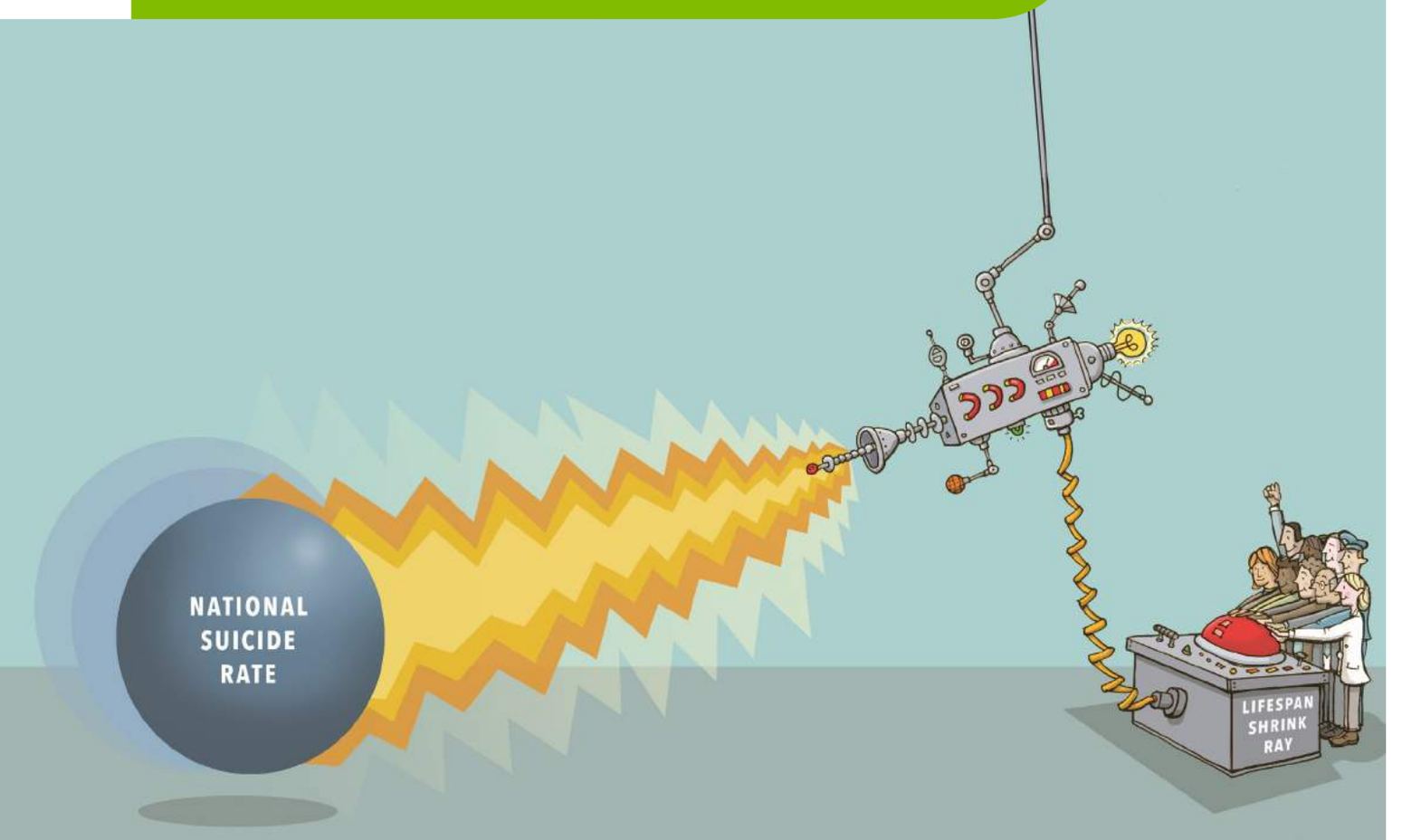
LifeSpan

Implementation progress

2016 Annual Report



LifeSpan
Integrated
Suicide
Prevention

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Prevention

Black Dog
Institute

Contents

Executive summary

Since the commencement of our relationship with the Paul Ramsay Foundation, the Black Dog Institute has progressed with a steady and attentive eye on the major priorities guiding and impacting the implementation of Australia's largest ever suicide prevention trial.

LifeSpan aims to deliver the best possible evidence based research and suicide prevention intervention in NSW. Working closely within the framework of implementation science, and through our stepped wedge trial design, LifeSpan is based on the following phased approach:

- Phase I – Exploration: LifeSpan planning & establishment
- Phase II – Installation: LifeSpan strategy development & implementation preparation
- Phase III – Early Implementation: measuring readiness & local need
- Phase IV: Full implementation of stepped wedge trial

The present report provides a detailed summary of planned actions and progress against each phase. Phase I activity is nearing conclusion. As detailed in this report, the early priorities in Phase I (January – June, 2016) were to:

- lay a solid foundation for success by establishing a comprehensive governance framework along project planning, risk management and financial management processes
- select four trial sites with demonstrated commitment to the goals and approach of the project
- undertake detailed research to deepen our understanding of the evidence base and refine our recommended interventions under each of the nine LifeSpan strategies
- develop LifeSpan communication and engagement plans.

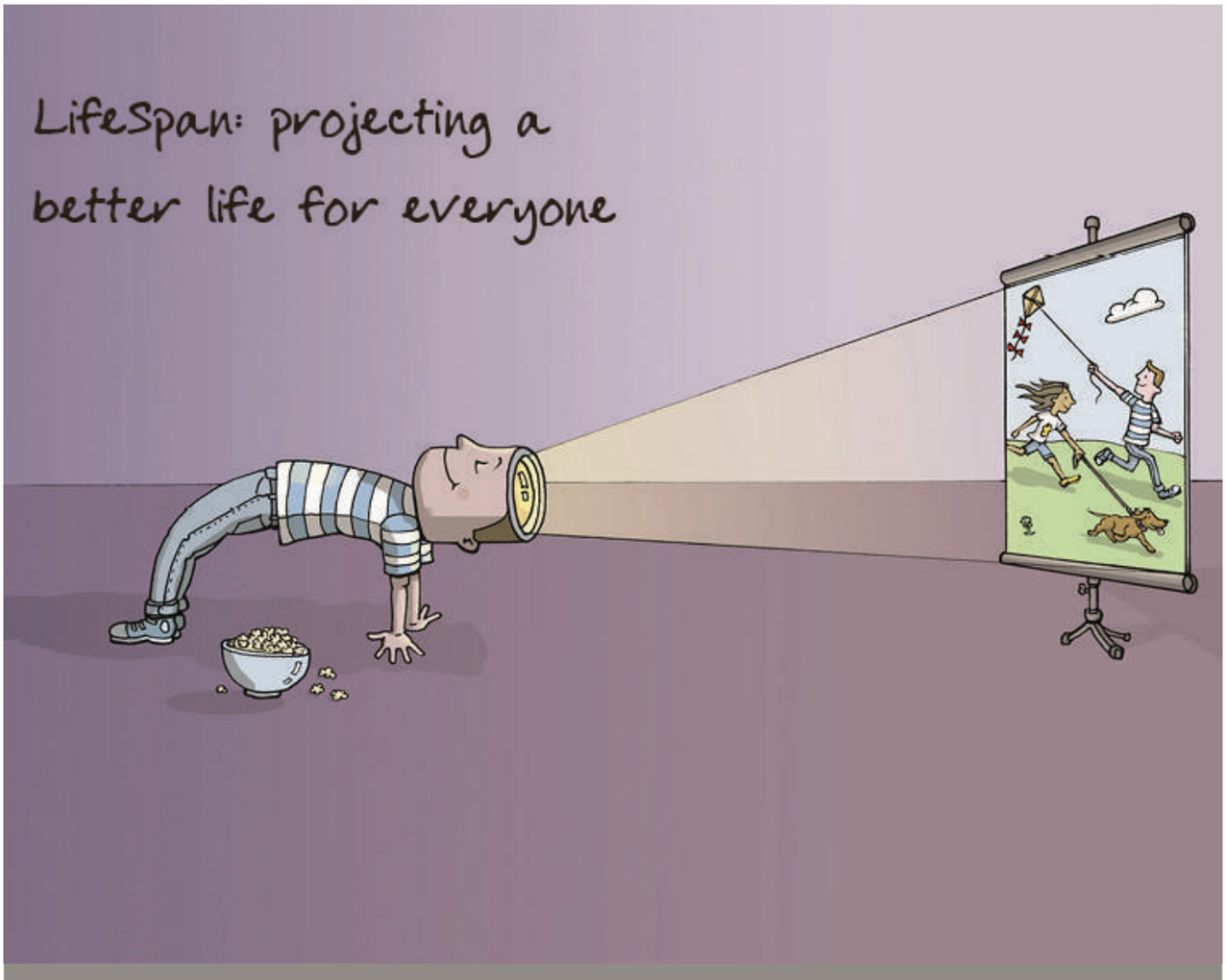
In addition, we now have a highly skilled and experienced team dedicated to the research, development and implementation of LifeSpan. Our team has commenced support for the establishment phase for our first site, Newcastle.

Phase II is well underway. From mid-2016 our focus has been on:

- research and evaluation design and governance along with obtaining relevant ethics approvals
- developing a data strategy
- establishing and formalising key partnerships
- developing an Implementation and Engagement Framework
- undertaking detailed scoping of each LifeSpan strategy and producing protocols.

Activity under Phase III has also begun with activation of site 1, Newcastle. Design of key deliverables for this phase — the Suicide Audit, intranet and geospatial portal, baseline surveys and data procurement—are underway.

We are on track for the commencement of Phase IV activities in the first site, Newcastle, from April 2017.



Suicide is the leading cause of death for Australians aged 15-44

Message from the Director

A large scale, complex project such as LifeSpan benefits from being grounded in core values to empower all team members to respond rapidly and wisely to emerging challenges, while keeping the big picture on track. In implementing LifeSpan, we have found it useful to draw on the Paul Ramsay Foundation Charter to guide our actions:

- Learning: continuously adapting, researching, improving and collaborating to challenge our own thinking and ensure the best possible approaches.
- Transparency: we are open with our partners, involving them in the journey of developing flexibility in our approach, adapting to local needs and context as a key platform of implementation science.
- Growth: we are committed to capacity building and aspire to be known for our passion for evidence based suicide prevention, supporting others to adopt approaches that work, and will be sustainable into the future.
- Governance: we have implemented strong governance and accountability mechanisms and adhere strongly to the lived experience inclusion principle of 'nothing about us without us' at every level and stage of LifeSpan.
- Innovation: we have laid out a new approach to the problem of suicide, focused on solutions and overcoming barriers; finding new ways to collaborate and engage all levels of the Australian community.

In addition to our core objective of delivering LifeSpan as research trial, Black Dog Institute has engaged widely to further disseminate our approach to evidence based suicide prevention and in so doing, further leverage the investment by the Paul Ramsay Foundation.

We are proud to report that the impact and reach of LifeSpan and the systems approach to suicide prevention has been widespread: Primary Health Networks (PHNs) as well as State and Commonwealth Health Departments and Ministers have expressed strong interest in adopting LifeSpan and the evidence based strategies within. In a number of cases this interest has already been converted into firm financial commitments by Governments including:

- the ACT election commitment to a $1.5 million implementation of LifeSpan
- the Black Dog Institute developed a PHN Commissioning Guide (funded by the Commonwealth Department of Health)
- a brochure outlining a model of support for PHNs. A number of PHNs in Victoria, Queensland, Northern Territory and New South Wales have expressed interest in receiving support services under LifeSpan.
- the nine strategies of LifeSpan were incorporated into the Victorian Government Suicide Prevention Framework 2016-2025, which will implement six place based trials using this model from 2017.

We believe this speaks to the strength of the evidence behind the model, the need and appetite in all levels of government and the community for a strong, evidence based model for change, and the collaborative approach implemented by the Black Dog Institute.

Given the scale of additional investment linked to LifeSpan, and wider state and national investment in suicide prevention trials across Australia, a key focus for our team going forward will be to endeavour to work with government, NGOs and research institutions to align efforts for combined maximum impact on suicide rates.

Black Dog Institute is proud to be a recipient of the Paul Ramsay Foundation grant and looks forward to achieving our shared goal of reducing suicide and its impact on our community.

Rachel Green
Director, LifeSpan

Using the LifeSpan systems approach it may be possible to prevent 20% of suicide deaths and 30% of suicide attempts.

Representing a prevention focus, LifeSpan's ultimate goal is suicide prevention and supporting people to live full, contributing lives.

Message from a LifeSpan lived experience advisor

I am both greatly excited and honoured to be the lived experience representative for the first trial site of LifeSpan in my hometown, Newcastle. It is with pride and gratitude that I have the opportunity to share with you my hopes and insights for what LifeSpan will bring to my community.

My lived experience of suicide encompasses a wide spectrum. I lost my uncle to suicide at a young age and survived my own suicide attempt in 2005. I have cared for people who were suicidal and intervened in two suicide attempts. Lastly, I have watched my father suffer in his role as a mental health nurse when he attended a suicide death. I have seen first hand the toll it takes on his physical and mental health. When it comes to suicide, I have stared at it face to face. These experiences make me passionate about working on suicide prevention, helping to give hope and save lives.

What excites me the most about being involved with LifeSpan is its intention to create tailored and community based suicide prevention strategies, to cater specifically for the needs and requirements of a city like Newcastle. These strategies will be born out of community collaboration, where the focus is on developing positive relationships between organisations, frontline staff, schools, the media, while also emphasising to all members of the community that they too have a vital part to play in suicide prevention. Together in Newcastle, we will be changing the conversation about suicide and following through with action that will save lives.

By creating a tailored approach to suicide prevention we will bring about massive change. We will stop the tendency to presume and assume. Instead, we have the opportunity to ask and listen. By doing this we will be able to deliver more innovative, meaningful and respectful services and develop more helpful resources that effectively respond to the unique needs of our area.

I very much look forward to contributing my voice of lived experience to the Newcastle LifeSpan trial. Already, my involvement with the Hunter Institute of Mental Health and the Hunter New England and Central Coast Primary Health Network has shown me how determined, energised and hopeful all of the individuals involved are. Their amazing commitment and enthusiasm inspires me and gives me strength to share my own experiences, to encourage others to do the same and speak up to demand better, to be given hope and to get the help they need.

Regularly sharing painful and tragic experiences is never easy. Sharing these stories not only impacts me, but also my family and friends. I still suffer stigma, I still suffer loss and I still face battles with my own mental health. Together, we will get frustrated, tired and disappointed, but we will also be empowered and enthused. We will learn and grow. We will change what the face of suicide prevention in Newcastle looks like. We will look it right in the eyes and listen with our own ears. Together we will create its voice. A voice that speaks truth with dignity and respect. It will tell what needs to be told and deliver on promises. A voice that listens to its people and understands how much we all want to stop deaths by suicide.

I am glad to be part of the team that will create that voice. A voice I hope will come to educate, reassure, comfort and empower. A voice I hope will become Newcastle's loud answer to suicide prevention.

Peta Dampney
Lived experience advisor, LifeSpan Newcastle

Background: LifeSpan – Integrated Suicide Prevention

LifeSpan, previously known as the Systems Approach to Suicide Prevention, requires the successful delivery of nine evidence based strategies, simultaneously and within a localised area. The nine evidence based strategies may vary according to the needs of the local community but will include the services and activities highlighted in Figure 1. This approach offers a strong empirical framework for improving the delivery and integration of new and existing services. Current estimates suggest it may be possible to prevent 20% of suicide deaths and 30% of suicide attempts. While the value of saved lives to individuals, families and communities is immeasurable, the economic benefits of such reductions in suicide deaths in the Australian economy could measure in the billions of dollars per year, and will be calculated as part of the evaluation.

Figure 1: The nine LifeSpan evidence-based strategies

Suicide in Australia

Suicide rates in Australia have not declined over the past decade. In fact, recent statistics suggest suicide rates have risen. To date, suicide prevention efforts have been fragmented in terms of both geography and funding, however, the significance of the problem demands a new approach.

In 2015, 3,027 Australians died by suicide. Between 2013 and 2015, the suicide rate increased from 10.9 per 100,000 to 12.6 per 100,000. For every suicide death, as many as 25 individuals will attempt suicide. Based on this, approximately 71,600 people in Australia will attempt suicide in any given year. The suicide rate may be higher for some communities. For example, the lesbian, gay, bi, trans, intersex (LGBTI) community have a lifetime prevalence of suicide attempts that is up to three times higher than the general population.

These figures further illustrate the need not just for action, but a change in how we address suicide at the public health level. We note also the vulnerability of particular communities and the need for trials to target vulnerable populations such as Aboriginal and Torres Strait Islanders, LGBTI identified people, veterans, and those in prisons. There is a strong public desire for action.

The Paul Ramsay Foundation

The development, evaluation and NSW-based implementation of the Lifespan Integrated Suicide Prevention project has been generously supported by a $14.7million grant from the Paul Ramsay Foundation.

The Paul Ramsay Foundation is committed to identifying the root causes of disadvantage and implementing strategic solutions to empower our communities. They look to forge long term, collaborative partnerships with our peers, and fund scalable projects to grow capacity and enable lasting change.

We are extremely grateful to the Paul Ramsay Foundation for recognising the strength of the evidence and the severity of the problem. The scope and scale of their donation has enabled us to make a significant and ongoing impact on suicide in Australia, and potentially, the world.

Project Update

Our approach to delivering LifeSpan as a stepped wedge research trial in NSW is founded in implementation science frameworks and takes a phased approach:

- Phase I - Exploration; LifeSpan planning & establishment
- Phase II - Installation; LifeSpan strategy development & implementation preparation
- Phase III - Early implementation; readiness & need pre-implementation
- Phase IV - Full implementation of stepped wedge trial

Phase I activity is nearing conclusion. Phases II and III are well underway in preparation for the commencement of Phase IV activities in the first site, Newcastle, from April 2017. The following sections provide summary information on each major deliverable within each phase. Table 2 on the following page provides a snapshot of project delivery status.

Determining supportive interventions that support LifeSpan's strategies

Extensive work is underway to develop protocols that will inform each of the nine LifeSpan strategies. This work includes unpacking the supporting evidence to inform the development of specific guiding principles and recommendations. It also includes guides, resources and programs that will be implemented within the LifeSpan sites.

LifeSpan is seeking to draw from the strongest evidence available, with the primary indicator being reductions in suicidal behaviour demonstrated through a randomised control trial. Interventions with the highest levels of evidence will be more likely to be recommended, pending delivery feasibility and sustainability factors. The following table provides an overview of how evidence is ranked to inform the development of the strategy protocols.

Where the evidence is deficient for directly informing the protocols, the Delphi consensus methodology is being used to determine recommendations for inclusion. This process is currently underway for Strategy 1: Aftercare and Crisis Care. It involves bringing together mental health and research professionals, as well as people with lived experience, who will rank a series of recommendations shaped by the evidence available.

In addition, protocols will be tested with relevant audiences and stakeholders to inform feasibility and delivery.

Table 1: LifeSpan evidence ranking system

Rating	Research methodology and outcomes
A	Intervention has been shown in a randomised controlled trial to reduce suicidal behaviour
B	Intervention has been shown in a randomised controlled trial to reduce suicidal thoughts
C	Pre-post study has shown a reduction in suicidal behaviour or thoughts
D	Intervention includes evidence-based strategies to reduce behaviour and/or thoughts
E	Intervention has been shown to reduce risk factors such as depression, anxiety, stigma, or to modify
F	Tested with the specific population, e.g. youth

Table 2: Snapshot of LifeSpan delivery status


Complete


Complete with ongoing monitoring


In progress as per schedule


Overdue


Future start date

Phase/Step	Deliverable	Status
Phase I: Exploration – LifeSpan planning & establishment		
Establishment planning	Establishment plan	
Risk management	Risk management plan	
Project planning	Detailed project plan	
Scoping study	Scoping study report	
Project governance	Governance framework	
Trial site selection	Sites selected	
Staff recruitment	Key positions filled	
Communications	Develop LifeSpan brand and communications plans	
Financial management	Multiyear budget	
Phase II: Exploration – LifeSpan strategy development & implementation preparation		
Research & evaluation design	Research overview	
Ethics	Ethics approval *Approved for Newcastle, pending for future 3 sites*	
Research and evaluation governance	Research and evaluation governance processes	
Data strategy	Data strategy	
Partnerships	Establish and formalise key partnerships	
Implementation and Engagement Framework	Implementation and Engagement Framework	
	Confirm intervention programs per strategy	
Protocol development for the nine LifeSpan strategies	Research protocols for each of the nine strategies *Three of nine near completion*	
	Program adaptation	

Phase/Step	Deliverable	Status
Phase III: Early implementation – measuring readiness & local need		
Site activation: Site 1 – Newcastle	Suicide audit	
	Trial site intranet	
	Baseline surveys	
	Data procurement	
Phase IV: Full implementation of stepped wedge trial		

There has been a 20% increase in the number of suicides over the past decade.

PHASE I

Exploration
LifeSpan planning & establishment

Establishment planning
Deliverable: Establishment plan

Early in the project it was critical to set the scope of LifeSpan and define the pathway forward. Significant strategic planning work was undertaken and documented, led by the Chief Scientist, the Director of Research and Strategy and the Director of LifeSpan, appointed in February 2016.

This work was heavily informed by consultation and engagement with the Commonwealth and NSW Government and leading research, community and lived experience experts. This process provided a detailed outline of the implementation of LifeSpan, including project governance, key milestones and timeframes, which were formulated into a comprehensive establishment strategy.

Risk management
Deliverable: Risk management plan

Risk is managed at multiple levels and cascades from overall project level through to implementation risks in each of the nine LifeSpan strategies. Project management also feeds into the Black Dog Institute's broader organisational risk management processes. Under the governance framework (see later section), financial risk is overseen by the Black Dog Finance Risk & Audit Committee, which meets every six weeks. The LifeSpan Advisory Committee addresses risks involved in the implementation of LifeSpan and undertakes a risk review on a quarterly basis. The LifeSpan team includes risk reviews in regular team meeting agendas, with the overall responsibility for risk management allocated to the LifeSpan Director.

Risk management also occurs at a local level and is the principal responsibility of the lead agencies for each of the four sites. Initial risks have been highlighted by sites via the Expression of Interest (EOI) process and will be revisited within each sites final project plan prior to implementation.

Project planning
Deliverable: Detailed project plan

The Black Dog Institute has adopted an agile project management methodology, allowing a flexible and interactive approach to this complex project and the involvement of many diverse stakeholders.

Project planning has been moved to an online platform (Zoho Projects) to allow for real time, multi-stakeholder access to core planning resources.

Scoping study
Deliverable: Scoping Study Report

To inform early planning and cost modelling for the delivery of LifeSpan, the Black Dog Institute commissioned a scoping study focused on one region, the Illawarra Shoalhaven (later selected as a trial site) to explore:

- What activity was already in place, mapped against the nine LifeSpan strategies?
- What expenditure was currently devoted to these activities?
- What gaps exist in delivering a systems approach?
- What barriers and opportunities exist locally to inform implementation?

Project governance
Deliverable: Governance framework

The LifeSpan governance structure was designed to support fidelity, impact, quality and accountability at a range of levels and involving a wide group of stakeholder, partner and community representation. Development of the governance framework involved wide consultation both across NSW and nationally to ensure appropriate representation and a meaningful framework of committees and membership that avoided duplication and provided strategic insight.

Key committees within the governance framework and their roles are summarised below:

Research and Advisory Committee (formally two separate committees): provides a comprehensive research framework and strategic advice on the delivery of LifeSpan in NSW, as well as broader dissemination of LifeSpan and related evaluation framework. It includes senior commonwealth and state stakeholders, researchers from partner institutions and universities, lived experience advisors and strategic representation from experts with knowledge in vulnerable groups, including Aboriginal communities, LGBTQI, older people etc. The previous Advisory Committee met monthly in 2016 and the newly formed Research and Advisory Committee will move to a bi-monthly schedule in 2017. A list of LifeSpan Research and Advisory Committee members is available at Appendix A.

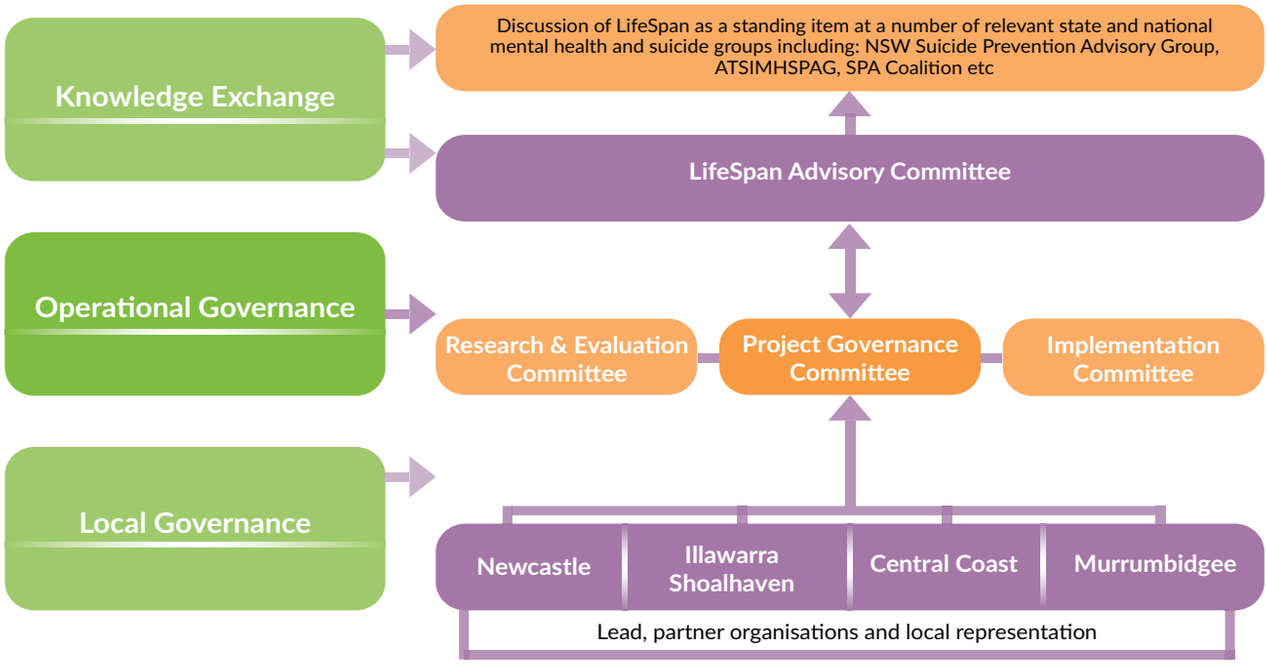
Project Governance Committee: oversees project planning and implementation. It includes the Chief Scientist, Co-Chairs of the Research and Evaluation Subcommittee and members of the Implementation Committee as well as key senior leadership from the Black Dog Institute. A core membership of the Project Governance Committee convenes fortnightly and additional expertise is invited as needed.

Research and Evaluation Committee: developed a broad and comprehensive evaluation framework to support the trial of the systems approach to suicide prevention. It included representatives from a range of partner institutions, including the University of NSW, Australian National University, Western Sydney University, University of Melbourne, University of Newcastle and Macquarie University. It convened every six weeks during 2016 and has now merged with the Advisory Committee, which will meet bi-monthly in 2017.

Implementation Committee: manages the development of recommendations arising from each of the nine LifeSpan strategies, from research through to knowledge translation and the production of specific implementation guidance for the LifeSpan sites. Membership is flexible, depending on the current focus of implementation activities.

In addition, localised leadership and ownership is essential for the successful delivery of integrated suicide prevention, with local governance responsible for key project components. This includes the review of services against the LifeSpan strategies and planning, implementation and evaluation of locally tailored LifeSpan suicide prevention action plans. Each site is resourced to support local delivery and governed locally by either a Local Health District or a

Figure 2: LifeSpan governance framework



Trial site selection

Deliverable: Sites selected

A rigorous EOI process was undertaken from April to May, 2016 to select four sites on the basis of community and stakeholder readiness and capacity. All NSW based Area Health Districts, Primary Health Networks and community service providers were notified and invited to express their interest to participate against a range of key selection criteria. Four sites were selected, and their sequential start order was determined through a randomisation process as part of the stepped wedge design of the research trial. The four sites listed in order along with their lead agencies are listed in Table 3. Each site is resourced to support local delivery and governed locally by either a Local Health District or a PHN, leading a wider consortium or collaborative.

Staff recruitment

Deliverable: Key positions filled

The key to successful implementation is the establishment of a strong, multidisciplinary team – with oversight from the Black Dog Institute's Executive Director and Chief Scientist, Helen Christensen. The progress and implementation of LifeSpan is steered by the LifeSpan Director, Rachel Green, who was recruited in February 2016 to work closely with the Principal Researchers, Dr Fiona Shand and Dr Michelle Torok. To support research, development and implementation, a strong team has now been created with two remaining positions (Research Manager and Data Manager) to be filled in November 2016. Figure 4 provides an overview of the roles and reporting structures within the LifeSpan team.

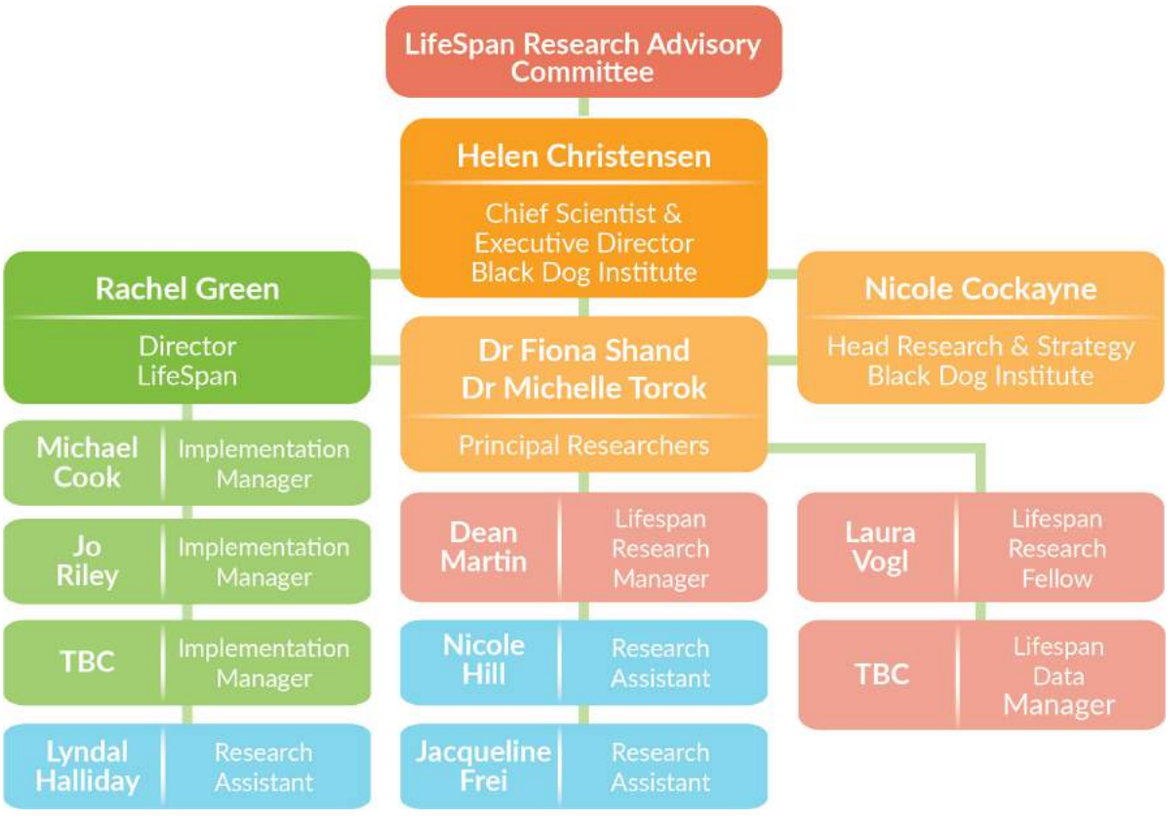
For an introduction to core members of the team, please see Appendix B.

Figure 3: Map of selected sites and LGAs

Table 3: Selected NSW sites and lead agencies

Site (Local Government Area)	Lead agency
Newcastle Newcastle LGA	Hunter New England LHD
Illawarra Shoalhaven Wollongong, Shellharbour, Kiama and Shoalhaven LGAs	South Eastern NSW PHN (COORDINARE)
Central Coast Gosford & Wyong LGAs	Central Coast LHD
Murrumbidgee Bland, Cootamundra, Griffith, Hay, Junee, Leeton, Tumut Shire, Wagga Wagga, Young LGAs	Murrumbidgee PHN

Figure 4: LifeSpan staff structure



Communications

Deliverable: Develop LifeSpan brand and communications plans

Early communications priorities included:

- development of a stakeholder matrix and engagement strategy
- identifying and communicating with potential partners
- re-branding the Systems Approach to Suicide Prevention as LifeSpan for easier communication
- building a public website and creating newsletters to keep the wide network of interested stakeholders informed
- formally launching LifeSpan to generate buy in and engagement, ahead of implementation.

The Paul Ramsay Foundation donation was announced in January 2016 and generated considerable media and stakeholder interest. Further media coverage of the systems approach was generated when the 2014 Cause of Death statistics were announced in March.

Following a branding process, LifeSpan was formally launched on 4 August 2016, at NSW Parliament House, by the Honourable Pru Goward, NSW Minister for Mental Health. The launch also saw the announcement of the four NSW sites selected to participate in the trial of LifeSpan. Around 100 people attended the event, including representatives from the four LifeSpan sites and key suicide prevention leaders and experts.

Further profile was gained following the ACT Labor Government's announcement that they would implement the LifeSpan framework, following re-election.

A total of 80 media stories have been generated since January 2016, with coverage appearing nationally across online, print, radio and television.

A dedicated LifeSpan website has been developed and will be updated throughout the project (www.lifespan.org.au). The website provides a central point for dissemination of general LifeSpan resources and enables community members to learn about the model.

An intranet site has also been established, to facilitate information sharing and the dissemination of detailed project documents, including technical guidance for the implementation of the nine LifeSpan strategies. As each of the four trial sites begins implementation, they will be given access to the intranet.

Additional communication activities undertaken to date include:

- LifeSpan e-newsletter (distributed twice)
- LifeSpan brochure
- summary paper
- FAQ paper
- promotion via social media.

Financial management

Deliverable: Multi-year budget

A multi-year budget has been developed and refined as the extensive implementation and evaluation planning has been formalised.

The budget now forecasts beyond the 2016/17 financial year to encompass the entirety of the project lifecycle, through to 2021. It incorporates the Black Dog Institute's staffing resources (both current and forecast), budgeting of implementation costs for each of the nine strategy platforms, payment schedules to the four trial sites, contractually defined payment schedules for each of our research and evaluation partners (where known), as well as projected payment schedules, where contracts are still being negotiated.

This detailed forecasting provides a clear financial picture through to 2021, allowing us to accurately predict and monitor cash flow, as well as ensuring our financial resources are targeted at the programs and interventions which will have the most significant impacts on suicide prevention.

In alignment with our commitment to collaboration and capacity building within regions, as well as the broader suicide prevention sector, we have sought to maximise direct spend on suicide prevention strategies. By minimising operational costs to under $5.9 million over the term of the project, we have been able to budget for $8.9 million (or 60%) of planned expenses being dedicated directly to the implementation and evaluation of suicide prevention measures in the chosen trial sites. This includes:

- $1.68 million to research and evaluation partners
- $970,000 for extensive data collection, analysis and reporting
- $4 million for deployment of strategy interventions in partnership both national and local providers
- $2.3 million in grants to sites to assist with localised strategies, coordination and capacity building.

Figure 5: Editorial in the Sydney Morning Herald, 15 March 2016

The Sydney Morning Herald

Suicide and self-harm prevention, we can do better

By Sebastian Rosenberg

We are spending more on suicide prevention than ever before yet suicide rates are their highest in more than a decade. Why?

We mourn each and every life lost in this devastating way, but the 50 per cent rise in the suicide rate of young women aged 15-24 is particularly troubling, not least because it is so little understood. The rate is increasing even among girls under 14, whose suicide numbers now exceed those of males in their age group.

True, the increase in the population suicide rate reported by the Bureau of Statistics of 12 per 100,000 people for 2014 – the highest level since 2001 – might partly reflect better data collection. Much work is being done with police and coroners to get faster and more detailed reports about suicide, so that clusters or spikes across time and place can be identified more quickly. But the experts believe the real numbers are still higher than the reports. And better counting is not likely to be the reason for the past decade's 54 per cent spike in suicide among people aged 55 to 64.

Men continue to kill themselves at three times the rate of women – about six a day, which is twice as many as die in car accidents. The risk factors for men are comparatively well-researched. They include stoic beliefs about masculinity, depressed or disrupted mood, stressful life situations and events, and a tendency to isolate themselves socially and use ways of coping that avoided their issues or made them worse.

Nearly 90 per cent of men in a 2015 beyondblue study said support from someone they trusted and respected was important in interrupting a suicide attempt. They may reject offers of support, because they don't want to be seen as weak, but suicidal men want us to notice their spiralling mood. The key which might save their lives is to keep offering the support.

We don't know why suicide rates among young women have risen. The fact that they are drinking and smoking at younger ages might lead to greater impulsivity and risk-taking. They are also grappling with new and stressful social norms, such as toxic online interactions. A recent survey of 1000 Australian women found three-quarters of those under 30 had been harassed online in the past year, and a quarter had received threats of physical violence, including death, rape and sexual assault.

Then there's self-harm, which is related to suicidal behaviour but can be quite different. Again, there's too much we don't know. A report just out on Tuesday from the National Centre for Excellence in Youth Mental Health rings alarm bells on prevalence – nearly a quarter of young women and a fifth of young men aged 20-24 say they have self-harmed at some time in their lives – and on treatment.

There are not enough services available. The vulnerable young people who do present to medical professionals with this highly stigmatised behaviour frequently get a harmful response, such as being dismissed or trivialised as attention seekers, or even not having the behaviour acknowledged at all.

We can do better. Our prevention strategies are dated. It's time to try new things based on the fresher evidence. Under the national mental health reforms, the funding which now supports lots of well-intentioned but small programs unproven in their effectiveness will be redirected to 31 Primary Health Networks to spend on services appropriate to the needs of their regions. That is an opportunity to support programs built on the latest evidence of what works.

The pilot suicide prevention program being launched across four sites in NSW by the Black Dog Institute with funding from the Paul Ramsay Foundation shows one way forward. It has achieved 20-30 per cent cuts in suicide rates in areas of Europe where it has been tried. It's a systems approach involving nine key elements including better follow-up for people after suicide attempts, training of GPs, training support people in workplaces, training front-line emergency staff (police, ambulances and other first responders) and improving treatments, including online treatments, for people with mental health problems.

And what can we do as individuals? We can keep talking. We can keep checking in with our teenagers, our siblings, our parents, our friends and colleagues, especially if we sense all is not well. The silence which temporarily spares us discomfort has a habit of paying us back with incalculable grief.

Help is available from Lifeline 13 11 14.

PHASE II

Installation
Strategy development & preparation

Research & evaluation design
Deliverable: Research Overview

The principal researchers have produced a comprehensive Research and Evaluation Overview to guide the overall measurement design of the trial. The Research and Evaluation Overview identifies the main components of the overarching research design, and the evaluation strategy, as agreed by the Chief Scientist, and the LifeSpan Research and Evaluation committee. This document is primarily for planning, budgeting and time management purposes, noting that detailed information on the research design for the purposes of developing a full trial protocol and publication will be managed and captured separately. The Research and Evaluation Overview also serves to communicate the research design at a high level, to a range of internal and external stakeholders, who will have varied academic and non-academic expertise and engagement with LifeSpan.

Ethics
Deliverable: Ethics approval (approved for Newcastle and pending for future three sites)

LifeSpan involves a cascading and comprehensive ethics strategy with approvals required at multiple levels and from multiple committees. The lead Human Research Ethics Committee (HREC) is the ethics committee for the first trial site, for which the intervention will be implemented. The HREC also has the authority to provide ethical approval for multi-site trials. Additional key HRECs include overarching organisations or governing bodies that will provide data for the overall evaluation of the intervention, or will be involved at a higher level (e.g. Aboriginal Health and Medical Research Council). Secondary HRECs include specific organisations or governing bodies that will provide data for specific strategies (e.g. Department of Education and Training), or subsequent trial site Local Health District HRECs.

We are pleased to report that approval has been granted for Site 1 via the Newcastle LHD HREC and approval also granted for the Suicide Audit. Further ethics applications are in progress and will continue over early 2017.

Research & evaluation governance
Deliverable: Research and evaluation governance processes

As outlined in the earlier section – addressing governance – a Research and Evaluation Committee was convened to develop a broad and comprehensive evaluation framework to support the LifeSpan trial. This committee has now been merged with the Advisory Committee.

Data strategy
Deliverable: Data strategy

The Black Dog Institute is working with the Australian Institute of Health and Welfare and SAS global to develop a comprehensive data strategy, encompassing immediate and long term data analysis, storage, access and privacy needs, as well as ensuring that data systems are built for long term sustainability and maximum impact and reach. Work is ongoing and the data strategy is expected to be finalised in early December 2016.

Partnerships
Deliverable: Establish and formalise key partnerships

A number of partnerships have been established to support LifeSpan. Partnerships are governed via a Memorandum of Understanding and contracts, as required. It is anticipated additional formal partnerships may be established as the project progresses. Current partner organisations and brief description of their role are as follows:

Australian Institute of Health and Welfare: provide advice regarding identification of data sources and the refinement of data strategies and survey instruments.

Australian National University (ANU): providing geospatial analysis of baseline data, suicide audit report data and implementation impact data to provide PHNs with heat maps of need, activity, risk, implementation and changes to service profiles. ANU researcher Dr Michelle Banfield, a leading academic in consumer research, is also supporting LifeSpan through a research collaboration to develop an evidence informed lived experience engagement component for the Implementation and Engagement Framework.

Centre for Evidence and Implementation (CEI): refinement and application of implementation science-based frameworks, reviewing intervention programs to ensure strong fidelity to evidence and intended outcomes, and contributing to the development of the implementation impact monitoring process.

Macquarie University's Centre for the Health Economy (MUCHE): undertaking an economic analysis for LifeSpan, investigating the health economy at the macro level, with a particular focus on the interdependencies of systems with each other, and the broader economy.

SAS Analytics for Good: is supporting LifeSpan through its corporate social responsibility program, Data for Good, by providing expertise, access to software and resources.

Implementation and Engagement Framework

Deliverable: Implementation and Engagement Framework

A key deliverable for LifeSpan is the creation of a comprehensive and user friendly Implementation and Engagement Framework, informed by implementation science to provide the greatest chance of reducing the suicide rates by:

- clearly describing the who, what, when, where and how of implementing each strategy
- provide core planning information and logistical support
- ensure fidelity to evidence-based approaches
- ensure that meaningful engagement and adaptation of the strategies takes place with lived experience and target populations/vulnerable communities
- apply the core lived experience principles of 'nothing about us without us' and 'doing with, not for'
- measure and improve readiness to implement LifeSpan
- use a structured, planned approach that can be developed, refined, replicated and adapted to suit local community demographics and contexts
- embed common measurement strategies from the outset to measure the impact of each of the nine strategies, of our approach to implementation and engagement and the outcomes of LifeSpan.

Involvement of lived experience in LifeSpan to date

In the absence of a formal engagement framework, we have taken steps to involve those with a lived experience of suicide in the development of LifeSpan, putting the core lived experience principles of 'nothing about us without us' and 'doing with, not for' to action. Examples of this engagement include:

- lived experience representation on all external committees (i.e. Advisory Committee, Research and Evaluation Committee)
- lived experience representation on all internal committees and working groups
- development of a paid participation policy (aligned with the NSW mental Health Commission paid participation policy)
- lived experience representatives involved in staff recruitment processes and interview panels
- obtaining input to LifeSpan and research directions from the NHMRC Centre of Research Excellence in Suicide Prevention (CRESP) Lived Experience Committee
- consultation with lived experience leaders on an as needs basis throughout the project
- allocated significant weighting to involvement of lived experience by sites in the EOI process for trial sites
- lived experience representatives involved in site selection panels
- consideration of potential for involvement of or impact on those with lived experience is a standing agenda item on at key meetings
- contracted Dr Michelle Banfield at the ANU to undertake a review of existing evidence and propose a best practice framework and recommendations for accountability mechanisms for the engagement of people with lived experience in LifeSpan
- research strategies, where possible (e.g. when using Delphi methodology), include consultation with people who have a lived experience of suicide
- plan to engage people with lived experience in LifeSpan strategies with particularly strong focus in strategy seven, communication campaigns.

As there is limited, if any, evidence currently available addressing the involvement of those with a lived experience in suicide prevention activities, we have committed to developing a lived experience measurement strategy as part of the LifeSpan research strategy. We seek to understand the impact of lived experience engagement on both the project implementation and project outcomes, as well as on the lived experience participants themselves. This research will be a significant contribution to the evidence base and will inform and guide future activity globally.

Developing the Implementation and Engagement Framework

The Implementation and Engagement Framework will follow the core phases of implementation. It involves bringing together expertise, guidance and planning information, with a clear plan for support, roll out and strategies for the continuous improvement and maintenance of fidelity to the evidence base, and sustainability beyond the life of the trail. Critically, to ensure the framework is used, it will be delivered as a suite of easy to use resources.

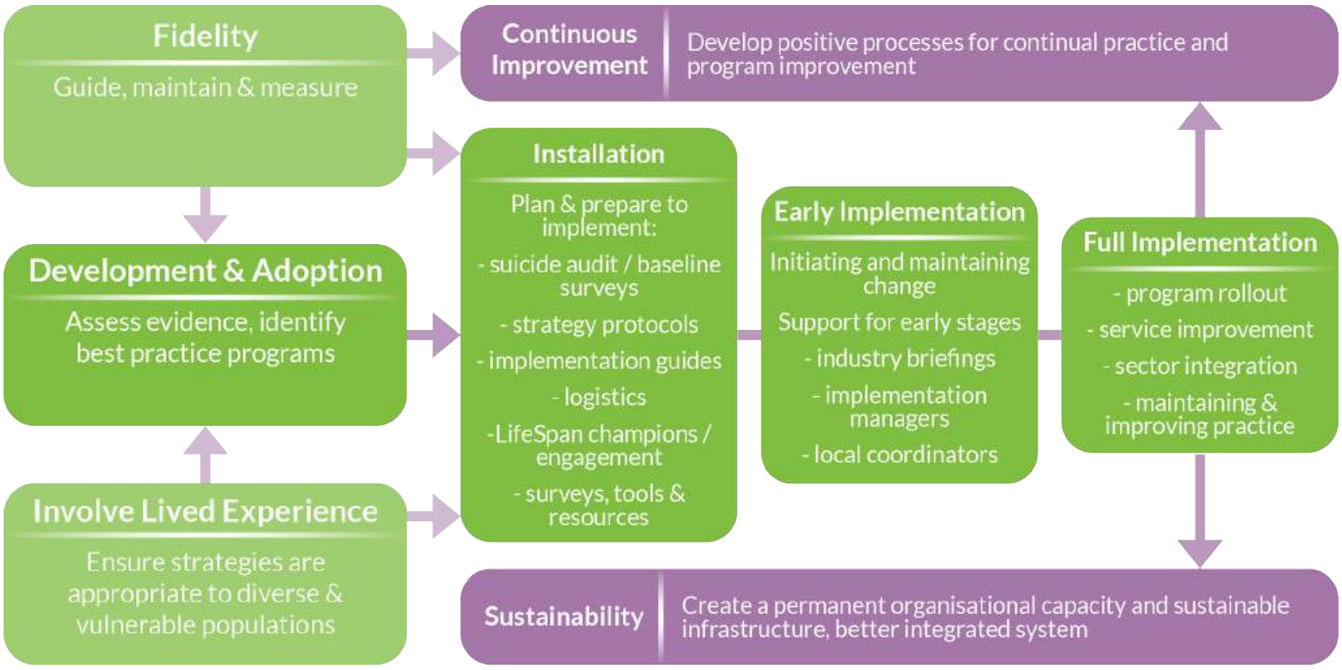
To contribute to the Implementation and Engagement Framework, a number of experts, representatives, academics and organisations – Including partners; the Centre for Evidence and Implementation, Dr Michelle Banfield at the ANU, the Poche Centre for Indigenous Health and members of the LifeSpan Research Advisory Committee – have been engaged to provide specific, tailored guidance to LifeSpan as a whole, and to trial regions on how to ensure quality and purposeful engagement and collaboration. There was a specific focus on how to adapt and deliver the nine strategies, to ensure the approach is relevant to the whole community.

Engaging vulnerable populations

LifeSpan is designed as a universal approach to suicide prevention and is not designed to target any specific community. LifeSpan aims to improve the system as a whole, to reduce overall suicide attempt and suicide death rates, effectively targeting the haystack, rather than the needle. However, given that some communities are either more vulnerable, more difficult to reach or have a higher risk of suicidal behavior, it is important that the Implementation and Engagement Framework addresses involvement of vulnerable populations. These populations include:

- men
- Aboriginal and Torres Strait Islander people
- people who identify as LGBTI
- people from a non-English speaking background and culturally and linguistically diverse people and communities
- older people, in particular older men
- young people
- people who are homeless, socioeconomically disadvantaged
- people who have intellectual or physical disabilities.

Figure 6: Components of the Implementation and Engagement Framework



Protocol development for the nine LifeSpan strategies

Deliverables: Confirm intervention programs per strategy
Research Protocols for each of the nine Strategies (three of nine near completion)
Program adaptation

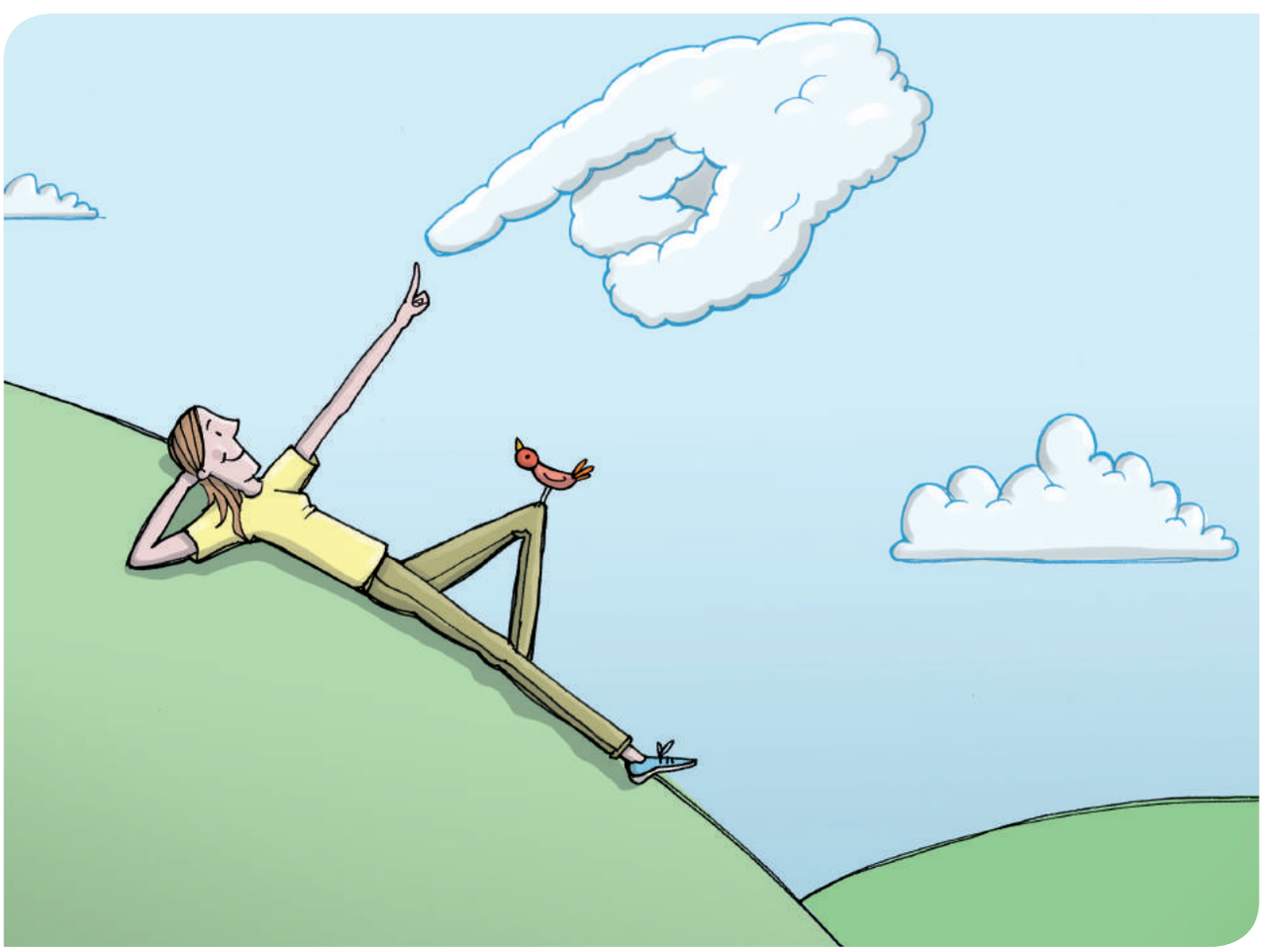
To ensure that the implementation of LifeSpan maintains strong fidelity to the evidence base, the Black Dog Institute has undertaken three stages of research and development, to scope and design of LifeSpan. These stages are:

Stage 1 – development of an Australian model based on international systems approach trials (complete)

Stage 2 – development of a commissioning guide for PHNs (complete)

Stage 3 – detailed research to extract implementation information from the evidence base and inform recommendations of specific programs to be implemented in trial sites. Within this stage, we are also looking at how the nine LifeSpan strategies will be integrated.

Strategy scoping under Stage 3 research has included deeper literature reviews, feasibility and logistic modelling, along with consultation to enable Lifespan to develop an implementation plan for each of the nine strategies. This represents a shift from the initial design of the model, whereby it was intended that sites would be provided with the high level model and left to deliver strategies independently. Our Stage 3 work and consultation has clearly indicated the need for more comprehensive implementation support and recommendations. Stage 3 is close to providing this through the production of protocols, implementation guides and communication guides for each strategy.



At a high level, this work will lead to the recommendation and support for the following:

 1. Aftercare & crisis care	The development of guidelines, training and service models to improve the care of people in crisis through to aftercare, backed by a Delphi expert consensus study.
 2. Psychosocial & parmacotherapy	Deliver training to improve the use of evidence based suicide prevention therapies and the use of e-health and tele-health therapies to enhance and complement face to face psychosocial support and reduce access barriers.
 3. GP capacity building & support	The use of an integrated delivery of StepCare within practices to screen in the waiting room and inform GPs, plus Advanced Suicide Prevention Training to improve the recognition and treatment of depression, anxiety and suicidality.
 4. Frontline staff training	The delivery of evidence-informed frontline training programs, workforce competencies and implementation monitoring strategies to measure change as a result.
 5. Gatekeeper training	Benchmarking support to select and implement evidence based Gatekeeper training programs.
 6. School programs	The adaptation and delivery of programs with the best evidence for reducing suicidal behaviour through the implementation of Youth Aware of Mental Health (YAM) in high schools.
 7. Community campaigns	Delivery of a local community campaign using media, advertising, community events and face to face engagement via local community champions to build buy in and involvement in prevention activities and promote localised, specific help seeking pathways to the community.
 8. Media guidelines	Supporting communities to engage with and respond to the media before crisis and increase safe conversations and media coverage of suicide by focusing on prevention efforts.
 9. Means restriction	Data development, analysis and knowledge translation to support regions to implement evidence based means restriction at the local level.

PHASE III

Early implementation Measuring readiness & local need

Site Activation: Site 1 - Newcastle

Deliverables: Suicide audit
Trial site intranet
Baseline surveys
Data procurement

Suicide audit

A 'suicide audit' refers to the systematic collection of local-level data on suicidal behaviour (suicide mortality and suicide attempt) in order to inform multiagency action plans. Drawing on local, state and national data sources relevant for the region, and with ethics approval, suicide audit reports will provide a clear, plain English and visual overview of the key local trends in suicide mortality and attempts and associated risk, including mapping of any local geographical suicide clusters or hotspots. They will be supplemented by an evidence based guide to implementation of means restriction strategies.

Progress is well ahead on preparation for the Newcastle Suicide Audit, with the research protocol finalised, a consultation strategy identified and data procurement continuing to develop the prototype suicide audit.

Trial Site Intranet and Geospatial Portal

Black Dog will provide multiple local coordinators and representatives in each site with access to a customised, secure, online LifeSpan Trial Site Intranet (built on the Confluence platform) and associated training on use of intranet. The intranet forms a common, consistent online platform for sites to access implementation guides and components of the Implementation and Engagement Framework, tools, resources and logistic and planning information in a way that minimises loss of corporate knowledge in the event of turnover in local site organisations. The use of a common intranet platform also supports sustainability and enhances the ability to take LifeSpan to scale.

The Australian National University is a primary partner with the Black Dog Institute in the delivery of LifeSpan, providing geospatial analysis of baseline data, suicide audit report data and implementation impact data to provide PHNs with heat maps of need, activity, risk, implementation and changes to service profiles. PHNs will be able to log in to a dedicated portal to view analysis of spatial information, targeted to their region, to assist in the delivery of their suicide prevention trial.

Baseline surveys

Baseline gap analysis, and readiness surveys will be delivered in each site via the Black Dog Institute Research Engine and other population survey mechanisms, to support PHNs to review existing services against the evidence base, measure levels of community readiness, awareness and stigma, and support commissioning of evidence based suicide prevention interventions based on a clear gap analysis. Black Dog is developing a range of standardised, online community and organisational surveys and mapping tools. These tools will support the comparison of the regions and the monitoring of implementation impact, to enable continuous improvement through the trial period. These surveys also underpin outcome measurement through the research and evaluation strategy.

Data procurement

Data procurement has commenced with detailed negotiations underway to acquire NCIS, Police and Ambulance data. We expect to commence receipt of this data from early 2017 .

PHASE IV

Full implementation of stepped wedge trial

Stages and milestones within Phase IV are detailed in Table 4. The establishment phase for Newcastle began with a kick off meeting in Newcastle, in early October. It is continuing with weekly progress meetings to support Newcastle to meet early deliverables, including formal establishment of their wider consortium, development of an engagement framework, stakeholder mapping and coordinating consultation activities to inform the suicide audit and implementation planning.

Each of the four sites, with contracts to the Black Dog Institute to deliver LifeSpan, is expected to deliver against the milestones and deliverables table (Table 5).There may be some scope for flexibility with Newcastle, given their role as the first 'prototype' site and the need to adapt strategies and implementation approaches to their local context, as well as employ principles of continuous improvement.

Critical to the projects delivery in each of the four regions will be the support provided to sites by the LifeSpan team, including the development of supporting guidelines throughout the project and regular face to face and remote implementation support. The development and provision of mechanisms to support local delivery will also be critical for ensuring consistent project delivery across sites. Examples include the development of data collection tools to support the 'audit, review and planning' phase that will in turn inform the development of multi-sectoral suicide prevention action plans. Consultation with non-trial sites during the building and testing of such tools will be essential for ensuing relevance and practicality.

Trial sites are governed by a contract with the Black Dog Institute, which includes the milestones and deliverables in Table 5. Some alterations to the timing and requirements may be required as implementation is more fully scoped and delivered with Site 1.

Table 4: Key stages for sites with commencement dates

Stage	Commencement
Newcastle 6-month establishment phase; 24-month intervention phase	Oct 2016 In progress
Newcastle 12-month, 24-month and 36-month follow up	Apr 2018
Illawarra 6-month establishment phase; 24-month intervention phase	Feb 2017
Illawarra 12-month, 24-month and 36-month follow up	Feb 2018
Central Coast 6-month establishment phase; 24-month intervention phase	May 2017
Central Coast 12-month, 24-month and 36-month follow up	May 2018
Murrumbidgee 6-month establishment phase; 24-month intervention phase	Sep 2017
Murrumbidgee 12-month, 24-month and 36-month follow up	Sep 2018
Final report	2021
Outcomes and policy recommendations	2021

Table 5: Trial site milestones and deliverables

Phase	Milestones	Deliverables	Timeframe

Establishment	• Undertake local consultation and engagement
	• Recruitment of key personnel
	• Development of detailed project plan and detailed budget using the template provided by the Black Dog Institute
	• Attend governance meetings as required
	• Develop and submit for approval a clear plan(s) that adheres to the guidance provided by the Management Committee for engagement and inclusion with the following:
	  • people who have a lived experience ofsuicide
	  • people who have been bereaved by suicide
	  • people who have a lived experience of mental illness
	  • families and carers who support people with a lived experience of mental illness or suicidality
	  • Aboriginal and Torres Strait Islander people and communities
	  • culturally and linguistically diverse communities
	  • lesbian, gay, bisexual, transgender and intersex people
	  • cohorts across the lifespan ensuring inclusion of all ages.
		• Agreed project budget
		• Project plan submitted and approved
		• Local coordinator position filled
		• Engagement plan(s) approved
			Within three months of commencement

Review, audit and plan	• Using the templates, resources and guidance provided, conduct a review of existing services and activities against the Systems Approach framework • Support the capture of baseline data • Using the templates and guidance provided, conduct an audit of local suicide mortality and attempt data • Develop a multi-sectorial integrated suicide prevention plan • Attend governance meetings as required	• Report and gap analysis on existing services and activities • Baseline data inputted to research engine as required • Suicide audit report including identified key directions for means restriction • Multi-agency suicide prevention plan submitted and approved	Within five months of commencement date
Implementation	• Begin to deliver interventions as determined by the plan and systems approach framework • Attend governance meetings as required • Develop local communication strategy using the key messages and resources provided	• Interventions delivered • Communication plan approved	Within eight months of commencement date
Reporting and evaluation	• Support data collection as required through the evaluation framework • Deliver project reports every six months (first report submitted after five months to align reporting requirements to overall grant)	• Data collected for evaluation on time • Project report	Project report due every six months from commencement date

Appendices

A: Lifespan Research Advisory Committee Members

Member	Title/Affiliation
Helen Christensen	Chairperson; Director and Chief Scientist, Black Dog Institute
Fiona Shand	Principal Researcher, LifeSpan; Black Dog Institute/CRESP/UNSW
Michelle Torok	Principal Researcher, LifeSpan; Black Dog Institute/CRESP/UNSW
Rachel Green	Director, LifeSpan; Black Dog Institute
Murray Wright	Chief Psychiatrist, NSW Ministry of Health
Natasha Cole	First Assistant Secretary, Health Services Div, Commonwealth Dept Health
Tom Brideson	Coordinator, NSW Aboriginal Mental Health Workforce Program
Karen Price	Deputy CEO, ACON
Brian Draper	Professor (Conjoint), School of Psychiatry, University of NSW
Grant Sara	InforMH, NSW Ministry of Health
Maria Cassaniti	Centre Manager, Transcultural Mental Health Centre
Myf Maple	University of New England School of Health
Bronwen Edwards	Co-Chair Qld Suicide Prevention Taskforce
Henry Cutler	The Centre for the Health Economy, Macquarie University
Paul Konings	Research School of Population Health, ANU
Phil Batterham	ANU Centre for Mental Health Research
Anthony Shakeshaft	University of NSW National Drug and Alcohol Research Centre
Andrew Mackinnon	Biostats/Black Dog Institute
Alison Calear	ANU Centre for Mental Health Research
Andrew Page	Western Sydney University Centre for Health Research
Greg Carter	University of Newcastle/Calvary Mater Newcastle Hospital

B: Lifespan Team Members

Professor Helen Christensen – Director and Chief Scientist, Black Dog Institute

Professor Christensen is Director and Chief Scientist of the Black Dog Institute, a Scientia Professor of Mental Health at the University of New South Wales and NHMRC John Cade Fellow. She is the Chief Investigator for the NHMRC Centre for Research Excellence in Suicide Prevention (CRESP), established in 2012 at the Black Dog Institute, and was awarded the prestigious NHMRC John Cade Fellowship in 2013. She is a member of the Academy of Social Sciences Australia, Fellow of the Australian Academy of Health and Medical Science and immediate past President of the International Society for Research in Internet Interventions.

Professor Christensen is a world leader in mental health research, particularly prevention and early intervention. Her research strengths include the development and evaluation of evidence-based interventions for mental disorders and suicide prevention, and in the innovative use of technologies in e-mental health (including examining new delivery modalities such as tablets, apps and smartphones, and new methodologies like Bluetooth and social media data). Such research projects have led to the development of evidence-based online tools for mental health, including websites, online programs (MoodGYM, myCompass) and apps (SnapShot, Sleep Ninja) and another six in development. These engaging and effective tangible outcomes for end users and clinicians demonstrate an impressive record of research translation.

Professor Christensen has successfully secured over $20M in competitive research funding for over 30 projects, including large-scale clinical trials and targeted grants in prevention and early intervention in mental health. She has had a significant substantial impact on the field of mental health research across academic, community and policy spheres. With over 28,000 citations and an h-index of 95 on Google Scholar to date, over 50 papers cited more than 150 times, and two highly cited papers in the last 10 years. She has published over 422 research articles in leading medical and psychiatric journals (e.g. Lancet, Journal of Affective Disorders), placing her in the top 1% of international scientific researchers according to ISI Essential Science Indicators.

Rachel Green – Director, LifeSpan

Rachel's expertise includes mental health policy and program development with the Department of Health and Ageing and the Department of Prime Minister and Cabinet, where she contributed to the development of the Commonwealth's $2.2 billion investment in mental health and led the establishment of the National Mental Health Commission. She also led the framework design and production of the first annual National Report Card on Mental Health and Suicide Prevention in 2012. Rachel excels at project leadership and undertaking stakeholder consultation and engagement. Her professional experience in mental health and suicide prevention ranges from national policy design, to service delivery at the coal face, with a strong focus on delivering clear and practical project outcomes.

Dr Fiona Shand – Principal Researcher

Dr Fiona Shand is a Research Fellow and clinical psychologist who completed her PhD at UNSW in 2011. She is now engaged in suicide prevention research within the Centre for Research Excellence in Suicide Prevention, at the Black Dog Institute. Her research areas include interventions to reduce suicide risk, the role of impulsivity and aggression in suicide, and the use of online treatment and apps in reducing suicide risk. She is currently Chief Investigator on an NHMRC-funded clinical trial to evaluate the effectiveness of an app designed to reduce suicidal ideation in Indigenous youth. Prior to joining the Black Dog Institute, Dr Shand spent 11 years at the National Drug and Alcohol Research Centre at UNSW. She has prepared several reports for government, presented research findings at national and international conferences, and published in peer reviewed journals.

Dr Michelle Torok – Principal Researcher

Dr Michelle Torok is a Postdoctoral Research Fellow with the Centre for Research Excellence in Suicide Prevention, at the Black Dog Institute. She is currently co-directing the complex evaluation of LifeSpan. Dr Torok's professional expertise includes managing quantitative epidemiological studies in the field of public health, from conception to completion, and has over 10 years' experience in this area. She had a key role in the scoping study, which led to the development of the implementation and evaluation plan for systems approach to suicide intervention; work which has influenced governmental response to suicide prevention in NSW. To date, Dr Torok has published over 30 peer review papers in leading international peer-reviewed journals. She has also been an investigator on several successful grants, including a tender to develop a commissioning resource for Primary Health Networks related to the systems approach. Dr Torok is highly skilled at conducting research across all facets of design, analysis and dissemination, and has a strong track record in completing deliverables on time and with a clear translational focus.

Michael Cook – Implementation Manager

Michael Cook is an Implementation Manager for LifeSpan, driving overall project scheduling and delivery. Michael draws upon his experience working in the private sector as a project manager to ensure LifeSpan is delivered in accordance with project management best practice. He occupies a unique position in being able to combine this management knowledge with research expertise, honed during the completion of his Honours and Masters in Psychology at the University of Wollongong. Michael also has practical experience in the field of mental health, gathered as a psychologist working in the corrections (South Coast Correctional Centre) and drug and alcohol fields.

Jo Riley – Implementation Manager

Jo Riley is an Implementation Manager for LifeSpan. She has qualifications in psychology, science and commerce, as well as nearly a decade experience working and volunteering for suicide prevention and mental health organisations. Jo has extensive networks, knowledge and experience working with key stakeholders in the Australian suicide prevention sector. She has led the development of evidence based suicide prevention policy and managed a range of collaborative projects, focused on improving responses to suicidal behaviour, including development of Australia's first strategy to actively and meaningfully include those with lived experience in suicide prevention activities.

Research Assistants

Jacqueline Frei, Lyndal Halliday and Nicole Hill are a talented and passionate group of researchers, supporting the underlying work for Stage 3 and the development of implementation and evaluation plans and protocols for the delivery of LifeSpan.

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