Navigating a Systems Approach

Mildura place-based suicide prevention trial

2017 - 2020

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MILDURA LGA: TRIAL PRIORITY GROUPS

- **Males** (45-65 & 15-19)
- **Females** (15-19)
- **Aboriginal and Torres Strait Islander Community**
- Those **attending Mildura Base Hospital ED** for suicidality and self harm
- **CALD** community (extent unknown as data does not identify ethnicity)

Mildura LGA
- Approximately **53,000** people (on Vic side of border)
- **22,330** square kilometres
- **One** hospital with an ED
- Higher than average % **ATSI** people
- Very **culturally diverse** community
- Rates highly on **social distress** indicators – yet also **harmonious**
WHAT ARE WE DOING?

- Using LifeSpan as our systems framework
- Using BDI impact evidence to guide investments – and community voice/data
- Trying to initiate work across all segments

So far:
- Improving emergency and follow up care;
- Community training;
- Involving community and lived experience in all levels of trial;
- Safe and purposeful media reporting;
- Review of postvention protocol
- Developing a shared context of local data and systems approaches to complex problems – towards regional leadership and capacity building
- Thinking about sustainability and the legacy of the trial (from beginning)
Improving Emergency and Follow-up Care for Suicidal Crisis in Mildura LGA

Emergency Department presentations for suicidality and self-harm

Mildura Trial work:
1. Research La Trobe and Monash Universities October 2018-February 2020
2. Dedicated aftercare service - links with the Victorian Government HOPE trials.

Figure 7: Map of Victoria showing average annual ED presentation rates per 100,000 residents for intentional self-harm injury or poisoning by local government area of residence, Victoria, 2014–2016

\(^1\) Crude age and sex-specific rates

Source: DHHS Suicide Audit Report Mildura LGA 2018
Integrating Lived Experience

**Trial approaches:**

1. Placed at the heart of the trial;

2. Planned and strategic development of lived exp capacity with dedicated support;

3. **Asked them** what they need?

4. Set aside resourcing in trial funds;

5. Built capacity within sector steering committee to understand and utilise value of lived experience.
WHAT WE HAVE LEARNT SO FAR...

• **Relationships** are key – things we can only achieve or know through relationships: local data sharing; ethnicity information; connections; emerging issues/opportunities; misconceptions.

• Avoid getting **consultants** to do work which will impact your ability to form relationships;

• Put **ongoing feedback mechanisms** in place – and don’t set your plan in stone too far ahead;

• There is a lot going on already in **schools**;

• Keep the **system in mind** – this helps (a little) when there are deaths in community.

• Get your organisation to arrange **external supervision** (if you haven’t already got it).

• The **role of a trial coordinator is complex** and involves high level skills and capabilities.
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