

Macedon Ranges Suicide Prevention Stewardship Group

5.30pm – 7pm Wednesday 25 March 2020

Kyneton Youth Hub, Hutton Street, Kyneton

Agenda

Time	Items	Responsible
5:30pm	1. Welcome and apologies	Shelly
5:35pm	2. Acceptance of previous minutes and actions from last meeting	Shelly
5:40pm	3. Bendigo Hospital Outreach Post-Suicidal Engagement (HOPE) initiative	Denise Dudley
6:15pm	4. Community volunteer support model for suicide prevention	Jo Grzelinska
6:55pm	5. Any other business	All
7pm	Meeting close	

Actions from last meeting

Action	Responsible
Distribute mental health needs survey for the community volunteer support model project	Stewardship Group Members
Recirculate list for beer coasters distribution	Deepa (circulated 31 January)

Meeting Notes

Macedon Ranges Stewardship Group Meeting

25 March 2020

Minutes: Deepa Patel

Attendees: Shelly Lavery (Chair), Lachlan McKenzie, Steve Power, Deepa Patel, Geoff Gunstone, Horace Vella, Simon Mcall, Jo Grzelinska, Kyle Hayes, Bernard Gallaby, Charlie Bracey, Denise Dudley

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

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	Bendigo Hospital Outreach Post-Suicidal Engagement (HOPE) Denise Dudley, HOPE Program Coordinator provided the following update on the HOPE program: History of the HOPE program <ul style="list-style-type: none">The Victorian Suicide Prevention Initiative framework (2016-2025) set out six hospital locations in which to trial HOPE. The purpose of the program, was to provide additional resources to support people in the community, after leaving hospital/Emergency Department when they have attempted suicide/or present with suicide ideation. The hospital provides the outreach service for up to three months.

	<ul style="list-style-type: none"> • A further six sites (including Bendigo Hospital) have been funded to run the HOPE program and the Royal Commission into Mental health services recommends the program is rolled out to provide state wide coverage across Victoria. <p>HOPE at Bendigo Hospital (connecting in with the Way Back Support Service)</p> <ul style="list-style-type: none"> • Bendigo Health is in the process of tendering out for its Wayback Support Service. Bendigo Health envisaged that this service will work closely with the HOPE program. No start date confirmed for the Way Back service yet. FTE for the WayBack Support service will be 2.7 (Note that the WayBack Support Service is an after-care initiative in Victoria operated by Beyond Blue. The federal government funds this). • Denise has been working on getting the HOPE program up and running. As key point of difference between existing services provided by the Short Term Treatment Team at Bendigo, is that the HOPE program provides: <ul style="list-style-type: none"> ○ a tailored treatment plan with support to be provided for up to three months ○ is based on assertive outreach including connecting into psychosocial supports (not just a medical model of care) via clinician and or support coordinator once the Way Back Support Service is up and running <p>Large regional area</p> <ul style="list-style-type: none"> • Bendigo Health will be working to consider how HOPE can support areas within our region- the Wayback support service as is will only service City of Greater Bendigo once up and running. HOPE will need to work with existing services to better understand opportunities to collaborate. • Recognised that everyone should have access to a service (Royal Commission Interim Report) • At the moment, Swan Hill/Echuca has been earmarked in the Royal Commission Interim Report as future sub-regional HOPE sites. <p>Action: Deepa to arrange a follow up conversation with Denise to discuss trial site activities (including Larter project) and any opportunities for work together</p>
4	<p>Community Support Model for Mental Health</p> <p>Jo Grselinska from Larter Consulting provided the following information on the model as set out in the draft report from Larter:</p> <ul style="list-style-type: none"> • Nearing the end of a 14 month project

- Confident that the co-design approach to develop the support model with those who have lived experience means model is based on identified needs.

Overview of model:

- The model we have landed on is based on what we have heard from lived experience project advisors and also clinicians around managing risks
- Central to the model is the Peer Navigator role. This person will be a paid professional with lived experience. Peer support is a key elements of their role. They will also provide information about mental health services and access to/navigation around the system. Can also help to make first appointment. They could take a caseload approach to supporting clients.
- The model will cap support for 12 weeks – if a person needs support after this time they will be linked into clinical services.
- Community connector is the other key role in the model – source of knowledge for what supports exist in community. This person will also manage a bank of volunteers.
- Peer support is the third element to the model.

Feedback from people with lived experience:

- Peer support for those with mental illness/suicide ideation – people with lived experience are crying out for this locally.
- Support doesn't have to be face to face (Phone/SMS/webchat) – accessibility is important. Don't want to have to require a referral to access the service.
- Community connection element is key - driver of approach recognises that a non-clinical program is needed
- Needs to be as empowering as possible and welcoming as possible – services can often make people feel disempowered and isolated

Risks

- Volunteers provide greatest challenge in terms of risk. Have looked at best practice – stringent package of recruitment/screening/training requirements.
- Centre for Mental Health Learning – has a portal for mental health training which includes a curriculum of training for staff and volunteers
- Supervision – both formal and external also needed
- Volunteers will need to maintain boundaries around relationships.

Exclusion criteria

- Model is open to everyone in the shire 18+ - with a few exceptions:

- Those that are acutely unwell may need clinical support
- Those that have a history of violence

Target groups

- Residents waiting for an appointment for psychologist
- Those not engaged in the system
- Frequent users of health service
- People who are 'not sick enough' to access service
- Those with no support network

Integration with mental health plans (approx. 600 treatment plans in Macedon Ranges)

- Feedback indicates that not everyone wants to have support through this program integrated into their mental health plan
- Will need to work on a case by case basis and will require consent of the person
- For those people with severe mental health issues, would strongly encourage them to link support through this program into their mental health plan.
- Every time a GP writes a mental health plan, referral to the service should be an option

Opportunities

- There are some similarities with the Wayback Service. Need to consider how the model could interact with HOPE/Wayback - step down care?

Stewardship Group feedback on model

Note, the Stewardship Group gave their support for the key aspects of the model as endorsed by the MRSPAG Working Group.

The following points were also highlighted in their feedback:

- Part time positions will support recruitment to roles, help to manage after hours requirements and recognise the depth and intensity of the role.
- Build in capacity to scale the model up or down if we cannot secure all the funding (this could be through a shorter trial period or fewer FTE)
- Run across the whole shire – test new way of working across both PHNs.
- Revisit option of three 12 week cycles of support in a 12 month period – this sounds like intensive support.

	<ul style="list-style-type: none">• Link in a youth services representative to the local governance model (recognising some young people may transition to support through the model)• Local governance structure to support Cobaw (the preferred auspice agency) with clinical supervision of role if needed• Subject to receipt of further funding consider use of trial site monies to fund non service delivery aspects of the model such as training, evaluation etc. <p>Action: Deepa to seek feedback and formal endorsement of model from Reference Group Members</p>
5	Any other business <ul style="list-style-type: none">• Add responses to social isolation as a result of COVID to the agenda for the next meeting