

Macedon Ranges Suicide Prevention Stewardship Group

5.30pm – 7pm Wednesday 22 January 2020

Kyneton Youth Hub, Hutton Street, Kyneton

Agenda

Time	Items	Responsible
5:30pm	1. Welcome and apologies	Shelly
	2. Acceptance of previous minutes and actions from last meeting	Shelly
	3. Volunteer community model of support for suicide prevention in Macedon Ranges	Jo Grzelinska from Larter Consulting
	4. Update on approved project briefs/action plan & trial site budget <ul style="list-style-type: none">• Capacity building• Preventing suicide - supporting safe communication• Promoting healthier masculinities	Deepa
	5. Any other business	All
7pm	Meeting close	

Actions from last meeting

Items	Action	Responsible
Supporting safe communication: a community engagement toolkit	Revise budget to increase funding for community engagement work within this brief from 2k to 5k and progress for approval to Reference Group.	Deepa
	Work with Mindframe to develop a tailored session (rather than off the shelf option) as part of this brief	Deepa/Working Group
Service systems project brief	Revise budget/action plan to reflect that this brief will not be progressed.	Deepa
Healthier Masculinities Project Brief	Project brief approved. Progress for approval to Reference Group	Deepa

Meeting Notes

Macedon Ranges Stewardship Group Meeting Kyneton Youth Hub
January 22 2020

Minutes: Deepa Patel

Attendees: Shelly Lavery (Chair), Lachlan McKenzie, Pauline Neil, Ken Reither, Steve Power, Deepa Patel, Geoff Gunstone, Horace Vella, Simon McCall, Jo Grzelinska

Apologies: Lynsey Ward, Tamara Wilson, Louise Beer, Bridie Johnstone, Tara Kankindji, Gabriella Candia, Narelle Trewin

Item	Discussion
1	Welcome and apologies
2	Acceptance of previous meeting minutes and review of action points <ul style="list-style-type: none">Minutes accepted by Chair, action points completed
3	Volunteer community model of support for suicide prevention in Macedon Ranges <p>Jo Grzelinska from Larter consulting who has been leading this project provided the following update:</p> <ul style="list-style-type: none">At the end of Phase 1 we will have 2-4 options for what a model could look like. These will be taken to lived experience advisors to identify strengths and weaknesses (we have approximately 20 at the moment)Health services, volunteers, and service users are all key players in this workTo date focus has been on understanding local context and support needs through consultationsThere has also been an online survey of support needs (50 responses would be good)Also looking at other models which are doing similar work as part of a literature reviewOne page conversation starter – source of truth, will continue to be updatedEmerging support needs focus on ability for a wellbeing check (Sunbury Police have a voluntary check-in register – 45 volunteers working with police. Starts with phone contact, can progress to a conversation/cuppa if needed. Ambulance have a similar model in Donald)Need to ensure peer/volunteer supports are matched and the person being supported has trust in the volunteer/peer worker

	<ul style="list-style-type: none"> • Post discharge – gap, everyone knows about this. (Wayback HOPE – accepting internal referrals at Bendigo Hospital – key solution in this space). We could use model to fill gaps • System navigation through peer support • After hours period – 6pm onwards people feel most vulnerable – need something in this space. • Community volunteer versus peer; both are seen as valuable – volunteers can bring valuable social connection • Peers- don't always have to have mental health experience themselves, can be carers <p>Key risks</p> <ul style="list-style-type: none"> • Governance - auspice organisation needed • Comprehensive training frameworks needed (Roses in the ocean working in this space) • Recruiting/retaining volunteers can be difficult
<p>4</p>	<p>Update on approved project briefs/action plan & trial site budget</p> <p>Capacity building (upcoming sessions)</p> <ul style="list-style-type: none"> • 5 February Suicide in General Practice @ Baringo, Gisborne (noted that two further session planned, one in Kyneton and location of third to be confirmed). Additional engagement is needed with Lancefield/Romsey practices • 19 February, Perinatal in Practice, Kyneton • 20 February, T.J. Scott and Sons Funeral Directors – session with Jesuits • Half day session for first line responders – April date tbc • Train the trainer – 3 for Safe TALK, 2 MHFA (standard) and 1 for MHFA Youth/Teen • Online training remains a gap – Living works have advised that there will be an online portal available from April from which access will be easier (can use to target commuters at railway stations) <p>Preventing suicide - supporting safe communication</p> <ul style="list-style-type: none"> • Seeking to engage with media to raise awareness of local trial site activities and forthcoming workshop with MINDFRAME • Melissa Knight at PHN has been working on toolkit for sporting clubs and audit of existing suicide prevention plans in secondary schools <p>Promoting healthier masculinities</p> <ul style="list-style-type: none"> • Have worked closely with council to develop RFQ for this work. Phase 1 will focus on research/establishing baseline data and identifying some high level priority interventions

	<ul style="list-style-type: none"> • Phase 2 – trial interventions. Council is potentially looking at securing funding for this work through the VicHealth Healthier Masculinities Partnership grant. • Looking to have someone in place April – for 6/8 months
5	<p>Any other business</p> <ul style="list-style-type: none"> • Kyneton District UCC has launched tele-health to access mental health assessment through clinicians at Bendigo Hospital after hours • Will evaluate this trial with a view to rolling out to other parts of the state • Process – AV ring ECATT – and make decision as to where to take patient • To be transferred to Kyneton, patient must not be violent, or have a physical medical condition which would mean they need services at Bendigo, also should not be under a community assessment treatment order