>
<td>Under review</td>
</tr>
<tr>
<td>Suicide Audit NEAF</td>
<td>Hunter New England HREC</td>
<td>Approved</td>
</tr>
<tr>
<td>Suicide Audit SSA</td>
<td>HNE GO</td>
<td>Approved</td>
</tr>
<tr>
<td>Suicide Audit SSA</td>
<td>Illawarra Shoalhaven GO</td>
<td>Approved</td>
</tr>
<tr>
<td>Suicide Audit SSA</td>
<td>Central Coast GO</td>
<td>Under review</td>
</tr>
<tr>
<td>Suicide Audit SSA</td>
<td>Murrumbidgee GO</td>
<td>Under review</td>
</tr>
<tr>
<td>Aboriginal Health &amp; Medical Research Council</td>
<td>AH&amp;MRC</td>
<td>Approved</td>
</tr>
<tr>
<td>National Coronal Information System</td>
<td>NCIS/JHREC</td>
<td>Approved</td>
</tr>
<tr>
<td>NSW Ambulance, Suicide Audit</td>
<td>NSW Ambulance</td>
<td>Approved</td>
</tr>
<tr>
<td>NSW Ambulance, Frontline</td>
<td>NSW Ambulance</td>
<td>In preparation</td>
</tr>
<tr>
<td>SERAP, School programs</td>
<td>Department of Education &amp; Training</td>
<td>Under review</td>
</tr>
<tr>
<td>Emergency Dept and admitted patients data</td>
<td>NSW Population &amp; Health</td>
<td>Scheduled for: February 2018</td>
</tr>
<tr>
<td>The Cohort Study NEAF</td>
<td>Hunter New England HREC</td>
<td>Approved</td>
</tr>
<tr>
<td>The Cohort Study SSA</td>
<td>Illawarra Shoalhaven GO</td>
<td>Under review</td>
</tr>
<tr>
<td>The Cohort Study SSA</td>
<td>South Western Sydney</td>
<td>Under review</td>
</tr>
<tr>
<td>The Cohort Study SSA</td>
<td>Central Coast GO</td>
<td>In preparation</td>
</tr>
<tr>
<td>The Cohort Study SSA</td>
<td>Murrumbidgee GO</td>
<td>In preparation</td>
</tr>
</tbody>
</table>

* NEAF – National Ethics Application Form
SSA – Site Specific Assessment
GO – Research Governance Office in the Local Health District
Data Strategy

LifeSpan has sought ethical approval and access to the national coronial data storage for intentional self-harm coronial cases. Access has been granted for records within NSW, QLD, ACT, NT, SA, TAS from 2006, however, LifeSpan are in the process of obtaining additional historical records which will assist in providing data in regions with low incidents and with possible geospatial temporal analysis.

Automated queries have been developed to detect and correct data inconsistencies within this national dataset, quality assurance techniques have been put in place to ensure these data issues are appropriately handled and where corrections cannot be automated, manual interventions are handled by experienced researchers. These have been documented and stored historically.

Access to NSW Police incident and attempt data has recently been approved. LifeSpan researchers have begun coding narrative incident and attempt data. This work is undertaken at the Curtis Cheng police centre.

Ethics approval to obtain NSW Ambulance service data has been obtained and we have received the data. Internal capabilities will be drawn on to develop coding frameworks and manually code these data for our trial regions.

Significant progress has been made by LifeSpan and ANU to implement a Resource Atlas. The LifeSpan Resource Atlas is a collection of interactive web-based mapping tools designed to support suicide prevention professionals, policy makers, academic researchers, and planners to combine, analyse and display information in ways that promote better understanding of suicide and the forces that affect it.

The LifeSpan Resource Atlas is designed to locate local services and regional resources and create maps from publicly available data sets containing curated data from various sources of demographic, health, socio-economic and environmental information. A screenshot showing a sample of information included in the Resource Atlas is shown in Figure 3.

Improvements and amendments have been made to our workforce surveys after consultations with the Australian Institute of Health and Welfare, voices of the lived experience community and Aboriginal and Torres Strait Islander consultant Leilani Darwin.

Appropriate amendments have been made to our ethics board and the surveys are ready to be distributed within the trial sites.

Community survey templates have been developed and administered, with our first baseline survey closing for Newcastle, Illawarra Shoalhaven and Southwestern Sydney (control site). A higher than expected completion rate (81%) was achieved, with 1,123 surveys completed.
Implementation and Engagement Framework

Deliverables:
- Implementation Framework
- Lived Experience Framework

Key updates for this reporting period:

**Implementation Framework**

In conjunction with the Centre for Evidence and Implementation (CEI) the first version of the LifeSpan implementation framework is now complete, and is being put into practice by the LifeSpan team at the Black Dog Institute as well as within each trial site. The framework sets clear direction for managing the overall implementation of LifeSpan making best use of available research and implementation science. Key features of the implementation framework include the grouping of strategies with common target stakeholders or interventions into five work streams, the development of a cascading team structure and detailed implementation processes.

In the implementation science literature, implementation teams have been described as an "internal structure to move selected programs and practices through the stages of implementation in organizations and systems". As shown in Figure 7, The Central Implementation Team (CIT) and supports the Local Implementation Team (LIT) in each trial site as per the diagram below. The role of the LIT is to enable those on the ground (doctors, gatekeepers, YAM instructors) to deliver interventions. The role of the CIT is to enable the LIT and support fidelity to the trial through resourcing, problem solving and design of interventions and evaluation mechanisms. Where required, depending on the nature of the intervention, sites may also establish a Practice Implementation Team (PIT) (involving, for example, lead clinicians and nurses within a single hospital) to manage implementation of clinical improvements and interventions.
Significant attention has been paid to the transfer of skills and knowledge from CEI to the LifeSpan central and trial site teams to aid sustainability and the practical application of implementation science learnings. The LifeSpan implementation framework will be reviewed at regular intervals so that new learnings can be incorporated both from the Black Dog LifeSpan team as well as from teams on the ground in each trial site.

Lived Experience Framework

Delivered in late 2016, the report 'Framework for the engagement of people with a lived experience in program implementation and research', prepared by researchers at ANU for LifeSpan, has informed strategies undertaken to include those with lived experience of suicide in LifeSpan. The LifeSpan lived experience framework is shown in Figure 4.

An applied version of the lived experience framework has been drafted and will be published soon. This will outline a series of actions, measures and targets to drive change towards best practice lived experience engagement at both central and site levels of LifeSpan. Feedback on the draft applied document has been positive and indications are that it will apply a benchmark for comprehensive, multi-level, evidence-based lived experience participation in suicide prevention beyond LifeSpan.

A series of workshops are planned for 2018 to bring lived experience representatives, site coordinators and the central team together to undertake systematic reviews of key interventions and preliminary research findings, applying the lived experience framework.

Roses in the Ocean, an organisation providing programs developed and delivered by people with a lived experience of suicide, has been engaged to provide capacity building workshops and support for individuals with a lived experience actively involved in LifeSpan sites. Training will begin to roll out in late 2017.

Evaluation planning is underway with potential to make significant impact on the evidence-base in the fields of lived experience participation and knowledge translation.

The voices of lived experience have also been critical in a variety of other activities such as the development of key messages in the LifeSpan communication strategy and the Delphi research study for the development of best practice guidelines for emergency departments in caring for people in suicidal crisis.

Application of the LifeSpan lived experience framework is being looked at more broadly at Black Dog and plans are underway to deepen lived experience engagement across the organisation. An early step in this process has been the development of a paid participation policy and formation of a cross-portfolio working group of staff to continuously review processes for recruitment and management of lived experience volunteers and representatives.
**Design**

1. Shared decision-making
2. Treatment preferences
3. Self-help programs and tools
4. Satisfaction surveys
5. Co-design of services and programs
6. Reference Groups and representatives on committees
7. Peer workers and peer-led programs
8. Lived experience feedback and co-evaluation
9. Advisory Group and representatives on working groups
10. Lived experience-led committees and equal representation in all decision-making bodies
11. Lived experience-led training for staff
12. Interviews with lived experience representatives; regular audit of engagement activities
13. Co-design of policy and strategy
14. Regular reviews of policy and its implementation by lived experience representatives

**Governance and Management**

1. Shared decision-making
2. Treatment preferences
3. Self-help programs and tools
4. Satisfaction surveys
5. Co-design of services and programs
6. Reference Groups and representatives on committees
7. Peer workers and peer-led programs
8. Lived experience feedback and co-evaluation
9. Advisory Group and representatives on working groups
10. Lived experience-led committees and equal representation in all decision-making bodies
11. Lived experience-led training for staff
12. Interviews with lived experience representatives; regular audit of engagement activities
13. Co-design of policy and strategy
14. Regular reviews of policy and its implementation by lived experience representatives
Pre-Implementation Research and Development

Deliverables:
- Literature reviews to identify interventions
- Confirm intervention programs per strategy
- Produce detailed 'Intervention Descriptions'
- Program adaptation

Key updates for this reporting period:

**Produce detailed ‘Implementation Guides’ (formerly known as 'Intervention Descriptions')**

Interventions under each of the nine LifeSpan strategies have been selected and detailed 'Implementation Guides', key documents to summarise and guide implementation, are drafted. The guides are reviewed by the Central Implementation Team (CIT) to assess readiness and refine until ready for installation at the Local Implementation Team level. A detailed schedule has been prepared to move the 20+ intervention descriptions through the CIT process in an efficient and timely manner.

Table 4 summarises LifeSpan strategies (note that names of strategies have been refined to aid communication) and interventions.

**Program adaptation**

Adaptation of the Youth Aware Mental Health (YAM) program has commenced in preparation for implementation into NSW secondary schools (government and non-government). This process, occurring in partnership with YAM program owners Mental Health in Mind (MHIM) in Sweden, involves reviewing and updating content to suit an Australian audience and a detailed four stage process to review and adapt content to be culturally inclusive for Aboriginal and Torres Strait Islander young people. This process will continue throughout 2018 using a continuous improvement approach.

Additionally, work has been done by the Black Dog Institute to adapt the original US version of QPR online to be suited to the Australian context. This was achieved through a comprehensive review and update of the program and its associated materials, with the inclusion of:

- Australian statistics about suicide rates (for both the general population and priority populations, such as Aboriginal and Torres Strait Islander people);
- More recent research on suicide risk and protective factors; and
- Australian spelling, vocabulary, and voiceover narration throughout the program.

The Australian adaptation of QPR online is now available to LifeSpan trial sites, and feedback on the adaptation has been overwhelmingly positive.
### Table 4: Summary of Key Interventions to be delivered in LifeSpan

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Providing emergency and follow-up care for suicidal crisis</td>
</tr>
<tr>
<td></td>
<td>• Improved crisis care with new guidelines and training in Emergency Departments, education and resource packs distributed to individuals and families in crisis.</td>
</tr>
<tr>
<td></td>
<td>• Dedicated aftercare services for people who attempt suicide.</td>
</tr>
<tr>
<td></td>
<td>• Better networks and information sharing between care providers and families.</td>
</tr>
<tr>
<td>2</td>
<td>Using evidence-based treatment for suicidality</td>
</tr>
<tr>
<td></td>
<td>• Delivering Advanced Training in Suicide Prevention to clinicians plus guidelines for effective treatments, including phone and web-based supports.</td>
</tr>
<tr>
<td></td>
<td>• Improving information sharing between services, families and carers.</td>
</tr>
<tr>
<td></td>
<td>• Developing preferred provider lists and improving local networks to close the gaps between primary care, allied health, schools and the hospital system.</td>
</tr>
<tr>
<td>3</td>
<td>Equipping primary care to identify and support people in distress</td>
</tr>
<tr>
<td></td>
<td>• Delivering Advanced Training in Suicide Prevention to GPs and practice staff and building better local care networks.</td>
</tr>
<tr>
<td></td>
<td>• Doctors can identify more patients in need using the StepCare program.</td>
</tr>
<tr>
<td>4</td>
<td>Improving the competency and confidence of frontline workers to deal with suicidal crisis</td>
</tr>
<tr>
<td></td>
<td>• Local representatives from frontline services are actively involved in helping improve the interactions those in suicidal crisis have with frontline staff.</td>
</tr>
<tr>
<td></td>
<td>• Evidence-based training is being offered to frontline staff. This will provide an opportunity to refresh or learn knowledge and skills, and build their capacity to support members of the community and their colleagues.</td>
</tr>
<tr>
<td>5</td>
<td>Training the community to recognise and respond to suicidality</td>
</tr>
<tr>
<td></td>
<td>• Local employers are asked to provide QPR (‘Question Persuade Refer’) training to their staff. LifeSpan Champions can help promote this at their workplace.</td>
</tr>
<tr>
<td></td>
<td>• Offering QPR training at low cost to the general public, and equipping those trained with referral information, resources, networks and support to maintain skills.</td>
</tr>
<tr>
<td>6*</td>
<td>Promoting help-seeking, mental health and resilience in schools</td>
</tr>
<tr>
<td></td>
<td>• Partnering with the NSW Department of Education to deliver YAM to Year 9 students in public schools, and working with headspace and others to deliver YAM in participating independent and Catholic schools.</td>
</tr>
<tr>
<td></td>
<td>• Providing Advanced Training in Suicide Prevention to school psychologists.</td>
</tr>
<tr>
<td></td>
<td>• Training teachers to Question, Persuade and Refer (QPR) students who may be at risk of suicidal thinking.</td>
</tr>
<tr>
<td>7</td>
<td>Engaging the community and providing opportunities to be part of the change</td>
</tr>
<tr>
<td></td>
<td>• A local communication campaign to:</td>
</tr>
<tr>
<td></td>
<td>— build awareness of how to help someone who may be suicidal;</td>
</tr>
<tr>
<td></td>
<td>— encourage people to make a difference by undertaking QPR (‘Question Persuade Refer’) training;</td>
</tr>
<tr>
<td></td>
<td>— provide ways for community members, including those with lived experience of suicide, to get involved in local suicide prevention efforts.</td>
</tr>
<tr>
<td>8</td>
<td>Encouraging safe and purposeful media reporting</td>
</tr>
<tr>
<td></td>
<td>• Taking a proactive, coordinated approach to working with the media and providing Mindframe training to local media and organisations.</td>
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<tr>
<td></td>
<td>• Developing a ‘Regional Suicide Response Plan’ to coordinate efforts, minimise media that may traumatis the community and increase coverage that promotes help seeking information.</td>
</tr>
<tr>
<td>9</td>
<td>Improving safety and reducing access to means of suicide</td>
</tr>
<tr>
<td></td>
<td>• Preparing a local Suicide Audit Report using the best available data.</td>
</tr>
<tr>
<td></td>
<td>• Doing what we can to keep people safe. This may involve working with local crisis services, Police, Ambulance, health services, pharmacies, suppliers, councils, media, politicians and others.</td>
</tr>
</tbody>
</table>

*Note strategies 5 and 6 have been switched in order in the updated LifeSpan ‘wheel’ and strategy numbers have been removed. Use of strategy numbers is for internal use.*
Site Establishment and Pre-Implementation Preparation

Deliverables:
• Recruit regional suicide prevention coordinator
• Establish multiagency suicide prevention group
• Community forums and engagement underway
• Conduct suicide audit, local focus group
• Establish Local Implementation Team (LIT)
• Conduct readiness, barriers and facilitators assessments

Key updates for this reporting period:

Recruit Regional suicide prevention coordinator

All four sites have now recruited LifeSpan coordinators. In the case of the Murrumbidgee trial site, the Murrumbidgee Primary Health Network funded and filled the coordinator position in July 2017, more than two months before the official commencement of Murrumbidgee’s establishment phase.

Conduct Suicide Audit, local focus group

The ‘Suicide Audit’ refers to the systematic collection of local-level data on suicidal behaviour (suicide mortality and suicide attempt) to inform multiagency action plans.

The first Newcastle Suicide Audit report was delivered to Newcastle along with holding two the Suicide Audit focus groups in July/August. This report included NCIS data from 2012 onwards and was prepared drawing on the significant coding capability and expertise that has been established in the LifeSpan central team. Since this date, the Black Dog Institute has received access to records dating back to 2006. An updated Newcastle suicide audit will be issued at the end of 2017 to incorporate this data, and all suicide audits for subsequent sites will now incorporate all 10 years of NCIS records.

The suicide audit for Illawarra Shoalhaven (10 years data) has now been delivered. Cleaning and coding of data for Central Coast and Murrumbidgee is underway and on track for delivery in January and February 2018, respectively.

Establish Local Implementation Team (LIT)

Newcastle, Illawarra Shoalhaven and Central Coast have established Local Implementation Teams (LITs) with membership from Local Health Districts, Primary Health Networks, lived experience representatives, Aboriginal Community Controlled Health Services, NGOs and other health services. Each LIT also has representation from NSW Ambulance Service, NSW Police Force, local councils as well as public, independent and Catholic school bodies.

Newcastle and Illawarra Shoalhaven have established working groups aligned to the following pieces of work, while Central Coast has identified the leaders for each working group but is still formalising membership.

Working groups are typically aligned to LifeSpan strategies although these may vary based on local needs:

1. Health interventions (aligned with LifeSpan strategies 1-4)
2. Community interventions (aligned with LifeSpan strategies 6-8)
3. School interventions
4. Data driven decision-making (aligned with LifeSpan strategy 9, as well as other data collection and decision-making processes)
5. Aboriginal Suicide Prevention (deciding on the relevance of LifeSpan activities to the Aboriginal community and how Aboriginal community needs can be met)
Murrumbidgee has a pre-established Mental Health Drug and Alcohol Alliance who currently drive multi-agency suicide prevention initiatives within the region. They are currently reviewing the structure of this group to determine whether the Alliance could be expanded or an additional group would be required to function as the LIT.

A senior representative from the Central team attends most of the LIT meetings and maintains regular contact with all LifeSpan site coordinators to ensure alignment between activities at Central and site levels and facilitate cross-site learning. Intervention design and associated Implementation Guides are continually improved and updated to incorporate developments occurring within the LITs in each region.

**Conduct readiness, barriers and facilitators assessments**

Baseline gap analysis, and readiness has been measured via stakeholder engagement and key stakeholder interviews from the commencement of the establishment period in all three trial sites, with activity intensifying in the two active trial sites. These assessments form a key part of ongoing stakeholder consultation to encourage involvement in LifeSpan initiatives. Site coordinators are also starting to implement formal readiness, barriers and facilitator assessments using surveys developed for key interventions.

**Evaluation Commencement**

**Deliverables:**
- Cohort baseline monitoring
- Community surveys
- Workforce surveys
- Individual studies commence

**Key updates for this reporting period:**

Cohort study baseline monitoring will commence once site-specific agreements (SSAs) are approved. A delay in finalising the SSAs with Illawarra Shoalhaven LHD has been encountered but local Associate Investigators for this SSA have now been confirmed and we anticipate the formal approval of the SSA is imminent. Good progress has been made on the SSAs for South West Sydney (control site), Central Coast and Murrumbidgee.

We have access to New South Wales coronial data dating back to 2006, with all data now reviewed and cleaned. In addition to use in preparing suicide audit reports, this is a key dataset for evaluating the primary outcome of LifeSpan, i.e. reductions in suicide deaths.

Our baseline community surveys, designed to measure community wide changes in suicidal ideation, stigma, knowledge, and help-seeking, have been rolled out in three LifeSpan sites and one control site, with a great response to the surveys (over 1100 completed surveys). Data collection has also commenced for other strategies, such as Advanced Training in Suicide Prevention.
PHASE IV

Full Implementation of Stepped Wedge Trial

1. Regional LifeSpan Implementation Plan

Deliverables:
- Confirmed timeline per intervention
- Detailed intervention installation plans
- Local implementation of Lived Experience Framework
- Regional Suicide Response Plan developed and endorsed

Key updates for this reporting period:
All sites have now submitted their regional LifeSpan implementation plans, incorporating timelines for interventions to commence. These plans include timeframes that have been defined and agreed upon with delivery partners. Installation plans have been developed by LifeSpan site coordinators in conjunction with delivery partners and local implementation teams. As these plans are developed and lessons learnt from the early stages of implementation are applied, Black Dog Institute is gathering this information to feed back into implementation guides so that our strategies continue to evolve based on the latest information.

All sites have maintained a focus on recruiting and supporting local lived experience representatives to perform key roles within site governance structures. The applied LifeSpan lived experience framework will be published soon and will provide further structure to the systematic representation of lived experience in each trial site. This will include self-audit tools to assist sites in reflecting on lived experience representation across the governance structures of LifeSpan, as well as training, recruitment and support options to put into practice. With this added information, we expect sites to further strengthen their existing efforts to ensure meaningful lived experience representation.

The development of a regional suicide response plan is underway in Newcastle and Illawarra Shoalhaven, with protocols now being developed that span responses to media coverage, bereavement support and communications protocols between those in touch with individuals impacted by suicide, support services and other key stakeholders. Given the breadth of these plans we expect them to be developed over the first 12 months of implementation.

2. Health Interventions Implementation

Deliverables:
- S3 – StepCare and Advanced Training in Suicide Prevention implementation commences
- S1,2,4 – Training and improvement strategies commence
- S1 – Delphi outcomes implemented in hospital Emergency Departments
- S1 – Aftercare service resourced and implemented

Key updates for this reporting period:
Newcastle has delivered StepCare General Practitioner (GP) Screening and StepCare support intervention training to PHN staff who will be facilitating implementation into primary care practices in the region. Newcastle has already recruited their original target of 12 practices within the region and are now working towards an increased target of 15. Practices have started to go live from the beginning of October 2017 with approximately two practices per week being activated.

The LifeSpan research team have confirmed that practice data from electronic medical records will not be required to evaluate impact of the StepCare. This decision was made following conversations with consultant GPs and PHN staff, and is based on accessibility of data due to existing agreements between practices and PHNs, as well as the available format and reliability of data within practice software. Evaluation using routinely collected Medicare and prescribing data is in the design phase. If possible to gain access to data at a provider (or individual GP) level, it may be possible to measure the impact of StepCare on clinical practice this way.

Advanced Training in Suicide Prevention (ATSP) courses commenced May 2017. So far, seven sessions have been delivered in Newcastle involving 93 GPs and/or allied health professionals. In the Newcastle region, evaluation of ATSP commenced September
2017, comprising of surveys completed immediately before and after workshops. Follow-up surveys have been designed and will be sent to participants for a six month follow-up via email or fax (pending confirmation of fax process from LifeSpan central).

Feedback from Newcastle participants in Advanced Training in Suicide Prevention

“This was a great day and I do genuinely feel more confident in managing a suicidal patient.”

“Great program. Very relevant to general practice. Very practical.”

“Kathy was an amazing presenter, covering a difficult subject very well. The group were engaged and captivated throughout the whole presentation.”

Implementation of the US-based Collaborative Assessment & Management of Suicidality (CAMS) training program is in the exploration phase at LifeSpan central. An implementation guide is under development following conversations with CAMS consultants, and has been sent to LifeSpan site coordinators with estimated costings to determine which format (online or face to face) is preferable in the local context.

The Delphi study has been completed and the resulting key document, Guidelines for integrated suicide-related crisis and follow-up care in Emergency Departments and other acute settings, has been published. The new guidelines are a series of recommended strategies and an accompanying clinical implementation guide that extends beyond existing policy directives. They aim to provide practical and realistic strategies to ensure people in suicidal crisis (as well as their families and support-people) receive optimal care, when and how they need it. To disseminate this work nationally and drive discussion about health systems change, Black Dog is planning a panel discussion comprised of clinicians, management, research and lived experience representatives, to explore optimal strategies for both regional and urban acute care settings. The event is to be held at the Black Dog premises and live streamed with the support of a corporate partner.

Newcastle is currently operating an Aftercare service as part of the beyondblue trial of their ‘The Way Back Support Service’ model. beyondblue funding allowed the service to operate until September 2017. Black Dog was pleased to see NSW Health commit an additional $750,000 in June, allowing the service to continue operating throughout the LifeSpan trial period. Illawarra Shoalhaven have successfully obtained funding for, designed and are now establishing their own non-clinical aftercare service in the region. This service commences in Wollongong Hospital from August 2017, Shellharbour Hospital from November 2017 and Shoalhaven Hospital from February 2018.

Community Interventions Implementation

Deliverables:

- S7 – Local communications strategy endorsed
- S7 – Champions recruited
- S5 – Gatekeeper training commences
- S7 – Campaign activities planned
- S8 – Mindframe Plus training held, media strategy implemented

Key updates for this reporting period:

The Australian-adapted version of the online gatekeeper training program, QPR, was launched on 31 August, 2017. Trial sites have been provided with licences to deliver QPR online to 1% of the site population. In addition, sites are working with their local Lifeline centres to arrange delivery of gatekeeper training using either ASIST or QPR face-to-face training.

Local sites planned campaign activities, primarily coinciding with major suicide prevention events (e.g., R U OK? Day on 14 September, 2017) to promote LifeSpan, gatekeeper training and Mindframe Plus training. For example, the Illawarra Shoalhaven LifeSpan launch was held on R U OK? Day 2017, where representatives from key organisations as well as from the general community were invited to attend. Booths were set up providing information on the LifeSpan strategies as well registering attendees to complete QPR online training.
The first sessions of Mindframe Plus training have been delivered in Newcastle and Illawarra Shoalhaven. The Black Dog Institute is incorporating feedback from these first sessions and explore opportunities for the further enhancement of the program for subsequent sites.

An online training program for LifeSpan Champions is close to being finalised. This training, developed to suit adult learning needs, will equip individuals identified at each site to deliver action-focussed key messages to build engagement with strategy-specific target audiences.

School Programs Implementation

Deliverables:

- **S6** – YAM instructors recruited
- **S6** – YAM instructors trained
- **S6** – YAM delivery into Government schools commences
- **S6** – YAM delivery into non-Government schools commences

Key updates for this reporting period:

YAM implementation within NSW public secondary schools is well underway through a strong partnership between LifeSpan and the NSW Department of Education (DoE). Implementation into independent and Catholic schools is being pursued locally in each site by the site coordinators and delivery partners.

Forty instructors were recruited and trained in the YAM program earlier in May 2017. Instructors were drawn from the DoE, local headspace centres in each trial site, Principals Australia Institute, Relationships Australia, headspace school support, and staff internal to LifeSpan. The DoE has recruited an additional 10 people to be trained as instructors, and together with Black Dog and the YAM developers, they are finalising additional training as well as master training to be scheduled for late in 2017 and early 2018. This will increase our capacity to support the ongoing delivery of YAM in NSW trial sites and beyond. The demand for YAM has been very high and we are keen to rapidly increase our capacity to deliver the program with additional instructors and master trainers.

YAM has undergone an initial cultural review and adaptation for the Australian context. In August, an Aboriginal and Torres Strait Islander pilot program was delivered in the Central Coast. Indigenous mental health consultant Leilani Darwin is overseeing the review and will provide recommendations.

In Term 3, YAM was delivered to four of the seven public mainstream high schools, and one Catholic school in Newcastle, with additional delivery planned for Term 4. The DoE has run parent and staff information sessions in Newcastle, as well as practice session with students, and the program is being extremely well received. The school community has repeatedly expressed interest in additional training such as QPR and ATSP, widespread access to which is being facilitated by LifeSpan and BDI.

Ethics applications for the evaluation of YAM have been submitted to UNSW and the State Education Research Applications Process (SERAP) for review.
Suicide prevention is a high priority for the NSW Department of Education. The department is working closely with the Black Dog Institute to implement Youth Aware of Mental Health (YAM) as one of the key strategies within LifeSpan. The department has established 16 head teacher positions to lead the implementation of YAM with an initial focus in Newcastle.

There has been a positive response from the Year 9 students and teachers at the schools where YAM has been implemented. Student voice is a key component of the program and our young people have actively engaged in the content and have really valued the opportunity to speak about topics that are important to them. Having an opportunity to open up, share their points of view in a non-judgemental way allows deep conversations in order to explore their options when faced with a problem.

As a YAM instructor, I feel I am making a difference to these young people’s lives, highlighting the importance of seeking support when it is needed and not having to deal with a problem on their own, while reinforcing that they are valued by others.

One powerful moment for me was when a young man opened up to the group about dealing with family challenges. In the final week he told me that he used some of the strategies from the program to have a conversation with his dad about how he had been feeling. He was so proud of himself and he told me that he now wants to help others.

There are many more memorable ‘YAM moments’ that every YAM instructor has had. As a team, we are all excited to work with many more young people and share their stories of change and hope.

— Melinda Navin

Head Teacher Student Wellbeing Initiatives, NSW Department of Education

Data for Good Implementation

Deliverables:

- S9 – Local means restriction plan developed

Key updates for this reporting period:

A key first step in the development of local means restriction planning is the production of the Suicide Audits, incorporating coronial data. Building on previous progress, additional historical coronial data has been granted and coded for New South Wales (2006 – current). The inclusion of these incidents allow the ability to report on trial regions (suburbs) with smaller incident counts, as well as providing 10 years of data aiding researchers compiling audit reports. These added records will allow ANU the ability to investigate possible geospatial temporal analysis within the trial regions.

The data systems infrastructure developed for the NSW trial sites is being leveraged to provide support to the Commonwealth trial sites. Coronial data from Queensland, Tasmania, South Australia, Northern Territory and Australian Capital Territory is currently accessible (from 2012), with an amendment currently sitting with the Justice Human Research Ethics Committee (JHREC) to extend the data’s reach, aligning with New South Wales records.

Coding and reviewing unstructured data is ongoing. The process involves capturing additional attributes made available through narrative data files such as coronial, autopsy, police and toxicology reports.

Ethical applications seeking access to Western Australian and Victorian dataset has been submitted to the relevant stakeholders at the NCIS and the Victorian Coroners Court.

NSW Ambulance data has received final executive release sign-off and we will be looking to incorporate these records in the coming months (see section on data strategy for details).

The second step to inform means restriction planning is the running of focus groups to digest and interpret the Suicide Audit report, adding local knowledge about opportunities for intervention at hotspots and places where access to means of suicide is amenable.

The Newcastle suicide audit has been delivered with two focus groups taking place. They included representatives from police, local council, emergency departments, the coroner’s office, the community and Aboriginal mental health. This diverse group provided perspectives on suicide data for the region and valuable insights specific to Newcastle were obtained to complement the statistical information. Because of these focus groups, action is being taken to implement means restriction activities in a known location within 35.
Newcastle, with the means restriction working group in Newcastle meeting in late October to discuss plans and progress.

Production of the Illawarra Shoalhaven Suicide Audit Report and implementation of focus groups is imminent, pending sign-off on the site-specific agreement (SSA) or ethics approval to run the focus group. The central implementation team has been able to provide preliminary data analysis to Illawarra Shoalhaven, which assisted the site to identify specific local hotspots and plans are now underway to improve safety at these locations.

Indigenous Suicide Prevention Implementation

Deliverables:
- Framework to align ATSISPEP and LifeSpan
- SX – Local action plan developed

Key updates for this reporting period:
- Framework to align ATSISPEP and LifeSpan

Following the release of the landmark 2016 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report ‘Solutions That Work, What the Evidence and Our People Tell Us’, Black Dog has worked to map the recommendations and promising programs in the report against the LifeSpan systems approach strategies and interventions, identifying alignment opportunities, to potentially combine both bodies of work into an implementable framework for Indigenous suicide prevention. This work has involved:
- developing a response to each of its recommendations
- mapping of its eight promising programs against the nine LifeSpan strategies
- preparing a critique of LifeSpan using the lens of ATSISPEP to identify areas for further development of interventions
- consulting with leaders in Aboriginal Suicide Prevention including Professor Pat Dudgeon and Aboriginal Lived Experience Advocate and program developer Leilani Darwin, as well as representatives of Aboriginal communities, Aboriginal Medical Services (AMS) and Aboriginal Community Controlled Health Organisation (ACCHO) reps from the NSW trial sites, Western Australia and Darwin.

The outcome of this work to date has been the drafting of a discussion paper and the development of a conceptual model (Appendix B).

This initial conceptual model is being further developed as part of the support Black Dog is providing to the 12 national suicide prevention trials. In partnership with the Poche Centre for Indigenous Health, the model will be developed into a framework to guide the implementation of best practice Aboriginal suicide prevention strategies, using a systems-based, culturally relevant approach. This work will combine the ATSISPEP success factors with the LifeSpan strategies, and will inform Primary Health Networks on how to work with their local community in a culturally embedded manner.

All NSW trial sites have local Aboriginal communities and the advancement of this piece of work assists sites to engage with local Elders, Aboriginal Medical Services and community members.
Expanding the impact of LifeSpan

National suicide prevention trial sites

In May 2017, the Australian Government announced that the Black Dog Institute would receive $3 million to support 12 national sites to implement an integrated, evidence-based suicide prevention trial. Each of the sites, located across Australia, will receive approximately $3 million over three years to implement localised suicide prevention strategies.

Specific implementation positions have been recruited to provide national sites with support, and new partnership arrangements have been secured to ensure that not only are the Commonwealth trials leveraging from the learnings of the NSW research trials, but also there is an opportunity for our researchers to observe how the LifeSpan framework performs when implemented more flexibly.

A number of the national trial sites are focused on ‘priority populations’ such as Aboriginal and Torres Strait Islander communities, LGBTIQ people or men. This allows them to target their funding towards identified regional population groups that are at statistically greater risk. It also allows for more focused resourcing and adaptation to meet the needs of the specific target populations.

The funding partnership with the University of Western Australia’s Poche Institute for Indigenous Health will support the development of an alignment between the LifeSpan framework and ATSIPEP (Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project) for implementation with Indigenous communities. This will have applicability across the NSW research trials and the expansion of LifeSpan across non-trial Primary Health Networks (PHNs). Similarly, the national trials focused on ex-Australian Defence Force (Ex-ADF) and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) communities will yield outcomes that can be translated more broadly.

A key deliverable for Black Dog under the national suicide prevention trials agreement is the delivery of workshops to build the capacity of PHNs to effectively engage with their communities, apply the principles of implementation science and translate evidence into practice. The NSW research trial sites will be invited to participate in these events as both presenters and participants to encourage a cross-fertilisation of skills, experience and observations.

Implementation teams from the national trial sites will have access to the resources developed for the NSW trials, and their use and feedback will become part of the continued quality improvement of LifeSpan.

The relationships that have been formed with the NSW Government throughout the NSW research trials will inform negotiations with other states and territories, with respect to accessing data, developing protocols and a Memoranda of Understanding, and training in schools, hospitals and other state-based agencies. The Black Dog Institute and the LifeSpan team are also now being actively sought out by PHNs and state governments around Australia to provide support for the implementation of evidence based suicide prevention activities, over and above existing trial sites.

Back-to-base pulse oximetry

The opportunity has arisen, subject to funding from the NSW Government, to pilot the use of back-to-base pulse oximetry to detect suicide attempts in a Psychiatric Intensive Care Unit in Newcastle. A fitbit-like sensor would be worn first by staff on the unit during work hours to determine the device’s technical capability and range, and then by patients who provide consent. The current 15 minute or one-on-one observations would continue in parallel. If the sensor is removed, or if pulse or oxygen saturations fall below a predetermined limit, a base alarm sounds and assistance is rendered quickly.

The trial would be focused on feasibility and acceptability to staff and patients and is expected to run for 12 months, including set-up and the analysis of results.
## A: Lifespan Research Advisory Committee membership

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<thead>
<tr>
<th>Member</th>
<th>Title / Affiliation</th>
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<tbody>
<tr>
<td>Helen Christensen</td>
<td>Chairperson; Director and Chief Scientist, Black Dog Institute</td>
</tr>
<tr>
<td>Dr Fiona Shand</td>
<td>Principal Researcher, LifeSpan, Black Dog Institute/CRESP/UNSW</td>
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<tr>
<td>Dr Michelle Torok</td>
<td>Principal Researcher, LifeSpan, Black Dog Institute/CRESP/UNSW</td>
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<tr>
<td>Rachel Green</td>
<td>Director, LifeSpan, Black Dog Institute</td>
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<tr>
<td>Natasha Cole</td>
<td>First Assistant Secretary, Health Services Div, Commonwealth Dept Health</td>
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<tr>
<td>Tom Brideson</td>
<td>Coordinator, NSW Aboriginal Mental Health Workforce Program</td>
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<tr>
<td>Karen Price</td>
<td>Deputy CEO, ACON</td>
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<tr>
<td>Amy Wyndham</td>
<td>NSW Ministry of Health</td>
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<tr>
<td>Brian Draper</td>
<td>Professor (Conjoint), School of Psychiatry, University of NSW</td>
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<tr>
<td>Grant Sara</td>
<td>InforMH, NSW Ministry of Health</td>
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<tr>
<td>Maria Cassaniti</td>
<td>Centre Manager, Transcultural Mental Health Centre</td>
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<tr>
<td>Myf Maple</td>
<td>University of New England School of Health</td>
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<td>Bronwen Edwards</td>
<td>CEO Roses in the Ocean, Co-Chair Qld Suicide Prevention Taskforce</td>
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<tr>
<td>Henry Cutler</td>
<td>The Centre for the Health Economy, Macquarie University</td>
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<tr>
<td>Paul Konings</td>
<td>APHCRI, Australian National University</td>
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<tr>
<td>Phil Batterham</td>
<td>ANU Centre for Mental Health Research</td>
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<tr>
<td>Anthony Shakeshaft</td>
<td>University of NSW National Drug and Alcohol Research Centre</td>
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<tr>
<td>Andrew Mackinnon</td>
<td>Biostats/Black Dog Institute</td>
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<tr>
<td>Alison Calear</td>
<td>ANU Centre for Mental Health Research</td>
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<tr>
<td>Andrew Page</td>
<td>Western Sydney University Centre for Health Research</td>
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<tr>
<td>Greg Carter</td>
<td>University of Newcastle/Calvary Mater Newcastle Hospital</td>
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<td>Adam Phillips</td>
<td>NSW Ministry of Health</td>
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<tr>
<td>Warren Shaw</td>
<td>NSW Ministry of Health</td>
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<tr>
<td>Vanessa Lee</td>
<td>Senior Lecturer, University of Sydney</td>
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</tbody>
</table>
Walking Together | exploring alignment between LifeSpan and ATSISPEP

**HISTORY**

The Black Dog Institute and Centre for Research Excellence in Suicide Prevention (CRESPP) developed LifeSpan, an evidence-based framework for a systems approach to suicide prevention and produced a commissioning guide with input from Aboriginal and Torres Strait Islander suicide prevention leaders.

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) produced a landmark report entitled ‘Solutions that Work; What the Evidence and Our People Tell Us’, which evaluated existing programs to establish a clear evidence-base for all future work in this sector. Key recommendations were: community programs need to focus on the social, emotional, cultural and spiritual underpinnings of community wellbeing; and Indigenous leadership, as well as partnership and cultural governance with Aboriginal and Torres Strait Islander people within local communities, is critical throughout all phases of any intervention.

**OUTCOME | MAPPED EIGHT PROMISING PROGRAMS AGAINST NINE STRATEGIES**

<table>
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<td>Townsville 24 hour Mental Health Service (QLD)</td>
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<td>Galupa Marngarr Suicide Prevention Group (NT)</td>
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**ENGAGEMENT**

Initial development with Leilani Darwin on cultural governance, and Taylor-Jai McAllister on the first draft (compare/contrast).

**BROOME**

Detailed review and feedback “Our approach needs to walk with, not work with”

**OUTCOME | RESPONSES TO RECOMMENDATIONS**

- Go to country: consult with communities and build community capacity.
- Framework needs to be adaptable and flexible to meet the needs of different local areas.
- Aboriginal and Torres Strait Islander lived experience should be supported and engaged potentially via separate structures/groups/training and support and either adaptation or development of a new Aboriginal and Torres Strait Islander Lived Experience Framework.

“Work towards bringing ATSISPEP and LifeSpan together rather than seeing them as separate, competing things. Aboriginal services shouldn’t have to try to fit a LifeSpan mould.”

South Coast NSW Aboriginal Community representatives

visit www.lifespan.org.au for more info
**Proposed Framework**

Aboriginal and Torres Strait Islander lived experience including LGBTI voices

- **Person and family-centred care in crisis + follow up care and support**
- **Treatment, support and healing for trauma, distress, depression & anxiety**
- **Connection to spirituality & ancestors**
- **Connection to physical wellbeing**
- **Culturally appropriate primary care provides early intervention & recognition of risk, incl. drug and alcohol harm minimisation**
- **Connection to family & kinship**
- **Connection to community**
- **Connection to mental wellbeing**
- **Building resilience and mental health awareness among young people**
- **Improving cultural competency and skills of frontline workers (police, ED staff, paramedics)**
- **Supporting natural and professional helpers to recognise risk & grow**
- **Connection to culture**
- **Community Awareness Campaigns to promote culturally appropriate help seeking**
- **Reducing risky messages and changing the conversation to positive stories**
- **Culturally appropriate suicide prevention: Implementation plan**

**Selected Citations**

4. Besterin D (2015). We centred the Black Rainbow: Aboriginal and Torres Strait Islander (ATSI) people, including LGBTI people, in health, wellbeing and suicide prevention strategies.

**Melanie Kennedy**
Social and Emotional Wellbeing Work Support Unit Manager
Aboriginal Health and Medical Research Council

**Quote:**

“There are historical impacts of trauma and they are intergenerational.”

**Nathan Deaves**
South Coast Aboriginal Medical Services

**Quote:**

“Provide evidence based frameworks, describe the core components that have been successful so locally built programs can be evaluated against them, rather than prescribing different programs to replace local ones.”

**Visit** www.lifespan.org.au for more info
Contact us

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