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The Greater Whitsunday Council of Mayors Suicide Prevention Project Co-design Report

An Overview of Co-designed Community Based Suicide Prevention Solutions

Prepared by:

Greater Whitsunday Communities

Funded by the Northern Queensland Primary Health Network (NQPHN)

The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce

PROJECT CO-DESIGN REPORT

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This report is dedicated to those impacted by suicide, the families who are now without their loved ones and those who are on a continual journey of recovery following their lived experience.

Acknowledgements

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We acknowledge the lived experience of people with mental health challenges, particularly children. We pay respect to people who have lost their lives to suicide and acknowledge the families and carers of all people with a lived experience. We recognise their commitment in supporting people who experience mental health challenges to live well on the terms they choose.

A special and warm thanks to the people of First Nations background, Lived Experience, Culturally and Linguistically Diversity, LQBTQIA+, Community Members, Industry Representatives and passionate Service Providers – Government and non-government bodies who contributed, shared, collaborated and co-designed with us and continually provided fresh insights into the work as we were developing and manifesting this model for the Mackay, Isaac and Whitsunday Region.

This report has been developed by Greater Whitsunday Communities on behalf of the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce in collaboration with the funding body Northern Queensland Primary Health Network (NQPHN), Mackay, Isaac and Whitsunday, Suicide Prevention Community Action Planning Group, and the Mackay Hospital and Health Service.

The Greater Whitsunday Council of Mayors (GWCOM) acknowledges and gives thanks to the following GWCOM Suicide Prevention Taskforce Working Group members:

- Mackay Regional Council – Cr. **Karen May**
- Isaac Regional Council – **Jeff Stewart Harris** (CEO) / **Terrence Farrelly** (Manager – Engaged Communities)
- Whitsunday Regional Council – Cr. **Al Grundy**
- Whitsunday, Isaac and Mackay Suicide Prevention Community Action Planning Group – **Jason Peoples**
- Mackay Hospital and Health Services – **Sandi Winner** and **Stephanie Zweers**
- Northern Queensland Primary Health Network – **Cara McCormack** and **Amber Neilly**
- Community / Lived Experience Advisor – **Emma Rix**
- First Nations People / Department of Aboriginal and Torres Strait Islander Partnerships – **Yonnipin Foan**
- Greater Whitsunday Communities – **Carol Norris** (Executive Officer), **Deb Rae** (Advisor and Consultant), **Courtney Wilson** (Project Lead, Researcher and Report Author) and **Tonia Wilson** (Report Editor)

From Left to right: Jeff Stewart Harris, Yonnipin Foan, Deb Rae, Carol Norris, Al Grundy, Cara McCormack, Courtney Wilson, Jason Peoples, Emma Rix, Karen May

Julie Hall
Mayor, Whitsunday Regional Council

Welcome to our whole of community response to tackling suicide in our Greater Whitsunday region. I am confident this report and the proposed pilot model, Pathways Connect, will enable us to reset the way we look at preventing death by suicide. As the newly elected Mayor, it is exciting to be a part of an innovative model that will play a role in the building and strengthening our communities across the Greater Whitsundays. By listening to a broad cross-section of our community, most importantly, people who have a lived experience of mental health and suicide, we have received valuable insights which have helped this place-based solution manifest and emerge into a robust, peoples-based response that builds on and creates pathways between all existing establishments. It's a response and a vision that puts people at the heart of our region's future growth opportunities. It is purpose, compassion and empowerment leading and creating positive experiences for those in need within our community that will create and change our future. The pandemic severely impacted and altered most of the population's mental health and many are still facing the challenges daily. We all need a proportionate response, but there is more work to be done to encourage the investment into the model to ensure its implementation is successful and sustainable. Investment, collaboration and support is needed to ensure the Greater Whitsunday region is armed with the tools to fight a global detrimental issue. Pathways Connect is a model of support that shows that the Greater Whitsunday region's communities are compassionate innovators, connected and ready to collaborate, and invested to significantly reduce the risk and rate of death by suicide.

Anne Baker

Mayor, Isaac Regional Council

Isaac Regional Council has long advocated for better health outcomes for our region. Living in regional areas such as Isaac, there continues to be an increasing demand for mental health support. Council believes people living and working in rural and remote areas deserve the same access to mental health services as those living in our major cities. We face a range of stresses that are unique to living outside major cities. The Suicide Prevention Co-Design Project has the capability to help us deliver in a changing world through early intervention and promotion of good health and well-being. This model has the potential to set the foundation for future growth, prosperity, and more community connectedness in a demographically challenging area. As a parent, a grandparent and as a regional leader, I have seen firsthand the impacts of suicide across our communities. There are many authentic voices describing their personal challenges and lived experience who have contributed to this project. Greater Whitsunday Communities have excelled in the success of the co-design process and the resulting model. It is one of the most profound outcomes from this work where trust has been built between Greater Whitsunday Communities and the people within the regions. The acknowledgement and leadership from our First Nations People and lived experience participants cannot be understated. Finally, it feels like the people feel heard through a collaborative process and place-based model of delivery. Our region needs our people to be seen, heard, empowered, capable, loved, and valued. We must work together as a collective to address barriers and this is another step towards meaningful and lasting solutions to empower our people. On behalf of Council, we look forward to continuing this work because our people are our region's future.

Greg Williamson
Mayor, Mackay Regional Council

Greater Whitsunday Communities has facilitated and delivered on an innovative place-based solution on behalf of the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce. What has been developed is a community led, early intervention suicide prevention pilot model co-designed by community, industry and government representatives from across the Greater Whitsunday footprint. The pilot will strengthen our community by creating more points of access for support, catching people before they fall into crisis. This two-year pilot model creates peer to peer pathways and connections to deliver quality access to and navigation through our support organisations. It is designed to help our people find the right option at the right time.

By collaboratively addressing the gaps and inequities in the current system and helping to break down the stigma, we believe our ultimate goal of building a supported thriving society where no-one gets left behind will be within reach. The Council of Mayors has facilitated this Pathways Connect project with a 6-month commitment to secure the position of Greater Whitsunday Communities Project Officer, Courtney Wilson. In addition, the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce will continue to facilitate opportunities to help overcome the systematic challenges identified in the early stages of this journey. Supportive community spirit and collaboration is what we do best as a region, and that is the way we will deliver Pathways Connect. Our aim is to reduce the lives lost to suicide in our community.

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EXECUTIVE SUMMARY

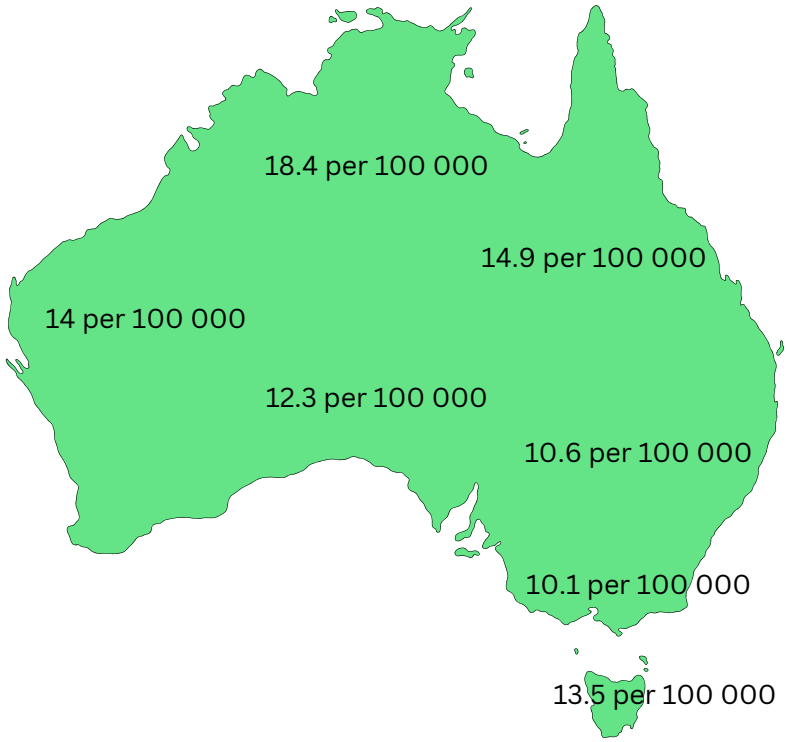
Greater Whitsunday Communities

National Context

Suicide is a global public health crisis, with more than 700,000 people dying by suicide each year[1]. For every suicide, there are 20 or more attempts[1]. Each death by suicide is a tragedy that deeply affects families, friends and communities. It is a complex issue that affects the whole community and can be prevented.

In Australia, suicide is the leading cause of death for people aged 15 to 49 years, and Queensland has the second highest standardised rate of deaths by suicide, highlighting the urgent need for change and action at the community level.

- 3,144 people died by suicide in 2021.
- In the same year, there were 219 Aboriginal and Torres Strait Islander people who died by suicide.
- Similar to what was recorded in 2020, the suicide rate was 12.0 deaths per 100,000 people in 2021.
- The suicide rate increased for females and decreased for males in comparative to previous years.



Regional Context

In 2017, as a response to rising suicide rates, the Whitsunday, Isaac and Mackay region commenced development of a Suicide Prevention Community Action Plan (SPCAP). The aim of this plan is to implement community-led strategies to prevent suicide, which includes addressing the strain on health and support services and improving access and navigation to services.

selectability, a North Queensland mental health service, administers and delivers the SPCAP on behalf of the Northern Queensland Primary Health Network (NQPHN) and is funded by the Australian Government Department of Health. During the first 18 months of operations, the SPCAP received increasing requests for direct crisis support from both individuals and service providers. It appeared that they found the mental health sector complex to navigate and were struggling to identify who to contact and where to go for help. Furthermore, national and state-funded helpline numbers were overwhelmed with calls, resulting in individuals in crisis being subjected to long wait times or leaving messages that were unanswered. SPCAP recognised the need for streamlined connections for those in need of support and consulted with people with lived experience and service providers to gain a more comprehensive understanding of access and navigation processes and experiences. Concurrently, Mackay Regional Council conducted a community survey in 2020 (as impacts of the Covid-19 pandemic were emerging) which revealed elevated levels of depression and anxiety amongst residents. As a result, Deputy Mayor Karen May approached Deb Rae from SPCAP to further explore options for working in partnership. With Mayor Greg Williamson, Qld Health and NQPHN, they initiated a collaboration with people with lived experience, community members, not-for-profit organisations and local, state and federal government to improve access and navigation of mental health services across the Greater Whitsunday region. This led to the formation of The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce to develop solutions to prevent suicide and manage its impact on Mackay, Isaac and Whitsunday communities

Timeline

- Mayors Suicide Prevention Taskforce established November 2020
- Mayors Suicide Prevention Taskforce Working Group formed January 2021
- Mayors Suicide Prevention Taskforce consultation/co-design workshop May 2021
- Robust collaborative partnership established
- NQPHN funding Secured - $100K contract to Greater Whitsunday Communities
- Data analysis and report development by NQPHN Population Health Team
- NQPHN Health Needs Assessment Data Available – Sept 2021

Mackay
Deaths by suicide 2017–2021
Age-standardised rate: 20.4 / per 100,000
Number of deaths: 121
Population 2020: 123,183

Bowen Basin - North
Age-standardised rate (per 100,000): 14
Number of deaths: 24
Population 2020: 36,377

Australian Government
Australian Institute of Health and Welfare

Initiation of the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce

The Suicide Prevention Taskforce focused their attention on concerns relating to accessing and navigating support services across the mental health and suicide prevention system. Their first task was to build a comprehensive understanding of these concerns from multiple perspectives, including perceived gaps and potential solutions. To gain this understanding, on 6th May 2021 the Taskforce hosted a co-design forum, which was attended by stakeholders and community members from across the Mackay, Isaac and Whitsunday regions.

Data gathered at the forum was compiled into a report: Refer The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce Consultation Report (Appendix 1) which highlights the six areas for improvement identified by forum participants:

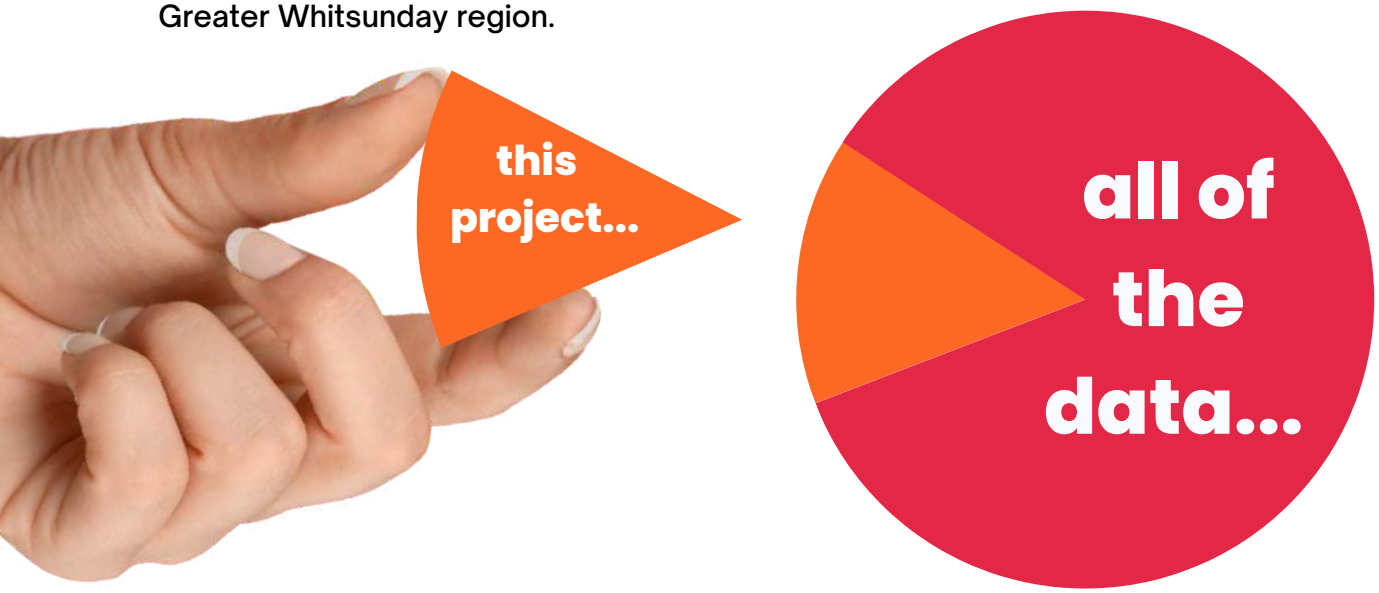
On Thursday 21 October 2021, the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce Working Group presented their final consultation report to the Greater Whitsunday Council of Mayors.

1. Access to services
2. Workforce capacity and development
3. Navigation of diverse and somewhat complex mental health services and support
4. Better communication, collaboration, coordination and integration between services and providers
5. Enhanced community awareness, education training and access to available resources
6. Improved strategic alignment in relation to funding and planning

The report provided initial direction for the Taskforce by acknowledging that all suicides are potentially preventable. It also emphasised the unique and complex geographical challenges inherent in the Whitsunday, Isaac and Mackay region (a footprint of 92 000km) and identified gaps in the current system that contribute to high suicide rates. The nuanced complexities within this region confirmed the premise that local solutions to prevent suicide will best meet local needs.

The report provided initial direction for the Mayors Suicide Prevention Taskforce and acknowledged that all suicides may be preventable.

Later in 2021, NQPHN provided project funding to the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce to develop solutions for individuals who are in mental health distress, at risk of suicide and **experiencing difficulty accessing and navigating services.** The project deliverable was to **develop an innovative model of support which facilitates navigation, bridges identified gaps and increases collaboration across the Greater Whitsunday region.**



The development of this model was chosen as a priority activity that had the potential for widespread positive impact across the region. It is also recognised that this is just a fraction of the work required to address the six identified areas of improvement detailed in the 2021 Consultation Report.

Greater Whitsunday Communities (GWC), as the peak regional body for social development, was engaged by the Taskforce to recruit a Project Officer equipped with the existing local knowledge, skills and confidence to lead a co-design process that would support regional communities to develop solutions.

Greater Whitsunday Communities Approach

Greater Whitsunday Communities is a strategic regional social and community development organisation in the Whitsunday, Isaac and Mackay region. GWC's work is primarily underpinned by participatory community development practice, a concept that supports communities to have a voice in the development of sustainable practices. These sustainable practices include social responsibility, environmental stewardship, political participation, and economic stability. As a trusted, independent voice, GWC works with individuals, community, businesses, industry and government to create positive social change.

A key deliverable of the Project is the development of a suicide prevention model which enhances and facilitates navigation of services, bridges identified gaps and/or increases collaboration. GWC worked with a range of stakeholders, including a Lived Experience Advisory Group and utilised an experience-based co-design process to develop a suicide prevention model that the community wants and believes will make a meaningful impact. The model that has been developed is co-designed, community-based and allows for early intervention. It seamlessly connects those needing and providing support to the broad range of local services available and helps them navigate this access in a supportive and compassionate environment.

GWC developed an implementation plan, including marketing and communication strategies. Over and above the proposed pilot model, this report also includes recommendations pertaining to other areas that require attention. These recommendations are based on information gathered during the project and the co-design process that are supported at every level of service design, development, and provision, as well as at local, state, and federal government levels.

The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce provided guidance and strategic direction throughout this project. A Working Group was also formed to progress activities between Taskforce meetings. The Working Group comprised representatives from each regional council, NQPHN, GWC, SPCAP, Queensland Health, First Nations and lived experience community members. Since this project's inception, SPCAP has been engaged as a partner and is recognised as originating the project.

Stakeholder mapping and the co-design process

To commence, GWC and SPCAP worked together to develop a stakeholder map that helped inform the direction of communications and collaboration early in the project. They also began mapping the journey of people with a lived experience, through story-telling and narrative processes. These conversations were documented and led to the formation of the Lived Experience Advisory Group which provided a fundamental point of reference for the project's direction and outcomes. It was also crucial to understand where services providers needs were mapped against people who have lived experiences.

Daniel Young, a Lived Experience Advisory Group Member, presented to the Greater Whitsundays Council of Mayors Suicide Prevention Taskforce in March 2022. He shared his powerful, personal story and highlighted the importance of three key elements of any suicide prevention solution:

connection, compassion and a positive experience.

Data Collection through Co-design

Co-design - learning from the stories and experiences of individuals – has gained significant recognition as a best practice approach to developing community solutions that require the buy-in and support of a diverse stakeholder group to be effective. Co-design participants in this project included the following collaborators:

- People who have a lived experience of the mental health system
- Service providers
- Regional communities
- Aboriginal and Torres Strait Islander local community
- Community members across a range of ages, gender and socio-economic backgrounds

To enable these participants to collaborate in the co-design process, GWC chose the following methodologies:

- Interviews with people with lived experience and service providers (in-person, phone and online)
- Online surveys for service providers
- Facilitation of seven (7) community engagement sessions throughout the Whitsunday, Isaac and Mackay regions. These were conducted in partnership with selectability's SPCAP Project Workers who were seeking feedback for the Regional Suicide Prevention Plan Review.
- Indigenous-specific co-design workshop that would provide a culturally safe space for First Nations and Australian South Sea Islander peoples to discuss their experiences and concerns. This workshop, held in May 2022, was facilitated by Fiona Bobongie and attended by more than 30 service providers.

- Whole-of-region workshop with over 100 people in attendance, including service providers, local government and industry representatives, people with lived experience and community members. The workshop process encouraged participants to work through one of six different case scenarios to explore preventative solutions that would meet specific regional needs (case scenarios are further detailed in appendix 6). This process enabled the acquisition of comprehensive data to inform an innovative, place-based suicide prevention model for the Mackay, Isaac and Whitsunday region.

Following the forum, GWC convened a Data Analysis Working Group, with representation from the NQPHN, Qld Health, SPCAP, First Nations, lived experience, community and industry. This diversity of participants was designed to limit bias in data analysis and interpretation. A framework for the model, which was integrated in fundamental First Nations concepts, emerged from this data. It was also tested to align with data and themes from regional workshops and interviews. The dominant concepts of the framework are further detailed in Appendix 14. This framework also underpins the development of the Pathways Connect model.

From left to right: Fiona Bobongie (First Nations and local educator/facilitator) Carol Norris (GWC Executive Officer) Deb Rae (GWC representative and local consultant) Cara McCormack (NQPHN Operations Director of MH and AODS) Courtney Wilson (GWC Project Officer) Sandi Winner (MHHS MH and AODS Manager) Emma Rix (Volunteer Lived Experience Advisor).

The Taskforce convened again in August and late November of 2022 where GWC presented the proposed Pathways Connect model and further refinements were suggested and incorporated. A Partnership Proposal document was then developed to attract funding to implement a two-year pilot of the Pathways Connect model. The project is now focused on securing relevant funding for its development and implementation across the region.

Proposed Pilot Model

Model description

From the co-design process, a suicide prevention model that is community based and focused on early intervention has emerged. This model, named Pathways Connect, is designed as a collective and responsive approach to suicide prevention planning and implementation, while addressing the barrier of distance in the Greater Whitsunday rural and remote communities. As such, its core components include:

- Strengthening and creation of more access points for support within our communities
- Upskilling and strengthening of local role models, champions and leaders across the three regions.

Key Roles

This model necessitates the following key roles:

- **Peer Connectors:** Individuals in need connect to peers in their community, so their experience is positive, compassionate and meaningful to them. These community Peer Connector roles are paid positions, with the worker trained to provide in-person and/or virtual supporting the individual's preferred natural and familiar environment, when they need it most and before they fall into crisis. Peer Connectors become a trusted access point for individuals, supporting them to find the right support at the right time. They also ensure that the individual experiences continuity of care and builds their capacity to navigate additional assistance and services as needed. With travel being a significant barrier for individuals receiving care and support, Peer Connectors will provide transportation where necessary, while still encouraging independency and self-determination.
- **Program Coordinators:** Peer Connectors are supported by Program Coordinators who are located in each local government area. Each Program Coordinator empowers and guides Peer Connectors, as well as supporting seamless regional collaboration and cohesion.

Model Backbone

For the proposed Pathways Connect model to meet agreed outcomes and ensure seamless navigation and consistency of care, Peer Connectors and Peer Coordinators need to understand the scope of practice of regional service providers and facilitate interservice relationships.

24/7 clinical support must also be available to Peer Connectors to enable them to deliver support to individuals who may have a range of mental health concerns.

It follows that the proposed model's backbone includes:

- **Access points:** Individuals seeking support will need various access points, including phone and online applications, to link with Peer Connectors. These tools should be integrated into a broader system that allows for monitoring and evaluation of the service.
- **Matching and dispatching system/app:** This peer-to-peer matching and dispatching system that ensures individuals have a positive, seamless experience in being linked with a Peer Connector and make a meaningful connection.
- **Online service directory:** An online directory of services needs to include the scope of practice of all service providers and must be consistently maintained so data remains current.
- **Training:** Training for Peer Connectors and Program Coordinators should support them to use the matching system/app and online directory effectively, build a strong knowledge of regional services and enable them to deliver compassionate support to those in need.
- **24/7 clinical support:** 24/7 clinical support for Peer Connectors and Program Coordinators is needed to support their own mental wellness and sustained capacity to provide access to the relevant support services.
- **Awareness campaign:** For the model to be effective and used by those in need in the community, it must be promoted widely through a variety of channels. In addition, the recruitment of Peer Connectors needs to appeal to a diverse range of people to best meet the needs of the individuals seeking peer connection. A communications campaign is a key component of this community-led model in the Greater Whitsunday region.

Conclusion

GWC and the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce are pleased to report that the Greater Whitsunday community has spoken and co-designed a suicide prevention model that can significantly reduce suicide rates in our region.

This model, called Pathways Connect, is an innovative, community driven and led solution to suicide prevention. It provides in-community support to those in need, when they need it most. It is also delivered by peers who are compassionate, trained to help them navigate access to additional supports and who will meet them face-to-face in their chosen environment.

Pathways Connect simultaneously supports individuals, promotes good health through early intervention, and upskills and strengthens communities while breaking down stigma through education and connection.

In addition to the Pathways Connect model, GWC has also provided:

- An implementation plan for Pathways Connect, including marketing and communication strategies.
- Recommendations pertaining to other considerations that emerged from the co-design process but were out of scope for this project.

The proposed Pathways Connect model:

- Addresses the challenges identified during the co-design process, including those raised by regional stakeholders, Indigenous peoples, and people with lived experience.
- Provides a support overlay for service providers who are facing challenges of funding, staff attraction and retention and fatigue.
- Is aligned with global best practice for addressing social issues.
- Remains in alignment with the co-design framework that community participants development and implemented.

Recommendations

GWC and the Greater Whitsunday Council of Mayors Taskforce recommend that the Pathways Connect model be implemented as a pilot over two years.

The core components of the model are highlighted below.

Phase 1
Governance

- Stakeholders engaged to oversee, guide and manage the delivery of the Pilot Model
- Terms of Reference developed and finalised
- Recruit program coordinator and project officer (Mackay)
- Continued co-design of the model (eg: development of training etc).

Phase 2
Backbone support

- Community directory
- Clinical and after-hours support
- Toolkit to support champions and workplaces
- Application to support connectors and allow for pilot evaluation processes to commence
- Operational policies and procedures

Phase 3
Recruitment and operationalisation

- Recruit project coordinators in Isaac and Whitsundays, connectors and local champions
- Training for regional project coordinators, connectors and local champions to be able to use the toolkits, application and navigate the service provider landscape as they support those seeking help

Phase 4
Launch and delivery

- Develop communications campaign to promote the service (could be staggered across MIW)
- Activate project coordinators, connectors and local champions
- Deliver support to project coordinators, connectors and local champions

Phase 5
Measure and Evaluate

- Produce monthly reports using data gathered from the app
- Review outcomes at leadership committee meetings
- Refine the model as needed during the implementation stages.

The model has been costed to require funding of $2.5m over a two-year pilot.

GWC and the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce are now actively seeking funding partners to initiate the suicide prevention pilot model, which can be measured, evaluated and refined during the two year pilot.

1. INTRODUCTION

More than 700 000 people die by suicide every year. Furthermore, for each suicide, there are more than 20 attempts (World Health Organisation, 2021). Every death by suicide is a tragedy, which has a profound impact on family, friends and communities across the world. Suicide is a complex but whole of community issue which can be prevented (Australian Institute of Health and Welfare, 2022). With the leading cause of death for Australians aged 15 to 49 years being suicide, communities across the nation are calling for change.

While these statistics provide insight into the extent of suicide nationally, they cannot speak to the ripple effects and mass devastation impacting the communities in which they happen. Statistics also do not capture the rate of attempts or ongoing suicidal ideation people in our communities are challenged by daily.

We cannot learn directly from those people who have now been added to the continuously increasing toll of deaths by suicide. They cannot tell us what could have been done differently or what could have relieved them from their unbearable pain.

This project therefore primarily aims to learn from those who are brave enough to share their lived experience, from the bereaved families hurting and grieving their losses. The courage it takes to be a part of change, in the face of enduring stigma, is recognised in the outcomes of this project. Developed with a deep appreciation for lived experience and community as the experts of what will meet their needs and have the greatest positive change, this project has placed people at the centre of its focus.

2. BACKGROUND

2a. Project Inception

Suicide is a global issue that places a significant strain on health and support services all over the world. In response to concerns about suicide rates in the Whitsunday, Isaac and Mackay region, the Northern Qld Primary Health Network (NQPHN) initiated development of a Suicide Prevention Community Action Plan (SPCAP) in 2017. This plan was developed by a group of regional representatives (chosen by the community) and aims to identify community-led strategies to prevent suicide and support their collaborative implementation. Selectability, a North Queensland mental health service, administer and deliver the SPCAP, on behalf of NQPHN, which is funded by the Australian Government Department of Health.

During the first 18 months of operations, SPCAP staff experienced increasing requests for direct crisis support from both individuals and service providers. It became evident that community members found the mental health sector complex to navigate and they struggled to find who to contact and where to go for help. Furthermore, national and state helpline numbers were overwhelmed with calls, resulting in individuals in crisis being subjected to long wait times or leaving messages that were unanswered.

SPCAP recognised the need for streamlined connections for those in need of support and consulted with a range of people with lived experience and service providers to gain a more comprehensive understanding of access and navigation processes and experiences.

In 2020, Deb Rae delivered a presentation on behalf of SPCAP at the Resource Industry Network breakfast for RU OK Day. At this time, Mackay Regional Council had also recently released results of their community survey concerning impacts of the Covid-19 pandemic, which revealed elevated levels of depression and anxiety amongst residents. Deputy Mayor Karen May subsequently approached Deb Rae to further explore options for working in partnership. From further discussions with Mayor Greg Williamson, NQPHN and Qld Health, it was agreed that successful collaboration with people with lived experience, community members, not-for-profit organisations, and local, State and Federal Government was paramount to achieving sustainable community outcomes.

This led to the formation of The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce to develop solutions to prevent suicide and manage its impact on the Mackay Isaac Whitsunday communities.

2b. Suicide Prevention Taskforce and Working Group

The Greater Whitsundays Council of Mayors' Suicide Prevention Taskforce was established in November 2020. The purpose of the Taskforce was to develop solutions to prevent suicide and manage its impact on Mackay, Isaac and Whitsunday communities. From its inception, this Taskforce recognised that a collective solution that was not completely dependent on government budgets, would allow for a wider range of sustainable funding options.

A Working Group was subsequently formed in January 2021 to progress agreed strategies from the Taskforce meetings. This included clearly articulating gaps in suicide prevention services in each regional community and identifying a preferred process to develop region-specific solutions to these needs.

2c. Co-design Forum – May 2021

To achieve this, a Lived Experience Reference Group was established and a co-design forum was hosted on 6th May 2021. This was attended by stakeholders and community members from across the Mackay, Isaac and Whitsunday region, who voiced their concerns about the mental health/suicide prevention system and how to improve access to mental health and suicide prevention services in each of their communities.

The workshop identified six areas of improvement:

1. Access to services

2. Workforce Capacity and Development

3. Navigation of diverse and somewhat complex mental health services and support

4. Better communication, collaboration, coordination and integration between services and providers

5. Enhanced community awareness, education training and access to available resources

6. Improved strategic alignment in relation to funding and planning

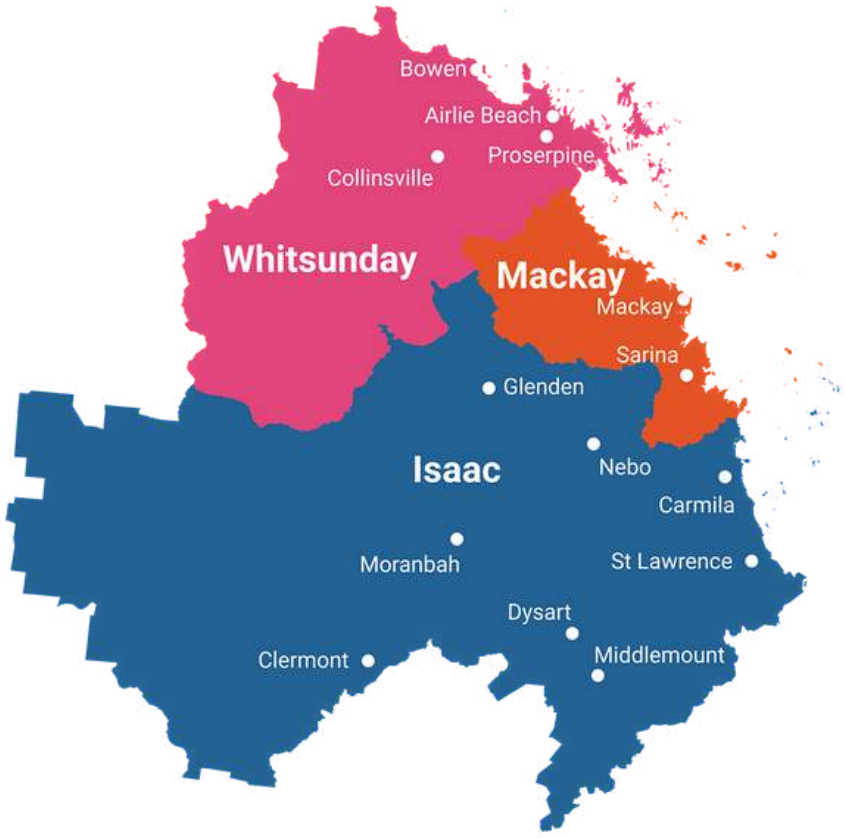
2d. Consultation Report Outcomes

NQPHN representatives collated data collected at the forum and compiled a report on behalf of the Taskforce, called the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce Consultation Report (Refer to Appendix 1 or for full access, visit the NQPHN website).

This report provided foundational direction for the Taskforce by acknowledging that all suicides are potentially preventable. This core component underpins the motivations of Taskforce members and their formation of processes and strategies to prevent suicide in this region.

As anticipated, the report detailed the commonly recognised gaps in the current system which exacerbate the number of community members at risk of suicide. However, it also revealed a more comprehensive understanding of the unique geographical challenges for individuals attempting to access and navigate services in the Greater Whitsunday region. These nuanced complexities of preventing suicide in this region confirmed the premise that local solutions to prevent suicide will best meet local needs.

One of these regional challenges is geographic isolation which contributes to the complexity of accessing mental health support across the Greater Whitsunday footprint. The Mackay, Isaac and Whitsunday Local Government Areas collectively span 90,354 square kilometres. For context, the island of Tasmania has a land mass of 68 401 km². The Whitsunday, Isaac and Mackay region extends from St Lawrence in the south to Gumlu in the north, and 300 kilometres inland from the coast to Clermont in the west. It also includes the 74 islands off the Whitsunday coast, as indicated in the map opposite.



Later in 2021, NQPHN provided project funding to the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce to develop solutions for individuals who are in mental health distress, at risk of suicide and **experience difficulty accessing and navigating services.**

The project deliverable was to **develop an innovative model of support which facilitates navigation, bridges identified gaps and increases collaboration across the Greater Whitsunday region.**

Greater Whitsunday Communities (GWC), as the peak regional body for social development, was engaged by the Taskforce to recruit a Project Officer equipped with the existing local knowledge, skills and confidence to lead a co-design process that would support regional communities to develop this model. During the recruitment process, a strategic decision was made to split the role in two, enabling a broader range of expertise to deliver the project. Courtney Wilson (left) and Ros Gabriel (right) began the co-design journey early in December of 2021. Courtney Wilson then managed the project independently after Ros Gabriel resigned from her position in May 2022.

3. PROJECT IMPLEMENTATION

This report details the process applied by the GWC Project Officer in undertaking this project and the outcomes achieved.

3a. Greater Whitsunday Approach

Greater Whitsunday Communities (GWC) is a strategic regional social and community development organisation in the Whitsunday, Isaac and Mackay region. GWC's work is primarily underpinned by participatory community development practice, a concept that supports communities to have a voice in the development of sustainable practices. As a trusted, independent voice, GWC works with individuals, community, businesses, industry and government to create positive social change.

Greater Whitsunday Communities' delivery of the objectives of the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce Project enabled a unique opportunity to broaden understanding of where community development and health promotion align.

Community Development

Community development seeks to empower change for disadvantaged groups and provide opportunities for positive and meaningful change. This enables improved quality of life and resilient and sustainable communities for people to live.

Co-design of community change involves engagement with those with lived experience, minority groups and vulnerable, disadvantaged people in each step of the process. This provides space for them to have a voice and some control over the changes or actions which affect them.

Community development acknowledges and accepts that we are not and can never be the expert of cultures or communities that are not our own.

Health Promotion

Health promotion is a broad term which focuses on prevention of ill health, rather than on treatment and cure. This is referred to as an 'upstream approach' which aims to examine and respond to the root causes of health-related problems in an earlier capacity.

An upstream approach enables sustainable downstream improvements in health outcomes and decreases healthcare costs. This is especially relevant to the mental health and suicide space.

Mental health care with an upstream approach asks us to consider the social, economic and environmental origins of health problems that manifest at the population level, not just the symptoms or the end effects for individuals.

The alignment of community development and health promotion recognises that a sense of community belonging embodies the social attachment of individuals, which is engendered through social engagement and participation in communities. This indicator supports an 'upstream' approach to preventing illness and promoting health and wellbeing.

3b. Project Critical Success Factors and Outcomes

Critical success factors include:

- The willingness of service providers to share information about their service.
- Productive consultation and collaboration with stakeholders, the project reference group and the Lived Experience Advisory Group throughout the life of the project.
- The development of a shared vision among stakeholders, the project reference group and the Lived Experience Advisory Group of the proposed new service/s.
- The procurement of funding to establish the new service/s and ensure long term viability.
- An agreed implementation plan for a recognised service delivery model.

3c. Governance

The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce provided guidance and strategic direction throughout this project. A Working Group was also formed to progress activities between Taskforce meetings. The Working Group comprised representatives from each regional council, NQPHN, GWC, SPCAP, Queensland Health, First Nations and lived experience community members. Since this project's inception, SPCAP has been engaged as a partner and is recognised as originating the project.

3d. Stakeholder Mapping and Lived Experience Advisory Group

To commence, GWC and SPCAP worked together to develop a stakeholder map that helped inform the direction of communications and collaboration early in the project. This revealed that existing service maps were outdated, which prompted an exploration of other navigation models currently used/proposed in Australia and internationally.

GWC also began mapping the journey of people with a lived experience through story-telling and narrative processes (see appendix 15 for further details). These conversations were documented and led to the formation of the Lived Experience Advisory Group which provided a fundamental point of reference for the project's direction and outcomes. It was also crucial to understand where services providers needs were mapped against people who have lived experiences. To that end, interviews, surveys and additional engagements were conducted (as detailed below).

4. DESKTOP REVIEW

GWC performed a desktop review of suicide prevention models nationally and across the globe, to identify best practice and inform the approach GWC would take in data gathering and community engagement processes for this project.
In the early stages of the project, the desktop review focused on access and navigation of mental health and suicide prevention services systems, as well as service mapping. This included an exploration of existing navigation models, evidence-based programs and other current community-based initiatives and resources.

4a. Rights-based approach

The Project Officer then focused more on community-based mental health support options that could be used to inform and reinforce the evidence that established the model. For example, in June 2021, the World Health Organization released the article 'Community-based mental health services using a rights-based approach', which details 7 examples of countries that implemented different community-based pilot projects to improve mental health outcomes. Three of these are referenced below.

India: Atmiyata, is a community volunteer service that identifies and supports people experiencing distress in the rural communities of Gujarat state in western India. It is an innovative & evidence-based community-led intervention to reduce the mental health and social care gap in rural communities. The World Health Organization has listed Atmiyata as one of the 25 good practices for community outreach mental health services around the world. Atmiyata involves two-tiers of community volunteers providing support to people in distress and with symptoms of common mental conditions. The first tier consists of community volunteers called Atmiyata Mitras who are from different caste and religion-based sections of the village, trained to identify persons in mental distress. The second tier consists of Atmiyata Champions, who are important community members (e.g. former teachers, community leaders) with leadership and communication skills and are well-known and approachable in their village. Champions are trained to identify and provide structured mental health support to persons with significant mental distress, including the ones referred by Mitras. It is important to understand that these are volunteer based roles which work effectively in select communities. The findings of this model include that recovery rates for people experiencing distress were clinically and statistically higher in people receiving support from the Atmiyata service compared with the control group. Improvements in depression, anxiety, and overall symptoms of mental distress were seen after three and eight months.

Significant improvements in functioning, social participation and quality of life were reported at the end of eight months. All of these measures of success are key target areas in prevention of suicide and particularly relevant to the early intervention space of working with community.

Kenya: Users and Survivors of Psychiatry in Kenya (USP-K) promotes and advocates for the rights of persons with psychosocial disabilities through peer support to its members and training on self-advocacy and human rights. Since its inception in 2012, USP-K peer support groups have expanded to 13 groups in six counties across Kenya. As an example, the Nairobi Mind Empowerment Peer Support Group brings together individuals with lived experience of mental health conditions or psychosocial disabilities. The group supports people in becoming autonomous in their decision-making and day-to-day lives by helping people to think through and make decisions about their employment situation, living arrangements and health care and treatment. The group also helps members access social and disability benefits and economic empowerment programmes. It supports them through mental health crises and helps them plan for potential future crises in a way that ensures that the use of coercive measures or practices are avoided. The study found that the peer support groups and members specifically promoted members' agency and autonomy.

Another relevant example relates to mental health care in Italy, where Italy has seen a progressive consolidation of a community-based system of mental health care, and in 2016, Italy had one of the lowest suicide rates among G7 countries, at 6.3 suicides per 100,000 people. Other examples detailed by the World Health Organisation are more relevant to hospital and crisis intervention, however, all still use a community-based approach. The desktop review highlighted that best practice in achieving positive mental health outcomes involve person-centred and rights-based approaches (refer section 4). This informed GWC's decision to take a place-based, co-design approach to data gathering and analysis for this project.

4b. Prevention vs Crisis Intervention

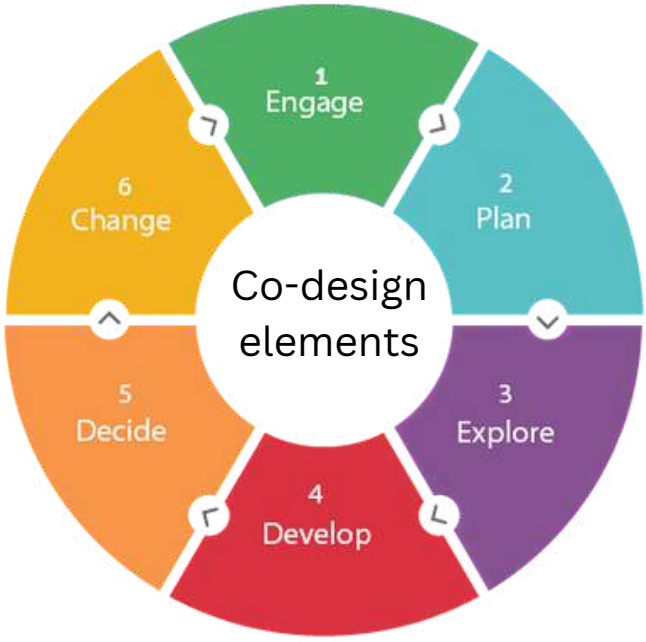
Current research indicates that preventing suicide involves reducing stress and improving quality of life. Instead of waiting for a crisis, it is important to focus on early intervention and promoting good health and wellbeing. This project therefore explored and applied two basic prevention analogies in the process of the co-design and collection of data.

The cliff analogy, as depicted above, shows an ambulance stationed at the bottom of the cliff, so people who fall have quick access to medical assistance. The alternative analogy involves constructing a fence at the top of the cliff. People would then be moved well away from the fence, to reduce the numbers that fall to a minimum. The Project Officer chose to apply this lens throughout the project, which shifted participants' minds from crisis response to crisis prevention. It is these preventative interventions that best informed the proposed model.

5. METHODOLOGY

5a. Co-Design Process

While there are a range of government and non-government service providers, campaigns, initiatives, response teams and community groups currently positioned across the region, they have historically attempted to tackle suicide rates in isolation. It is now widely understood and agreed that collaboration and evidence-based strategies are excellent drivers for effective change. GWC applied an experience-based co-design approach that involves bringing a broad range of stakeholders together, all of whom who have an interest in, and commitment to, the subject matter.



They bring a unique perspective to the potential solution, with opportunities to leverage information shared by those with lived experiences of the system. The approach acknowledges that people with lived experience - carers, families and community – are the experts and know what works best for them.

5b. Community Participation in the co-Design Process

This project's successful creation of a place-based solution was due to the active participation and contributions from all individuals involved in the co-design process. The co-design activities were inclusive and brought together a diverse group of stakeholders from the community, with over 300 participants represented across all areas. The percentages listed in the report are based on the total number of participants in each group.

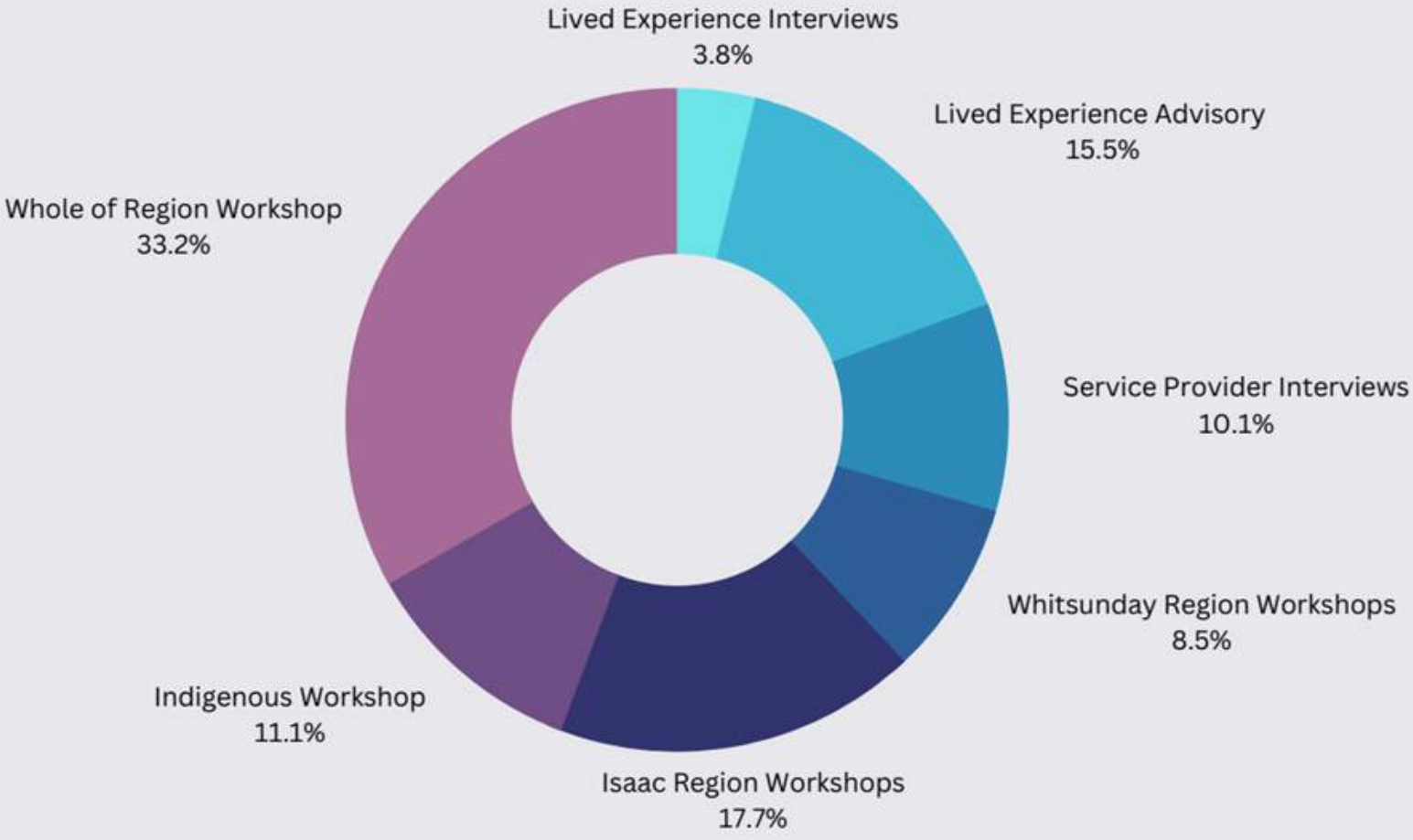
5c. Story-telling and Narrative Approaches

The lived experience stakeholders who informed and participated in the experience-based co-design process included those who:

- Have lived experience of mental health and/or suicide
- Identify as Aboriginal, Torres Strait Islander and Australian South Sea Islander or as being part of the LGBTQIA+ community
- Live in local rural and remote communities across the Isaac and Whitsunday region
- Have identified as being at high risk of suicide or
- Have been bereaved by suicide

Story-telling and narrative approaches allow people with lived experience and carers to be placed at the centre of the co-design process. In hearing the stories of individuals' experiences with suicide, the mental health system and dealing with services, a rich and comprehensive picture emerged of the gaps in our services and their impact for communities.

By combining what has been learned from various perspectives, a responsive model that is truly informed by the needs of the community could be developed. It also assisted in determining the key values, principles and fundamental elements that would underpin this response.



5d. Principles and values

The principles and values that informed the co-design process were:

- **Equality** – no one is more or less important than another.
- **Diversity** – special efforts and alternative approaches to ensure seldom heard and hard to reach groups are included.
- **Accessibility** – equal opportunity to fully participate in ways the best suit their needs.
- **Reciprocity** – people are recognised and get something back for their contribution.
- **Equity** – collaborative promoting equitable partnerships.
- **Inclusion** – inclusive, supporting the involvement of all participants.
- **Capacity building** – ensure skill development and capacity building for all participants.
- **Co-created** – commitment to learning from one another.
- **Purposeful** – works towards real outcomes that are meaningful to all participants.
- **Innovative** – opportunities to explore and experiment with alternative solutions.
- **Sustained** – continue to build of the co-design process in future initiatives.
- **Evaluated** - capture feedback on the effectiveness of the key aspects of facilitation, process and activities.

5e. Key Elements

Four key elements crucial to leading effective co-design include:

- **Participation** – collaborative process where as many people as possible have input.
- **Development** – process evolves, matures, and adapts as required.
- **Ownership and power** – involves transformation of power generating collective ownership.
- **Outcomes and intent** – has practical focus but accepts that unplanned changes are likely to occur as collaboration effects of the process.

Participation through relationships

To achieve high levels of participation, the Project Officer prioritised interpersonal relationships with local community members from across the region. By welcoming the various ideals, perspectives and lenses each individual brought to the project, the Project Officer created trust that led to creative development of an innovative community-based model.

Development through strong values

While this project had clearly defined outcomes, the co-design process focuses on listening to all participants, to understand and be directed by their needs. By adhering to these values and principles of putting people and their experiences first, previously unknown and highly valued data can emerge. In this project, by hearing the stories of people with lived experience, a project purpose much greater than the original focus on service navigation became evident.

Investment and commitment through valued participation

The process allowed and encouraged community ownership of the problem of preventing deaths by suicide in their region. It also precipitated a transformation of power, building capacity for development of a place-based solution by the people, for the people in their community.

5f. Methodological Rationale

The methodology followed by GWC was chosen for the following outcomes:

- Opportunities for participant engagement maximised through partnerships and existing relationships.
- All interviews with people with lived experience were arranged within their availability and a flexible approach was applied to collecting information to ensure opportunities for equal contribution.
- Interviews without rigid questioning processes or strict time limits allowed interviewees to elaborate in their responses and take their time, in accordance with the narrative story-telling approach.
- The Project Officer, acting as interviewer, was not aligned with any particular community-based service or government agency in the mental health and suicide prevention sector. This allowed interviewees to speak openly and without concern for any potential negative consequences.
- The interviewer travelled to regional communities to ensure voices of rural localities were heard.
- Use of an online survey maximised participation by workers and community members with limited availability and time.

5g. Authenticity and validity

The rigour of this project's methodology, data collection, analysis and interpretation, as described above, lends credibility to its findings and recommendations. Confidence in the credibility of this report is also enhanced by its strong governance, collaborative review processes and use of direct evidence.

- **Governance**: A Working Group of key stakeholders was established to support the project's processes and outcomes. This included representatives from the three local Councils, NQPHN, Qld Health's Mental Health and Other Drugs services, SPCAP, First Nations and people with lived experience, all of whom have valuable lenses and an extensive scope of experience in this context.

- **Collaborative review:** A working group was involved in all data collection, collation and coding processes. These were also reviewed to ensure agreed processes had been consistently applied in the data analysis and to identify any potential bias.

- **Direct evidence:** Wherever possible, the voice of participants is used as evidence of the data and/or subsequent recommendations made.

5h. Underpinning Theoretical Position

Theoretical positioning is the foundation of qualitative research as it shapes the research plan, leads thinking and guides data analysis and interpretation. It is acknowledged that the Project Officer's underpinning theoretical position has the potential to influence data collection, collation and analysis and should therefore be disclosed. With more than 10 years' experience in working across government and non-government organisations who provide services to people who experience disadvantage, the Project Officer's underpinning theoretical position is influenced by social work values and principles. These include social justice, human rights, collective responsibility and respect for diversity (AASW Code of Ethics). Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Underpinned by theories of social work, social sciences, humanities and Indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (AASW Code of Ethics).

The Project Officer has lived experiences relating to mental health and suicide. This lived experience enables development of relationships within various communities and groups across the region. It is also acknowledged that it has the potential to influence the Project Officer's analysis. For this reason, data analysis was conducted across a team of three GWC representatives, as well as with the support of a Data Analysis Working Group.

Being positioned as a GWC Project Officer, community development principles coincide with the values outlined above. These principles follow a grassroots, bottom- up approach to identify and respond to systematic issues faced by communities. The approach is based on the belief that individuals and communities are the experts of their circumstances and have the answers as to how issues can be addressed. This concept can be simply explained as 'by community for communities' or 'nothing about me, without me'.

5i. Changes to the Research Methodology

Changes to the planned methodology were required during the course of the project in order to maximise participation and optimise data collection. For example, shifting from interviews and survey consultations to co-design workshops enabled a larger and broader range of community members to participate in the project. In addition, the co-design workshops utilised varying modes for presentation of information, dependent on the stage of the project. Different tools were used to gather information from participants, such as sticky notes and butchers paper in some workshops and electronic tools in others. It is not anticipated that these changes had a significant impact on data outcomes.

5j. Limitations to the research

It is recognised that limitations are expected in any research project and it is important to clarify their potential impact on data analysis. In this project, the Project Officer lives and works in the community in which the project was conducted. As such, the Project Officer may be known to, or have previously worked with many of the participants who engaged in the co-design process. This familiarity also means that the Project Officer had pre-existing knowledge and understanding of their:

- Service structure
- Models of care
- Range of service provision
- Client base
- Staffing and other resources

This knowledge and existing relationships were beneficial for a project of this nature, which relied on contributions from people with lived experience and included discussion about topics such as mental health and suicide. While a significant amount of time is usually required to encourage participation by stakeholders, existing relationships enabled a more streamlined engagement process.

6. DATA COLLECTION

A summary of key stakeholders from whom data was collected, and the methods used to obtain data, is provided below

Stakeholder group	Data Collection Method	No.	Region	Category
Lived Experience Interviews	• Face to Face Interviews • Virtual / Phone • Post Interview - Emailed Survey	12	• Mackay • Isaac • Whitsunday	• MH • AODS • CYMHS • Bereaved
Service Provider/ Organisational Consults	• Face to Face Interviews • Virtual / Phone • Email Survey	52	• Mackay • Isaac • Whitsunday	• Community based Service Providers • Government Service Provers • Associations • Intersectoral Departments
Regional Community	• Co-design Workshop • Virtual / Phone • Email Survey	83	Isaac • Moranbah • Dysart • Clermont • Nebo Whitsunday • Bowen • Collinsville • (Proserpine cancelled only 1 attendee)	• Community based Service Providers • Government Service Providers • Community based groups (Churches, sporting clubs, schools etc)
Aboriginal, Torres Strait and Australian South Sea Islander	• Yarning Circle Co-design Workshop	35	• Mackay • Isaac • Whitsunday	• Elders • Community • Services etc
Whole of Region	Co-design Workshop	105	• Greater Whitsunday Region • Participation from other parts of QLD	• Broad representation from all groups, services, lived experience, First Nations, government etc.

6a. Interviews with People with Lived Experience

As described earlier, storytelling is the heart of experience-based co-design and a critical element of this project's methodology. To enable this, GWC partnered with SPCAP to hear the narratives of people with lived experience and their mental health journeys.

This data was gathered through face-to-face, phone or virtual interviews with 12 people with lived experience. There were three key elements to capturing their stories:

1. The story and narrative being told by the interviewees in their own words.
2. Interviewees reflecting on what their experiences meant for them.
3. Interviewees reflecting on what their experiences might mean for the service.

It was important that interviewees were able to tell their story in their own way, on their own terms and at their own pace. The Project Officer therefore used open-ended questions, encouraged interviewees to reflect on their own experiences and invited them to suggest changes and improvements they would have found helpful during their journey. The questions were as follows:

- What were the circumstances which impacted your mental health the most? (trauma/domestic and family violence/homelessness/alcohol or other drugs/gambling/etc)
- What barriers were faced? (eligibility/transport/financial/etc)
- What worked? (Which services or other supports were involved, such as family/apps/etc?)
- What pre- and post-crisis support was available?
- What didn't work?
- What overlaps and consistencies between services did you notice?
- What gaps in services did you experience?
- What would have been useful?
- Do you identify as:
  - Aboriginal
  - Torres Strait Islander
  - Australian South Sea Islander
  - LGBTQIA+
  - Culturally and linguistically diverse?
- Do you live in:
  - Mackay region
  - Isaac region
  - Whitsunday region?

The Project Officer captured responses to the questions using handwritten notes. These were then typed and shared with the participant to confirm accuracy of the information collected. While the 'double handling' reduced time efficiency, it allowed for the Project Officer to be fully present during the interview and personalise the interaction, without being distracted by a laptop or computer. The process also allowed the Project Officer to process the information after the initial interview.
The documented and approved interview notes were then deidentified and analysed, as described below. Key themes have been highlighted in the findings section of this report.
All interviewees who shared their story were invited and encouraged to become a key point of reference for the project by being involved in the Lived Experience Advisory Group. They were also included in ongoing project updates to ensure their contribution was acknowledged and reflected in the development of the pilot model. See Appendix 14 for more detail.

6b. Service Provider Consultations

A similar process was subsequently used to collect information from service providers. The project had no targeted scope or lifespan in relation to a particular group or population, only to address identified gaps. This enabled an ‘across the lifespan, all-inclusive approach’ so a range of situational and circumstantial support options could be explored and included in the data collection. This approach also enabled intersectoral collaboration by sharing of personal narratives about staff experiences when they provided support.

The GWC Project Officer met with over 50 providers across the region, including beyond the mental health and suicide prevention sector, and asked the following questions:

- What barriers does your service face in the current system?
- What parts of the system are working well?
- How is the system failing people experiencing mental health distress and the staff?
- What overlaps in services do you identify?
- What gaps in services do you identify?
- How could the system be improved?
- Which of the following people does your service specifically target?
  - First Nations
  - Australian South Sea Islanders
  - CALD
  - LGBTQI+
  - Family/carer
  - Live in Isaac
  - Live in Whitsunday
  - Live in Mackay

6c. Virtual and Phone Interviews

Some interviews with people with lived experience and service providers were conducted using tools such as Microsoft Teams, Zoom or phone. These alternatives were chosen to maximise participation and overcome geographical challenges and issues related to impacts of the Covid-19 pandemic. The same process used for face-to-face interviews was applied, with handwritten notes that were then word-processed and sent to interviewees for confirmation of accuracy.

6d. Online survey

An online survey tool was used to gather data from service providers who could not be engaged through face-to-face, virtual or phone consultations. The same questions used in service provider interviews were sent to these service providers as an electronic survey document. This data collection technique proved to be less effective than one-on-one meetings and interviews, with minimal responses from recipients.

6e. Regional and Rural Workshops

Rural and regional co-design workshops were delivered in Nebo, Moranbah, Dysart, Clermont, Bowen and Collinsville, in partnership with SPCAP. A workshop was scheduled for Proserpine but was cancelled due to low registrations.

Each workshop was split into 2 x 1.5-hour sessions. This allowed a collaborative approach to gathering the information required and reduced the risk of consultation fatigue across the region.

In the first half of the workshop, SPCAP introduced the current regional suicide prevention plan, highlighting outcomes and areas that had been worked on in the previous review. The attendees were then asked to consider new areas of action for the next 12 months before the annual review. This helped set participants' minds to localised concerns before we asked them to shift the lens to become solutions focused in the second half of the workshop.

To contextualise the co-design process for participants, the following tools were used:

- **Visualisation:** A visual image was used, describing an individual in need who is being ‘bounced between’ support options, potentially having a negative experience and possibly not finding the right option at the time they needed it.

- **Analogy:** “Imagine a large mountain and you are with people are at the bottom. You need to climb the mountain, as the top is considered mental wellbeing. The only problem is, there aren’t any signs, there's no access to Google Maps and even if there was, it still wouldn’t tell you exactly how to get to the top safely. There are no clear pathways – most are overgrown and others are extremely close to the edge. The mountain is dangerous to climb alone but there isn’t anyone around to guide you or walk alongside you. How do we create pathways for people so they can get traction up the mountain?”. (See Appendix 10 for more detail).

- **Explanations:** “When we think about the concept of needing guidance up a mountain or even just a place, we are unfamiliar with, we might consider an information centre or a tour guide or sorts. Which brought us to the ‘visitors centre’ concept. You know when you’re on the highway traveling, and you sometimes see a visitors centre as you are arriving into a new town. The visitors centre welcomes you and is a central point of information on arrival and departure. It also has everything you need to know about the town you’ve arrived in and offers guidance about do’s and don’t’s. This is what our region needs but for mental health and suicide prevention resources and support”. At this point, the researcher explained that "we don’t know what this is yet, this is what we are co-designing". Additionally, the researcher goes on to advise "all we know is that it needs to help people find the right option, at the right time, be trauma informed, value lived experience, be recovery orientated and have the capacity to connect people to three things: services, community and themselves".

Participants were invited to co-design:

- Preventative support options for the ‘missing middle’ to access and navigate services - how to support people quickly and help them find the right option at the right time.
- Community-based options in addition to formal services.
- A model that would work in alignment with existing local services, community groups and clubs.

Given the unique geographical challenges for regional communities, workshop participants were particularly invited to consider how to create a model that would bridge the gaps that currently exist within their rural and remote localities.

6f. Aboriginal, Torres Strait Islander and Australian South Sea Islander Co-design Workshop

In the initial stages of this project activity, it was evident that there was a lack of representation from Aboriginal, Torres Strait Islander and Australian South Sea Islander people. The Project Officer gradually built relationships with First Nations and Australian South Sea Islander local community members to bridge this gap in participation. There was a notable lack of trust prior to these relationships being developed. Despite the initial absence of engagement, it was clear First Nations people of the Mackay, Isaac and Whitsunday wanted a voice, and to participate in the process.

It also became evident that for Aboriginal, Torres Strait Islander and Australian South Sea Islander people to contribute data, they needed a culturally safe space to share and discuss their business, free from shame and disempowerment. To enable this, a yarning circle workshop was facilitated by Fiona Bobongie, a strong female advocate, local educator and facilitator of Aboriginal descent.

The use of a yarning circle (or dialogue circle) is an important process within Aboriginal culture and Torres Strait Islander culture. It has been used by Indigenous peoples from around the world for centuries to learn from a collective group, build respectful relationships, and to preserve and pass on cultural knowledge.
A yarning circle is a harmonious, creative and collaborative way of communicating to:

- Encourage responsible, respectful and honest interactions between participants
- Build trusting relationships
- Foster accountability
- Provide a safe place to be heard and to respond
- Promote interactions and community connections

The 35 participants who engaged in this culturally safe workshop (face to face and online) were provided with the same brief of information as regional workshop participants. These participants worked in four groups to consider needs and suicide prevention responses in the context of Aboriginal and Torres Strait Islander, and Australian South Sea Islander peoples.

6g. Whole of Region Co-design Workshop

In the final stage of the data collection process, a Co-Design Workshop was held in Mackay on 23 June 2022. The intention of this workshop was to draw on the experiences and expertise of participants to co-design a service navigation and access model for the region. It was focused solely on solutions, with reference to needs and concerns that had already been clearly identified in data collected at the May 2021 forum. To ensure this, the workshop design and delivery included:

- A comprehensive summary of synthesised data about issues and concerns collected from all previous sources.
- Review and refining of the co-design questions in order to elicit more specific detailed solutions.
- Briefing to workshop participants that was not prescriptive and did not infer preconceived ideas about the model but provided enough information for them to create strategies and solutions.

To support this need to be specific but not prescriptive, the analogy of the mountain and a concept of a guide was presented to the participants (See Appendix 11 for more detail).

Sensory engagement was used to encourage and expand participants' creativity, by encouraging them to describe what this guide would look, sound and feel like. Their responses highlighted the key elements the guide must include. The results, collected digitally through Mentimeter, are detailed in Appendix 7.

To elicit responses that were relevant to a range of different cohorts, workshop participants were invited to choose one of six case studies to work on in small groups. These case studies featured an individual with unique characteristics (geographical, cultural, gender, age, etc) and support needs. Each group was provided with a template (see Appendix 12) that supported them to map the approach, resources and support the individual in their case study would need from a guide to access and navigate services.

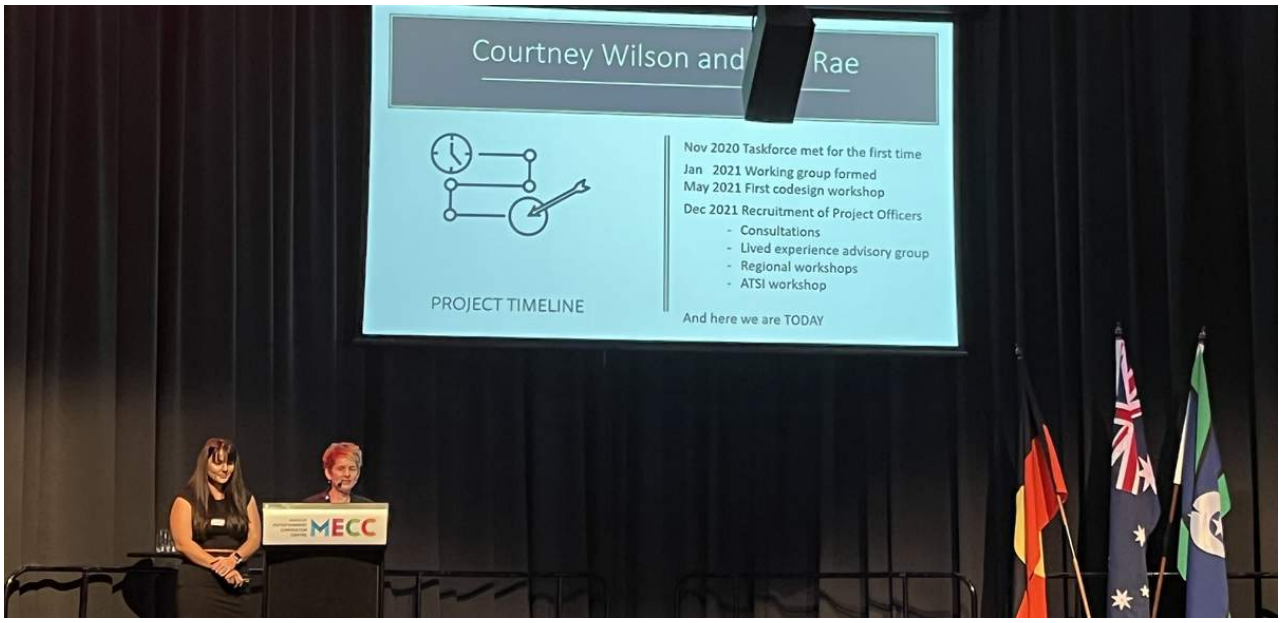
The following questions were used to better inform the co-design process and refine the model as it was evolving:

1. How do people become **AWARE** of the guide?
2. Who will the person **CONNECT** with/how will they have initial **CONTACT** with the guide?
3. What initial **SUPPORT** will the guide provide, and how?
4. How will the guide **LINK** the individual in with other supports?
5. How will the guide **FOLLOW UP** with the person to support their independence?

How does the guide connect individuals to services, community and themselves?

An online tool (Mentimeter) and MS Word templates were used for data collection throughout the workshop (refer Appendix 7). Designated table facilitators were briefed prior to the workshop on how to support each group to complete the template (refer Appendix 12).

Participants were provided with a whiteboard to park issues not relevant to the co-design process, which helped keep discussions solutions focused. Workshop facilitators reiterated that all contributions were important and would be captured and progressed in other bodies of work. Reference to these issues, which fall outside the scope of this project, has been included in the recommendations.



Each group of participants had the opportunity of giving a short presentation to provide a visual representation of their response to the case scenario. This offered an alternative interpretation of the co-design process and a creative space for additional perspectives to be shared with the researchers, facilitators and other participants. Nine of the twelve groups provided these depictions (refer to Appendix 19).

7. Data Analysis

Given the nature of this research project and the data to be collected, the methodology chosen for data analysis was primarily qualitative. Excel spreadsheets were used for the data analysis and synthesising process.

There were 4 main bodies of data to be analysed:

1. The outcomes of 12 interviews with the lived experience community.
2. The outcomes of the service provider interviews and surveys.
3. The outcomes of the regional workshops.
4. The outcomes of the final larger co-design workshop in June 2022.

An inductive coding process was applied to all qualitative data. This involved identifying relationships between data, how many times similar statements were made and where they came from (direct quotes and other information provided by participants), so that key themes could emerge.

The coding process was applied as follows:

- Each line of data was read with an acute observation of trends in language used (words and phrases).
- All data was entered into a coding template.
- Data was regrouped and synthetised based on similarity.
- Data was re-categorised into groups according to the emergence of different themes.

Data analysis commenced after the final co-design workshop in June 2022. Each piece of data was re-read several times by three GWC representatives, with revision of coding to ensure accuracy and minimise bias. The data was also entered in several comparison ways, which allowed for cross-analysis of findings and consistent messages, and interpreting qualitative data in conjunction with quantitative data.

GWC also convened a Data Analysis Working Group to support the authenticity and credibility of the analysis process. This group included representation from the NQPHN, Mackay HHS, SPCAP, First Nations, people with lived experience, community and industry. The working group's diverse representation was designed to help limit bias in the analysis and interpretation of the data collected.

8. Findings

8a. Lived Experience Findings

It is important to note that while there was a large amount of data gathered from people with lived experience, only information relevant to this report has been disclosed.

"Empathy is not connecting to an experience, empathy is connecting to the emotions that underpin an experience."

From the stories shared by people with lived experience, the key findings relevant to this project are as follows:

- Suicide prevention needs to be addressed holistically and respond in a manner that helps individuals create a life worth living. This includes addressing all contributing factors, such as alcohol and drug use, housing stress, family breakdown and cultural loss, unemployment, education and income, which also emerged as important factors impacting mental health.
- An empathetic conversation with someone who can relate to the individual in need can save a life.
- One positive experience has the capacity to increase support seeking behaviour and recovery.
- Language can cause harm – stigma remains a key issue preventing people from seeking support.
- Being bounced around between support options can reinforce negative thoughts of worthlessness and hopelessness.
- Not having to retell stories and relive trauma, and continuity and consistency of care, can fast track recovery.
- Recovery becomes achievable when individuals are supported outside the limitations of clinical intervention.
- Prevention is key to effectively reducing suicide rates in our region.
- Promoting good health and wellbeing, and helping people find purpose outside themselves, mitigates risk of suicide.
- There are different experiences/definitions of 'crisis' between individuals. This can sometimes mean that people are not recognised to be in crisis and therefore do not get the appropriate support at the right time.

Other relevant considerations pertaining to the care that people receive, which were consistently referenced during the interviews with people with lived experience, included:

- Most support is heavily focused on medication; minimal time is spent exploring alternative options.
- It is important to have a balance of both counselling and medication; medication is helpful but requires the help of therapy.
- More provision of service delivery across other organisations (e.g. Legislative child protection licensing legislation).
- Clinicians' responses to suicide are heavily focused on risk rather than learning more about an individual's experience (advocating for a narrative, story-telling approach).

- There is a lack of education around mental health as a young person; many affected struggled to understand what their emotions and feelings mean.
- Services often refer but do not follow up.
- Timely access is crucial; care that is available 24x7, preventative and not connected with the emergency department would improve support seeking experiences dramatically.
- Industry requires more understanding of pain-based behaviours (use of alcohol and other drugs, etc).
- GPs are one of the first doors/pathways to recovery, but many do not seem to understand mental health.
- Information sharing is helpful to achieve a positive experience.
- Language needs to evolve to break down stigma; phrases can lose their original value.

8b. Service Provider Findings

Service Provider interviews highlighted the following key messages:

- Navigation of support options is also difficult for service providers.
- Many organisations are overwhelmed and at capacity, resulting in poor experiences for individuals seeking empathy and compassion.
- Training is often condensed and shortened to meet staffing, operational and service needs.
- Competing for funding creates conflict between organisations.
- Conducting a gap analysis and prioritising needs across the region would reinforce service providers' accountability and responsibility.
- Most services have their own service mapping processes, since a regional system which can support this need currently does not exist.
- Some organisations would like to do more but are restricted by unhelpful regulations (e.g. providing after hours support)
- Improvements in intersectoral relationships and alignment would enable sustainable outcomes and enhance community services.

8c. Regional Workshop Findings – Isaac and Whitsunday regions

GWC held workshops across the Isaac and Whitsunday region, collecting data to inform solutions specific to their geographical challenges. The data was then synthesised into workable categories, as follows:

1. Individual needs
2. Community needs
3. Workplace needs
4. Service needs
5. Cultural needs

The synthesised data tables can be found in Appendix 3 and 4.

It is important to note that this data was impacted by the nature of the participants who attended each of the workshops, such as their particular concerns, cultural lens, age or gender. For example, information collected in Moranbah is noticeably different from information collected in Clermont, despite both communities being located in the same region. Participants in Moranbah were predominantly from support services, whereas the Clermont workshop was heavily represented by emergency services personnel. It should also be noted that individuals may have chosen to attend a regional workshop as a community member but may also work in the mental health sector and hold dual perspectives.

8d. Isaac Findings

- *Consistent service delivery to locations across the region*

Service providers often do not have a consistent presence in the Isaac region, resulting in minimal faith in these services. This lack of confidence inhibits engagement and leaves individuals even less likely to engage with support.

- *Streamlined processes*

These communities often need to rely on compassionate community members who selflessly volunteer their time to ensure people have the support they need. There are no streamlined and formalised processes for those seeking help or providing that help.

- Youth mental health needs to be addressed in schools

Addressing the needs of mental health among youth in schools was deemed a suitable place to start in the prevention space. The mental health issue is exacerbated in the smaller communities where youth have few activities and/or support outside of their family and school. Youth residing in these smaller communities are particularly challenged by their poor mental health.

- *More emphasis and focus on development of community culture (transient population)*

Across the Isaac and Whitsunday region, community culture is impacted by the largely transient population of FIFO/DIDO (fly in fly out/drive in drive out) working rosters, as well as tourism and travel. This creates difficulty in maintaining and sustaining family-based resources which support wellbeing. It also makes recruiting and retaining staff with appropriate skills and attributes to work in health and community-based support services particularly challenging.

8e. Whitsunday Findings

- *Primary focus on women and families: housing stress, domestic violence and abuse of alcohol and other drugs is contributing to mental health and suicide concerns*

Other areas of concern which impact death by suicide include alcohol and other drug use, domestic and family violence as well as housing and homelessness. All workshop participants agreed that a wholistic approach, which encompasses these related factors, is required. A suicide prevention resource directory that included targeted support options for specific circumstances would be valuable.

- *Conflict among services and a lack of collaboration and interservice relationships is impacting on community outcomes*

Competition for resources leads to conflict between service providers and reduces collaboration. Each participant agreed that governance processes which guide and inform community-based service delivery could prevent gaps and breakdowns in support pathways. Non-government services delivering support in mental health and suicide prevention have less provisional support and guidance compared to that of other structured organisations within government parameters.

Refer Appendix 2 for further details on workshop findings.

Much of the data collected in the Whitsundays proved to align with the information gathered in the Isaac region. With the Proserpine workshop being cancelled due to low registrations, the collection of additional data was impacted by a lack of participation and engagement. It should be noted however, that both the Aboriginal, Torres Strait Islander and Australian South Sea Islander Co-Design Workshop, and the Whole-of-Region Co-design Workshop were well-represented by the Whitsunday region, ensuring their contribution to the co-design process.

8f. Aboriginal, Torres Strait Islander, Australian South Sea Islander Workshop Data

This community's preferences for a suicide prevention model included the following components:

- Purpose and connection
- Transparency – talk about mental health
- Sense of belonging
- Destigmatise
- Non-clinical experience/support
- Recovery focused
- Connect with country
- Empowerment
- Positive experience / strengths-based
- Aboriginal and Torres Strait Islander, Australian South Sea Islander representation on steering committees
- Awareness about how Indigenous suicide is different (intergenerational trauma impacting individual's self-worth)
- Provide a safe place
- It needs an education component:
    - o Access to information
    - o Language
    - o Mental Health First Aid, Red Dust
    - o Mental health literacy
- Understand Aboriginal, Torres Strait Islander and Australian South Sea Islander suicide
    - o Elders to share knowledge
- It needs to provide cultural connection:
    - o Culture to culture
    - o Connect to Elders
    - o Peer support
    - o Delineation of culture
    - o Flexible/adaptive/personalised
- Tools and resources needed include:
    - o Culturally appropriate assessment
    - o Spiritual healing
    - o Traditional healing
    - o Language
    - o High risk screening
    - o Elders
- Other considerations that were raised:
    - o Decolonising of non-indigenous minds
    - o Build cultural pride
    - o Change the narrative
    - o Earlier intervention

See Appendix 5 for the synthesised table breakdown of data from this workshop.

8g. General Findings

Individuals in need require assistance accessing services, including:

- Warm referrals
- Awareness
- Database of information
- Continuity of care
- Follow-up and check-ins
- Local support options
- Virtual/telehealth
- No wrong door policy
- Collaboration and networking (information sharing)
- Appropriate assessment tools

They also emphasised the benefits of being empowered to help themselves, through:

- Self-care
- Self-help resources
- Life skills support
- Finding purpose
- Connection to Elders
- Empowerment (being presented with choices or options)

Appendix 8 provides the collated data for the Whole of Region Co-design Workshop in June 2022.

8h. Other Findings

Throughout the project, GWC researchers learned about other useful models that could inform future co-design focus areas, such as the 'Ask Izzy' mobile application and website. This digital tool connects people who are homeless, or at risk of homelessness, with housing and support services in their area. Users are guided to select the type of support they require, such as housing, food, health or various types of advice. They then have the option of indicating other factors that have contributed to their situation, which could include experiences of family and domestic violence. This concept could very easily be leveraged in a suicide prevention model, or potentially be a tool which supports individuals in the community who are experiencing suicidal ideation due to housing stress.

8i. Challenges

The diverse range of challenges identified by stakeholders throughout the data collection process have been categorised as follows:

Individual in need:

- Stigma MH/AODS etc
- Reluctant to seek support
- Willingness /readiness for change
- Develop dependency
- Relapse
- Isolation
- Fear and shame
- Consent
- Lack of awareness
- Not sharing knowledge and power
- Comorbidities
- Transport
- Income/finance
- Location
- Culture / language barriers
- Needs misidentified
- Mismatching services

Service Providers:

- Vicarious trauma
- Compassion fatigue
- Staff retention and recruitment
- Lack of skills / training
- Lack of time / capacity

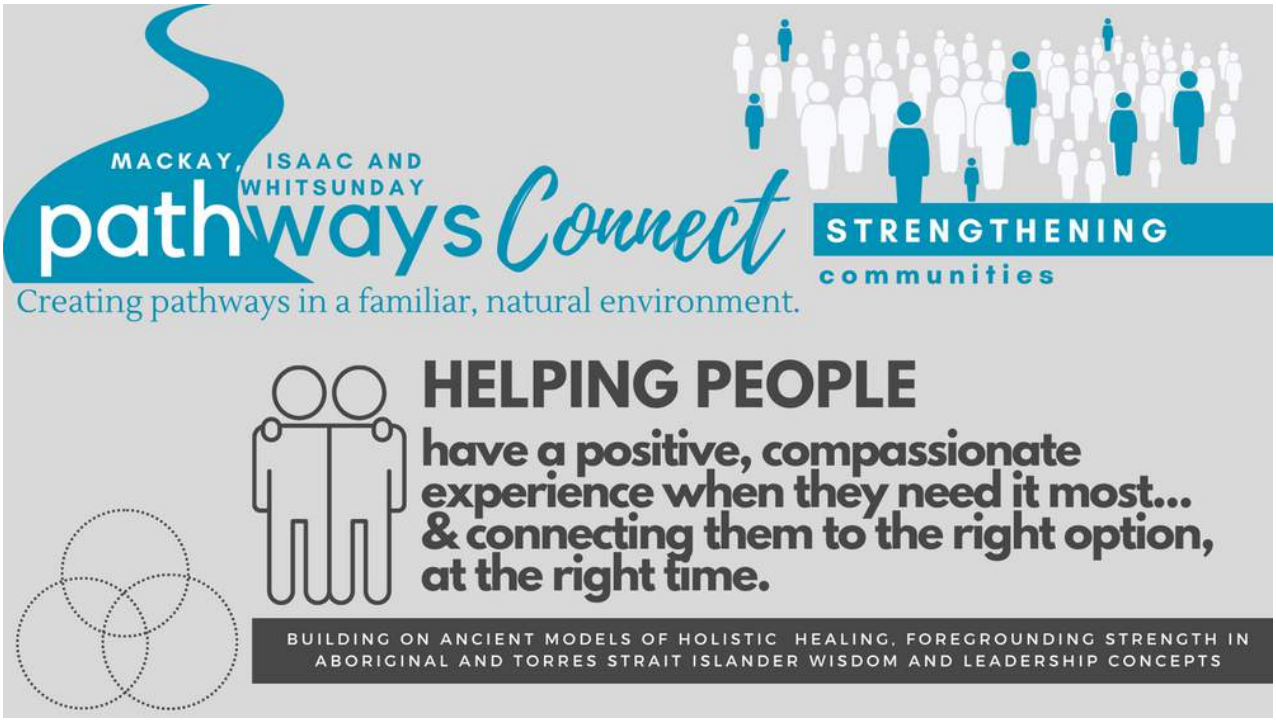
General:

- Funding
- Access
- Community reputation
- Lack of community network supports available
- No appropriate support available
- Services not communicating
- Safety to self/staff & others
- Confidentiality

As mentioned previously, while this body of work is limited to service access and navigation, the data collected identified other needs that sit outside the scope of the pilot model and also require action

9. PROPOSED MODEL

This experienced-based co-design process and data analysis has resulted in the development of a a community-based, early intervention pilot model which can prevent suicides across the Whitsunday, Isaac and Mackay region. This model is called Pathways Connect.



9a. Model Description

The Greater Whitsunday Council of Mayors Suicide Prevention believes that preventing suicide is a community effort and requires a place-based solution. The pilot model, Pathways Connect, is based on compassion, empowerment and purpose. It will bring together local networks, groups and services to collaborate and advocate for suicide prevention. Peer Connectors, who are everyday citizens, will be trained and equipped with resources to provide information about local services and groups to those in need. These Peer connectors can be anyone in the community, from hairdressers to taxi drivers, and the goal is for everyone to play a role in suicide prevention.

9b. Key Roles

This model necessitates the following key roles:

- **Peer Connectors:** Individuals in need connect to peers in their community, so their experience is positive, compassionate and meaningful to them. These community Peer Connector roles are paid positions, with the worker trained to provide in-person and/or virtual support in the individual's preferred natural and familiar environment, when they need it most and before they fall into crisis.

Peer Connectors become a trusted access point for individuals, supporting them to find the right support at the right time. They also ensure that the individual experiences continuity of care and builds their capacity to navigate additional support and services as needed. With travel being a significant barrier for individuals receiving care and support, Peer Connectors will provide transportation where necessary, while still encouraging independence and self-determination.

- **Program Coordinators:** Peer Connectors are supported by Program Coordinators who are located in each local government area. Each Program Coordinator empowers and guides Peer Connectors, as well as supporting seamless regional collaboration and cohesion.

For Aboriginal and Torres Strait Islander people, the Peer Connector will ideally come from the same community and provide a culturally safe environment.

9c. Integrating with Existing Services and Spaces

Pathways Connect is not designed to compete with other support options, but instead provides a familiar route to the right help at the right time, avoiding crisis situations. As such, it supports and enhances existing mental health efforts in the Mackay, Isaac and Whitsunday region. It also taps into the efforts of mental health advocates and encourages local leaders to provide support and reduce stigma surrounding mental health.

By creating more access points for support within communities, Pathways Connect takes a collective approach to suicide prevention, which helps to address the challenge of distance in rural and remote communities. The model also involves using existing community spaces instead of creating new clinical facilities. The analysis of data showed that people feel more comfortable in familiar, natural environments rather than in clinical settings.

9d. Foundational principles: a multilayered approach

Value Lived Experience

Pathways Connect recognises the value of the experiences of people with a lived experience of suicide - the model was co-designed with people with lived experience. As experts from the grassroots level, their experiences are at the centre of designing support structures through to governance policies. Integrating a peer workforce into the model can also empower and provide purpose and meaning to the lives of people with a lived experience.

Feedback Informed

The Pathways Connect model promoted, encouraged and utilises feedback on various levels. On the ground, operational support is informed by feedback from community, individuals and services, which guides both Peer Connector relationships and strategic service delivery. This multilayered feedback informed approach is underpinned by a continuous co-design process which acts to support change in community according to need.

Recovery Orientated

Aligning closely with valuing lived experience is a recovery orientated approach to care and support. This approach emphasises the individual's personal journey through empowering them to lead and supporting their independence, self-esteem and overall wellness. The model incorporates this approach on all levels and helps to challenge stigma and support change in communities. Furthermore, it allows a degree of risk tolerance to encourage people's choices, balanced with meeting duty-of-care obligations.

Trauma informed

Trauma informed care. as a foundational principle in mental health and suicide prevention, places value on the statement that "healing happens in the relationship". Also crucial to effective trauma informed care and support is sharing the power, which is promoted and encouraged through the peer workforce and relatable experience concept that acknowledges, respects and understands the prevalence and impacts of trauma. Pathways Connect is built on this concept of connection on all levels. In addition, it supports people in their natural community environment, empowers their identity, uses appropriate language and ensures that individuals do not have to retell their story.

Culturally Safe

The development of Pathways Connect is built on ancient models of holistic healing, foregrounding Aboriginal and Torres Strait Islander wisdom and leadership concepts as Australia's First Nations people. This model is underpinned by the recognition that being culturally aware or having cultural humility is a lifelong process. Culturally safe support will be delivered in an environment which is spiritually, socially and emotionally safe, wherever possible. Furthermore, it will continue to build and deliver a curiosity lens through narrative/storytelling/sharing approaches.

9e. Use of Application to Match Individuals with Support

Pathways Connect will utilise an app to connect those in need with a trained Peer Connector in their community. This Peer Connector provides in-person support and helps the individual access additional support services when needed. The Peer Connector becomes a trusted and reliable source of help for the individual, ensuring they receive the help they need when they need it, with continuous connection and care.

9f. Model Backbone

For the proposed Pathways Connect model to meet agreed outcomes and ensure seamless navigation and consistency of care, Peer Connectors and Peer Coordinators need to understand the scope of practice of regional service providers and facilitate interservice relationships.

24/7 clinical support must also be available to Peer Connectors to enable them to deliver support to individuals who may have a range of mental health concerns.

To make this happen, the model needs:

- **An online application** for people in need to connect with Peer Connectors
- **A matching and dispatch system** that allows those requiring support to have a positive experience of connecting with someone with whom they relate.
- **An online directory of services** with information about what each one does
- **Training for Peer Connectors** in order for Peer Coordinators to do their jobs well, including how to use the app, the directory, and provide support to those in need
- **A 24/7 clinical hotline** for Peer Connectors and Coordinators to get support as they help others.
- **A promotions campaign** to both recruit and attract Peer Connectors but also to promote the service in the broader community to ensure utilisation of the service.

The model is based on four core values: being people-based, place-based, community-based, and values-based. The values of compassion, purpose, and empowerment came out of a co-design process with different groups. The foundational principles of the model are also important to acknowledge.

Appendix 9 details the collated values of the co-design process. Appendix 13 and 14 also details stages of collating and refining into the data analysis framework.

9g. Use of Model

To get the most use out of the model, it needs to be well-known and easily accessible to the community. To do this, the following steps are important:

- An advertising campaign to spread the word about the app in the Greater Whitsunday area and what it can offer.

- Recruiting a diverse mix of people to be Peer Connectors so those in need can find and be matched with someone they consider a peer.
- Making sure there are many different ways to get in touch with a Peer Connector (app, website, phone, text, social media, etc.).
- Coordinated collaboration: The Pathways Connect model should operate in such a way as to cooperate and link seamlessly into existing services. Pathways Connect should serve as a link between community support and service providers to make it easier to get the help you need.

9h. Points of difference

This model is unique in the region, with the following points of difference:

- Values and principles identified by lived experience.
- Strong Aboriginal and Torres Strait Islander concepts adopted and utilised to meet the needs of the whole community.
- Exploration and curiosity which seeks to enhance quality of life through promotion of good health and wellbeing.
- Connection that promotes a greater purpose and meaning.
- Links to natural supports, community groups, volunteering, sporting etc
- Led by local leaders, Elders and champions in familiar, natural environments.
- 24x7 access enabling the right support at the right time.
- Breaking down stigma.
- Upskilling communities.
- Building on all existing supports, campaigns, services, initiatives and programs.
- Innovative, whole of societal response to suicide prevention

9i. Other aspects of the pilot model

It is expected that as the model is used, there will be opportunities for improvement and refinement. Ongoing feedback from users will guide the model to better serve the changing needs of communities.

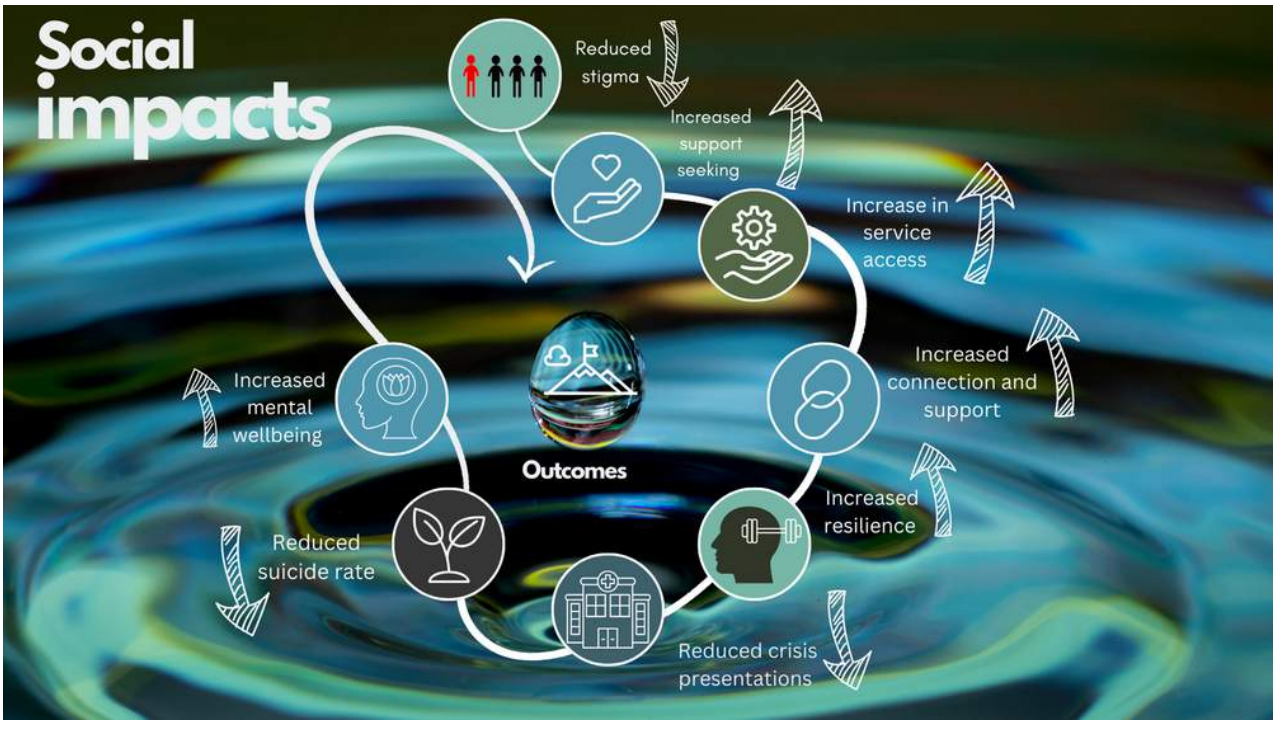
The online tools used for the model will gather data about service access, care continuity and outcomes. This information will be used to regularly review and improve the model. Service providers and government planners will work together to determine what information should be collected and used to inform future service planning. The goal is to make sustainable changes that better meet the needs of the community.

9j. Predictions of Impacts of Pathways Connect

GWC investigated ways to measure the economic impact of their proposed model. They used the findings from the National Mental Health Commission of the Australian government as a reference. The Commission found that investing in promotion, prevention, and early intervention in mental health can bring economic benefits by reducing public health costs and increasing productivity.

The National Mental Health Commission used a return on investment (ROI) framework to evaluate the effectiveness of ten mental health interventions. The ROI ratio calculated whether the cost savings were greater than the costs of the intervention. If the ROI is greater than $1, it means the investment has brought more savings than the cost of the intervention. For example, an ROI of $1.50 means for every $1 invested, $1.50 is gained.

Where possible, it is intended that the ROI for the Pathways Connect model can be calculated and compared over time to consistency evaluate the model's value for individuals, communities and the region.



10. Recommendations

10a. Pilot Suicide Prevention Model

GWC and the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce recommend that the proposed Pathways Connect suicide prevention model be implemented as a two-year pilot, with further evaluation, co-design, and refinement to occur over that period.

The implementation plan, budget, and indicative costings breakdown can be found in Appendix 17.

10b. Other recommendations

During this project's co-design process, GWC uncovered a number of other opportunities for improvement that would provide benefits across the region. These opportunities are beyond the scope of this project but which worth noting for possible inclusion in other bodies of work.

These include:

10b(i) General community recommendations:

- Align service provision across the mental health sector with the Zero Suicide initiative.
- Improve earlier intervention for youth through schooling and education.
- Suicide risk screening that targets high risk groups.
- Prioritise employee wellbeing across the region (Black Dog Institute).
- Establish a Suicide Prevention High Risk Team (similar to the Domestic Violence High Risk Team).
- Establish an Indigenous Suicide Prevention Response Team

10b(ii) Lived Experience:

- Risk assessments to include a narrative story-telling approach
- Exploration of how to measure 'crisis' with an individualised lens (people's perception of crisis may vary)
- Understand the impact of westernised frameworks applied to First Nations people (mental health assessments not compatible with cultural needs).
- Recognise the value of alternative therapies

10b(iii) Streamline Services:

- Better supervision and training opportunities (not shortening or condensing modules)
- Perspective thinking tools
- Empathy-based treatment
- Feedback informed care
- Recovery orientated

10c. Recommendations aligned with the 6 areas of improvement

 1. Access	Recommendation / Actions identified	Potential owner, person or group
Support for help seeking	• Pathways Connect will provide more access points across community. • SPCAP delivers Real Mates Talk and other community wide initiatives.	• GWCoM SP Taskforce • NQPHN
Financial barriers	• Pathways Connect is a free service. • Opportunity for further education with GPs regarding determination of eligibility for free services in Primary Mental Health Care	• GWCoM SP Taskforce • Mackay, Isaac and Whitsunday SPCAP
Fast track / urgent access for crisis care	• Pathways Connect will form a connection with the MHHS Acute Care service and other providers, including national phone intake services (locally based), Connect to Wellbeing and crisis phone lines. • There are state and nationally funded initiatives that address access to urgent care through the bilateral agreement and the Joint Regional Wellbeing Plan	• GWCoM SP Taskforce • Regional Working Group of the Joint Regional Wellbeing Plan • NQPHN/ Mackay HHS
Capacity of the workforce (numbers of appropriate clinicians - shortages)	• Pathways Connect will work to increase the capacity of the supporting workforce by upskilling local community champions, leaders and mentors outside of the mental health space to become peer connectors. • Workforce is a priority of both the bi-laterals and the Joint Regional Wellbeing Plan. Consultation with key stakeholders from Mackay, Whitsunday and Isaac by NQPHN and MHHS through this work will be key to ensuring relevant actions are developed.	• GWCoM SP Taskforce • NQ Joint Regional Wellbeing Plan Steering Committee

Recommendations aligned with the 6 areas of improvement - continued

1. Access	Recommendation / Actions identified	Potential owner, person or group
Referral pathways – timeliness/ support/facilitated	• Pathways Connect will facilitate timely support between referrals to services, helping people connect to the right option, outside of waitlists and eligibility criteria. This will enable creative support and connection to other self-help resources community-based support options. • Access and integration of services is a key priority of the bi-laterals and the Joint Regional Wellbeing Plan. Key initiatives are being progressed by NQPHN and MHHS in this work. • HealthPathways is a current platform which all service providers can access. SPCAP deliverables include the promotion of these and NQPHN and Mackay HHS can support improved uptake of service providers.	• GWCoM SP Taskforce • NQ Joint Regional Wellbeing Plan Steering Committee • SPCAP, Mackay HHS and NQPHN

2. Workforce	Recommendation / Actions identified	Potential owner, person or group
Provider training in suicide prevention	• Pathways Connect will providing suicide prevention and mental health training to local community members across the region in various workforces, targeting key groups. • A range of suicide training packages are available and utilised across the region, however an opportunity exists to enhance coordination and promotion of these through the existing SPCAP networks.	• GWCoM SP Taskforce • Mackay, Isaac and GW SPCAP
Provider training in suicide post-vention	• SPCAP to connect with Standby to explore opportunities to provide training to service providers.	• SPCAP

Recommendations aligned with the 6 areas of improvement - continued

2. Workforce	Recommendation / Actions identified	Potential owner, person or group
Provider training in suicide post-vention	• Pathways Connect and SPCAP will promote resources and training available in suicide postvention in service provider forums.	• GWCoM Taskforce and SPCAP
Peer workforce development and utilisation	• Pathways Connect utilises a peer lived experience model, and training will be incorporated for staff as a part of the model. • Lived experience workforce is a priority in the Joint Regional Wellbeing Plan and is a focus of work state-wide and across Australia. These recommendations can be fed into and further progressed by the Joint Regional Wellbeing Steering Committee.	• GWCoM SP Taskforce • NQ Joint Regional Wellbeing Plan Steering Committee
General workforce development in mental health, suicide prevention, and cultural safety	• The Pathways Connect model includes a focus on upskilling a broad range of community champions, leaders and mentors in mental health, suicide prevention and cultural safety. • A range of mental health and suicide prevention training packages are available and utilised across the region, however an opportunity exists to enhance coordination and promotion of these through the existing SPCAP networks. • Increasing understanding of First Nations perspectives on mental health and suicide prevention at both service provider and broader community level requires the development of a shared approach with First Nations leaders.	• GWCoM SP Taskforce • Mackay, Isaac and GW SPCAP • Mackay, Isaac and GW SPCAP/ Joint Regional Wellbeing Plan- Regional Working Group

Recommendations aligned with the 6 areas of improvement - continued

2. Workforce	Recommendation / Actions identified	Potential owner, person or group
Capacity of the workforce (numbers of appropriate clinicians – shortages)	• Pathways Connect will utilise a non-clinical workforce of local community champions, leaders and mentors upskilled to become peer connectors, thereby increasing system capacity. • Workforce, including clinical workforce, is a priority of the NQ Joint Regional Wellbeing Plan, and actions relevant to this will be progressed through this mechanism.	• GWCoM SP Taskforce • NQ Joint Regional Wellbeing Plan Steering Committee

3. Navigation	Recommendation / Actions identified	Potential owner, person or group
Care navigation support - care coordination	• Pathway Connect will utilise Peer Connectors to provide key aspects of care navigation and support, walking alongside individuals throughout their journey to mental wellbeing. • Care coordination and supports should be incorporated in all service planning considerations and be held as a key principle by the SPCAP, HHS and PHN.	• GWCoM Taskforce • SPCAP, MHHS and NQPHN
Service navigation	• Through Pathways Connect, Peer Connectors will help community and individuals seeking support navigate services options across the region. • Opportunities to simplify and maintain current information on the range of services available need to be explored and a community wide decision made to ensure ownership and buy in. This will require separate focussed effort.	• GWCoM Taskforce • NQPHN

Recommendations aligned with the 6 areas of improvement - continued

3. Navigation	Recommendation / Actions identified	Potential owner, person or group
Navigation directories/ platforms	• Pathways Connect will partner and facilitate seamless relationships between support services with the live directory that creates simple pathways for preventative options for the community. • Service directories to support referral pathways and easy navigation are a priority for a number of services within the community, and coordination of a consistent platform needs to occur. The Regional working group of the Joint Regional wellbeing plan has the opportunity to coordinate a range of sector stakeholders and services in this work.	• GWCoM Taskforce • SPCAP, MHHS and NQPHN
Service knowledge	• Pathways Connect will provide a centralised streamlined point of information and service knowledge using seamless relationships and collaboration across the region. • Establishing a consistent and shared service directory/platform is key to enhancing the knowledge of services across the community, and needs to be a priority of the Joint regional wellbeing plan regional working group.	• GWCoM Taskforce • NQPHN
Criteria/inflexible	• Pathways Connect will bridge gaps in service provision, overcoming barriers and providing a broad scope of support on an individual need basis. • Ensuring correct service information is available to the community will enable individuals to be connected to the service that best meets their needs.	• GWCom Taskforce and NQPHN • Regional working group

Recommendations aligned with the 6 areas of improvement - continued

 4. Services and Providers	Recommendation / Actions identified	Potential owner, person or group
Coordination and integration	• Pathways Connect will use Regional Program Coordinators to bring services and providers together to create a wholistic approach to suicide prevention and intersectoral relationships that will bridge the gaps in service provision across community-based support options. This will be supported by the navigation and directory systems that promote coordination and integration. • Coordination and integration should be a key priority of any new services being developed and delivered, and this aligns with the National and state approaches to delivering services.	• GWCoM Taskforce, SPCAP, and NQPHN • All service providers, NQPHN, MHHS.
Collaboration	• Pathways Connect Regional Program Coordinators will guide, inform, enhance and lead collaboration of services across the three regions through leveraging existing relationships and universal goals. • Communication and collaboration between services should be a key principle of all services in the sector. Ensuring this report is disseminated to all service providers to enable integration into internal quality improvement work is key.	• GWCoM Taskforce • NQPHN
Communication enhancement	• Regional Pathways Connect Program Coordinators will enhance intersectoral and interservice communication across the region through meaningful and productive working relationships built on seamless collaboration.	• GWCom Taskforce and NQPHN

Recommendations aligned with the 6 areas of improvement - continued

4. Services and Providers	Recommendation / Actions identified	Potential owner, person or group
Communication enhancement	• Communication and collaboration between services should be a key principle of all services in the sector. Ensuring this report is disseminated to all service providers to enable integration into internal quality improvement work is key.	• NQPHN and Joint Regional Wellbeing Plan Regional working group
Continuity of care	• Pathways Connect will provide unlimited care support interactions based on the needs of the individual and the community, walking alongside throughout their journeys to mental wellbeing • Continuity of Care should be a key principle of all services in the sector. Ensuring this report is disseminated to all service providers to enable integration into internal quality improvement work is key.	• GWCoM Taskforce • NQPHN and Joint Regional Wellbeing Plan Regional working group

5. Community	Recommendation / Actions identified	Potential owner, person or group
Education and training in suicide prevention	• A key role of Pathways Connect is to provide suicide prevention education and training • A range of suicide training packages are available and utilised across the region, however an opportunity exists to enhance coordination and promotion of these through the existing SPCAP networks.	• GWCoM Taskforce, • SPCAP

Recommendations aligned with the 6 areas of improvement - continued

 5. Community	Recommendation / Actions identified	Potential owner, person or group
Awareness raising	• Pathways Connect will play a key role in raising awareness through the recruitment, training, education and activity of Peer Connectors, as access points for support across the three regions. • SPCAPs annual plans include a focus on awareness raising, and existing campaigns and strategies (including Real Mates Talk) will assist in the ongoing addressing of this.	• GWCoM Taskforce • SPCAP
Stigma reduction activities	• Pathways Connect will support stigma reduction through the recruitment and activity of Peer Connectors to act as access points for support across the three regions. • SPCAPS annual plan includes a focus on stigma reduction and will continue to progress this focus with community.	• GWCoM Taskforce • SPCAP
Central touch point	• Pathways Connect will act as a central touch point for all support and resources pertaining to the prevention of suicide across the three regions. • Head to Health Phone line has been established as a national approach to a central touch point for access to the range of services available for people. To ensure good integration and connection, collaborative work with the Pathways Connect service and Head to health providers in Mackay region will be critical.	• GWCoM Taskforce • NQPHN and relevant service providers along with the GWCoM Taskforce.
Enablement and capability enhancement of family, carers, and friends to table	• Pathways Connect encourages natural relationships through community-based peer support. This includes enhancing, strengthening, and building capability of family, carers and friends to sustainably support individuals' mental wellbeing.	• GWCoM Taskforce

Recommendations aligned with the 6 areas of improvement - continued

5. Community	Recommendation / Actions identified	Potential owner, person or group
Enablement and capability enhancement of family, carers, and friends to table	• Real Mates talk also builds natural supports capacity, and is run through the SPCAP- continuation and further enhancement/improvement of this should be prioritised and work alongside Pathways Connect.	• SPCAP
Self-management tools – apps.	• Pathways Connect will utilise all existing self-management and self-help tools available based on the needs of the individual. • Through head to health and Department of Health a number of self help and digital resources are available and this should be promoted across the sector and community by all providers.	• GWCoM Taskforce, • NQPHN

6. Funders and Planners	Recommendation / Actions identified	Potential owner, person or group
Policy change advocacy	• The principles of a feedback informed approach and valuing lived experience will provide current and relevant local insight to the experiences of community members in the mental health and suicide prevention space. • Utilisation of the report and community feedback by key leaders across the region for advocacy and development of local responses is key. Ensuing the report is disseminated to all service providers and networks should be a priority.	• GWCoM Taskforce and SPCAP • NQPHN and JRWP Steering Committee

Recommendations aligned with the 6 areas of improvement - continued

6. Funders and Planners	Recommendation / Actions identified	Potential owner, person or group
Evidence informed intervention	• All recommendations are based on co-design and existing evidence/research.	• GWCoM Taskforce and SPCAP
Flexible service funding	• Pathways Connect will source funding outside traditional funding models.	• GWCoM Taskforce
Lived experience included in planning and design phase	• Lived experience is at centre of the co-design process and of the Pathways Connect model.This work will continue to be aligned with the foundational principles of valuing lived experience and being feedback informed. • Involvement of lived experience in planning and design has been incorporated into national and state directions and will therefore be a part of establishing any new services in the region funding by Department of Health and/or Queensland Health.	• GWCoM Taskforce • NQPHN/ Mackay HHS
Target at risk groups	• Pathways Connect will continue to evolve through use of an ongoing co-design process, to target and meet the unique needs of various at-risk groups, with innovative approaches to support and intervention. • Vulnerable groups are incorporated into the SPCAPs annual action plans and will inform continued work in this area.	• GWCoM Taskforce • SCAP/PHN
Early intervention and preventions models	• Pathways Connect is an early intervention and prevention model that promotes health and wellbeing through positive peer and community-based experiences. • SPCAP annual action plan incorporates and early intervention and prevention focus, and the use of this report to inform the update of the action plan is critical.	• GWCoM Taskforce and NQPHN • SPCAP

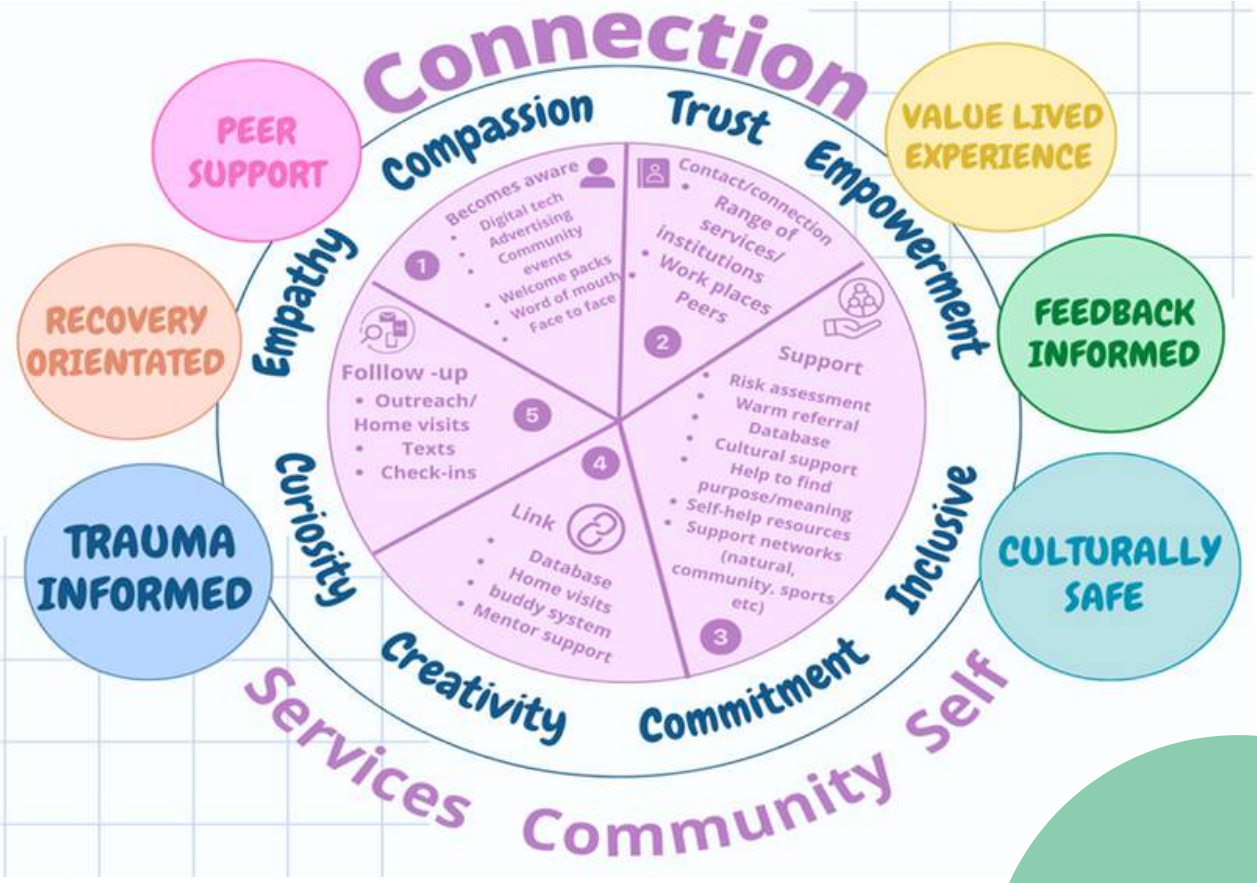
11. CONCLUSION

Suicide is a Complex Issue with Multiple Contributing Factors

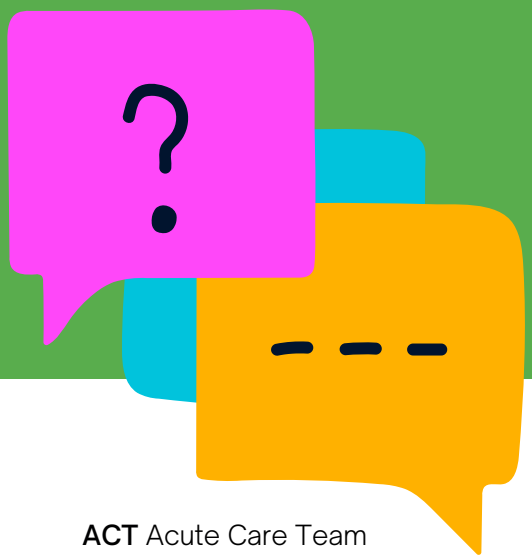
GWC and the Greater Whitsunday Council of Mayor's Suicide Prevention Taskforce, supported by a Working Group and Lived Experience Advisory Group, has developed a suicide prevention model that improves access to support and navigation of support services and is called Pathways Connect. It is a community-based model aimed at early intervention, providing in-community support when needed, at the time it is needed.
It has been co-designed with a broad range of stakeholders and refined during the life of the Project. It is now ready to be piloted.

The proposed model:

- Addresses the challenges identified during the co design process and provides a support overlay for service providers who are facing challenges of funding, staff attraction and retention and fatigue
- Addresses the critical success factors identified
- Is aligned with global best practice for addressing social issues
- Is aligned with the co-design framework that the various community groups consulted contributed to
- The model incorporates all the foundational principles that informed the co-design process:



Now is the time to implement Pathways Connect in pilot format, to allow for measurement, evaluation and refinement.



ACRONYMS

ACT Acute Care Team
AODS Alcohol and Other Drugs
ASSI Australian South Sea Islander
ATSI Aboriginal and Torres Strait Islander
ATSICHS Aboriginal and Torres Strait Islander Community Health Services
CYMHS Child and Youth Mental Health Service (Qld Health/Community Health service)
DFV Domestic and family violence
DV Domestic violence
DVRS Domestic Violence Resource Service (Mackay region)
GWC Greater Whitsunday Communities
GP General Practitioner (medical doctor)
HRT Mackay & Region Domestic and Family Violence Integrated High Risk Team (Mackay HRT) – Qld government initiative that involves different stakeholders working together to assess and respond to women and children at high risk of harm or death due to domestic violence.
HHS Hospital and Health Service
IRC Isaac Regional Council
LQBTQIA+ Lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies).
MFSA The Mackay Family Support Alliance is a local initiative to support children, young people, and their families who are at risk of entering government systems. It involves collaboration between family support providers and government agencies
MHHS Mackay Hospitaland Health Service
MoU Memorandum of Understanding
MRC Mackay Regional Council
MYCN Mackay Youth Connections Network
NAPHL Northern Australia Primary Health Limited - provides mental health, allied health and wellbeing services for Aboriginal and Torres Strait Islander people. NAPHL is also the lead agency for, and co-located with, Headspace in Mackay.
NEAMI offers community-based mental health, homelessness and suicide prevention services to improve wellbeing, independent and attainment oflife with purpose.
NDIS National Disability Insurance Scheme
NGO Non-government organisation/community-based, government funded organisation
NQPHN Northern Queensland Primary Health Network helps improve patient care by supporting community health centres, hospitals, GPs, nurses, specialists and other health professionals to help improve patient care. They also coordinate different parts of the health system and assess the health needs of local areas. NQPHNs can provide extra services, such as after-hours services, mental health services, health promotion programs and support for primary care (GPs), includingcontinuing education.
YIRS One Stop Shop for youth service

APPENDICIES

Appendix 1.

Link to the full report: The Greater Whitsunday Council of Mayors Suicide Prevention Taskforce Consultation Report

or visit the https://nqphn.com.au

Executive summary

Suicide in Australia persists as a complex issue, with interventions to reduce the current statistics and to prevent suicide often fragmented and difficult to access for community. With approximately 3,000 deaths occurring by suicide nationally each year, many local communities are calling for action. One such approach has been the establishment of the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce across the Mackay and Greater Whitsunday regions.

The Taskforce was precipitated by a call to action from the local Whitsunday, Isaac, and Mackay Suicide Prevention Community Action Planning (SPCAP) Group. Mackay Mayor Greg Williamson called on his regional counterparts including Isaac Mayor Anne Baker and Whitsunday Mayor Andrew Wilcox to officially form the Taskforce in late 2020.

The Taskforce formed a working group to design and deliver a range of community engagement co-design interventions. The aim of these interventions was to collect and analyse community and provider intel to inform planning and ultimately deliver targeted action to reduce and prevent suicide in the region. The intel gleaned from the multipronged consultations has provided comprehensive feedback from people with lived experience, providers, and non-providers to inform this consultation report. Six areas for improvement were identified, including:

- access
- improving and diversifying workforce development
- navigation support
- services and providers capacity and capability enhancement
- community capacity and capability enhancement
- funding and planning approaches.

The six areas for improvement provide a foundation for action that encompasses local, place-based interventions as well as longer term service system change approaches. It must be noted that the six areas for improvement should be developed for action in alignment with relevant suicide prevention plans and is informed by local data. The North Queensland Joint Wellbeing Plan, mandated by State and Federal governments, provides a robust framework to facilitate local activity.

This report also highlights the increased complexity of suicide rates in relation to rurality and recommends consideration of geographical location when developing and resourcing interventions.

With the provision of preliminary funding confirmed for the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce, the Greater Whitsundays Communities - the regional peak for social development - will progress action-planning activities that leverage the findings of this report and local intel. It is envisaged that as a community collective, the taskforce with initial funding will deliver interventions to reduce and prevent suicide in the greater Whitsunday region.

8. Opportunities for improvement

Key areas for improvement

Key areas for improvement have been gleaned from the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce consultations. These areas for improvement will subsequently inform the Taskforce's recommendations to develop place-based, community led solutions for suicide prevention interventions.

Access

- Support for help seeking.
- Financial barriers.
- Fast track / urgent access for crisis care.
- Capacity of the workforce (numbers of appropriate clinicians - shortages).
- Referral pathways – timeliness/ support/facilitated.

Workforce

- Provider training in suicide prevention.
- Provider training in suicide postvention.
- Peer workforce development and utilisation.
- General workforce development in mental health, suicide prevention, and cultural safety.
- Capacity of the workforce (numbers of appropriate clinicians – shortages).

Navigations

- Care navigation support - care coordination.
- Service navigation.
- Navigation directories/platforms.
- Service knowledge.
- Criteria/inflexible.

Services and providers

- Coordination and integration.
- Collaboration.
- Communication enhancement.
- Continuity of care.

Community

- Education and training in suicide prevention.
- Awareness raising.
- Stigma reduction activities.
- Central touch point.
- Enablement and capability enhancement of family, carers, and friends to table.
- Self-management tools – apps.

Funders and planners

- Policy change advocacy.
- Evidence informed intervention.
- Flexible service funding.
- Lived experience included in planning and design phase.
- Target at risk groups.
- Early intervention and preventions models.

9. Concluding comments

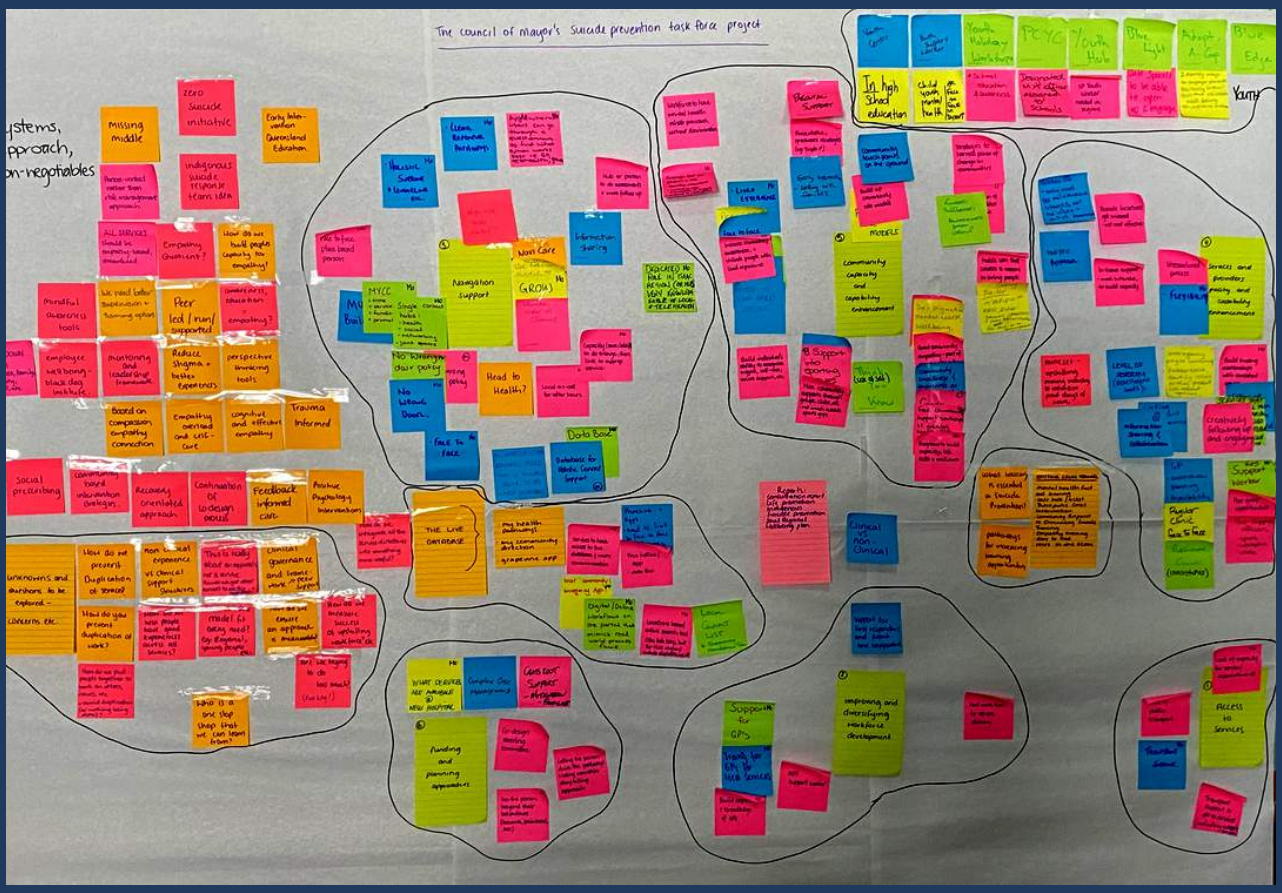
The Council of Mayors Suicide Prevention Taskforce Consultation Report demonstrates that suicide remains a persistent, complex, challenging, and whole of community issue. The report findings demonstrate the need for a call to action for suicide prevention activities using a collective and cross sectorial approach. Action on this issue needs to acknowledge and promote that all suicides are potentially preventable. Action also needs to foster a philosophy of prevention, access, awareness, and skill enhancement, delivered by locally informed interventions, and that are supported at every level of service design, development, and provision as well as at local, state, and federal government levels.

It should be noted that the areas for improvement outlined in the report are made more complex by rurality. This results in a greater need for a collective and responsive approach to suicide prevention planning and implementation that addresses and acknowledges the barrier of distance.

The report and areas for improvement will be reviewed by the Council of Mayors who will make the final recommendations for actions. To ensure that this crucial action-planning continues, NQPHN has provided investment funding for the Greater Whitsunday Council of Mayors Suicide Prevention Taskforce of $100,000. This investment will be used to progress the report findings into opportunities for improvement through locally developed, place-based suicide prevention interventions.

The Greater Whitsundays Communities, as the peak regional body for social development, has been engaged by NQPHN through the aforementioned $100,000 investment funding. The Greater Whitsundays Communities role will be to leverage the momentum and sector buy-in as a result of the Council of Mayors Suicide Prevention Taskforce consultation and engagement. The Greater Whitsundays Communities will develop an implementation plan, including marketing and communication strategies based on the findings of the report and the recommendation of the Council of Mayors. The investment contract with the Greater Whitsundays Communities places a high priority on community facing care navigation social enterprises that align and complement local and social initiatives to facilitate seamless connections for community across sectors.

Appendix 2. Raw Data (Prior to the Whole of Region June MECC Co-design Workshop)



Appendix 3. Isaac Regional Workshop Collated Data

1. Individual needs
2. Community needs
3. Workplace needs
4. Service needs
5. Cultural needs

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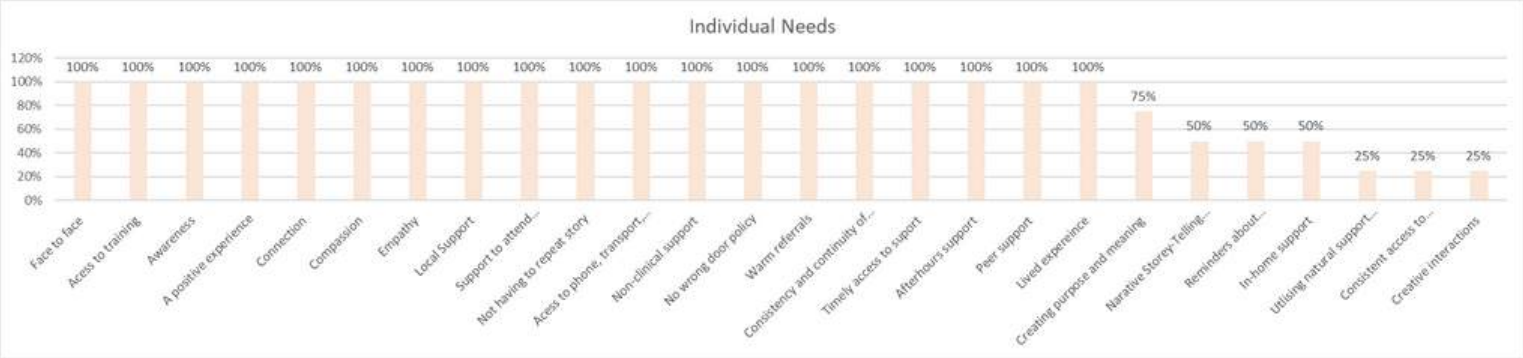

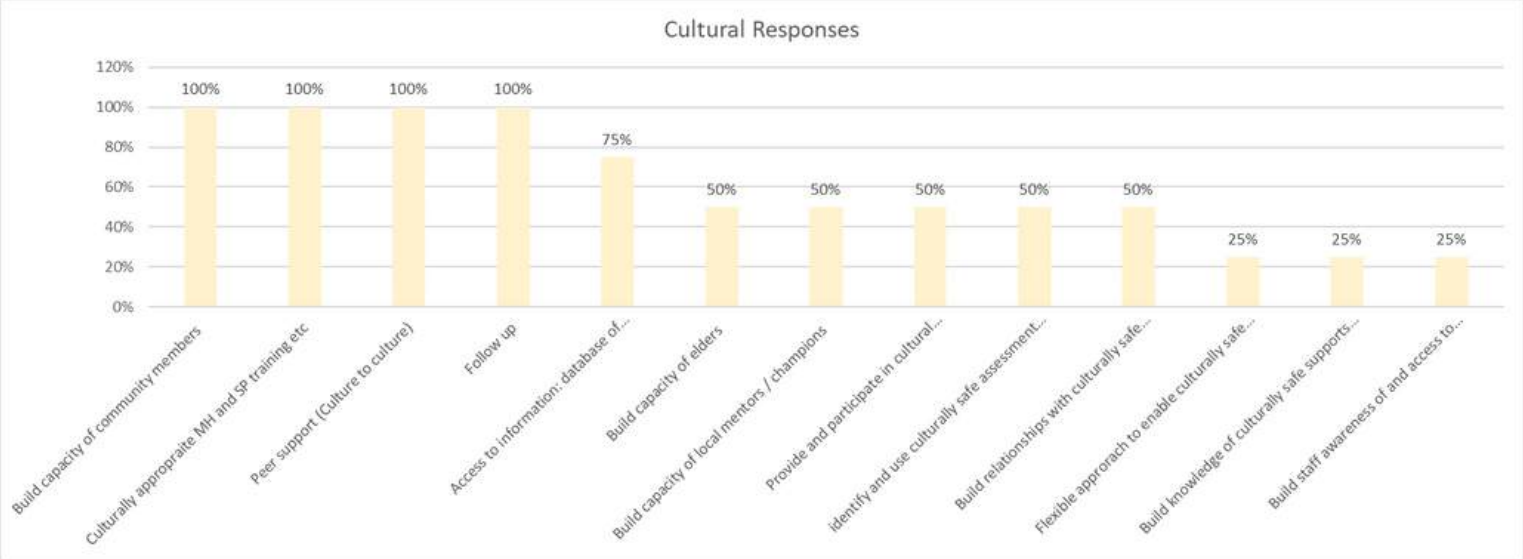

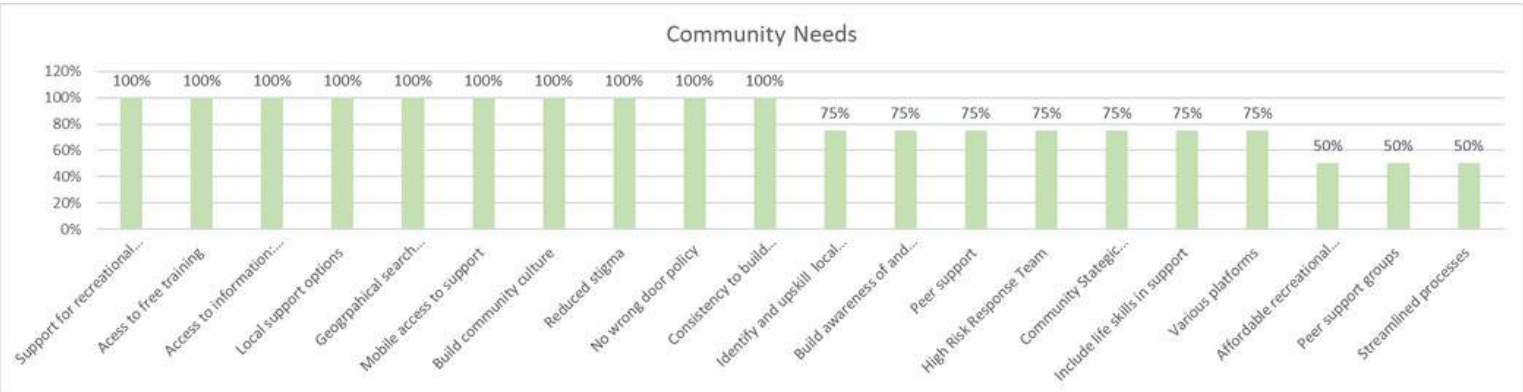

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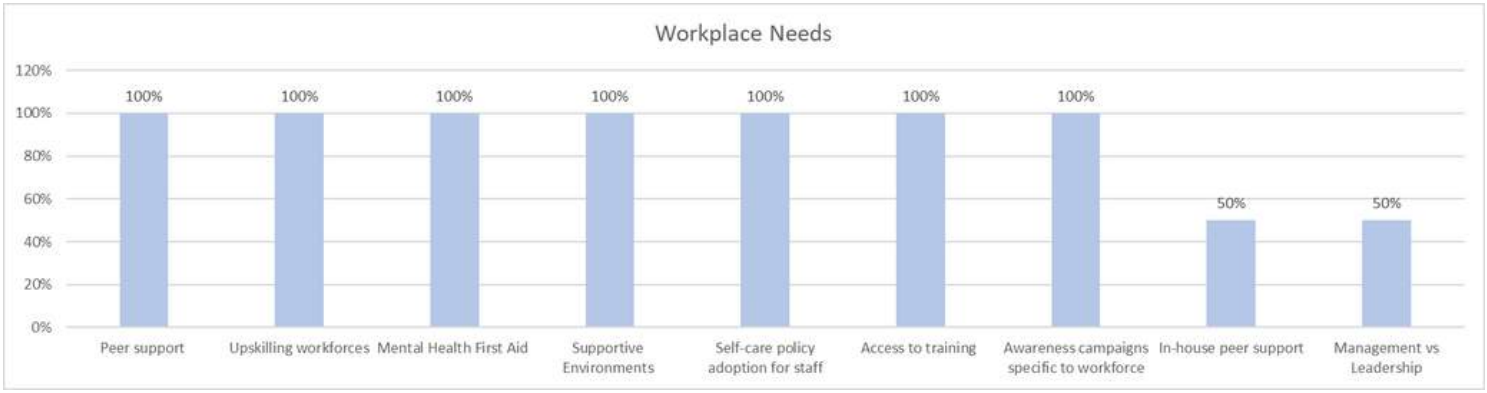

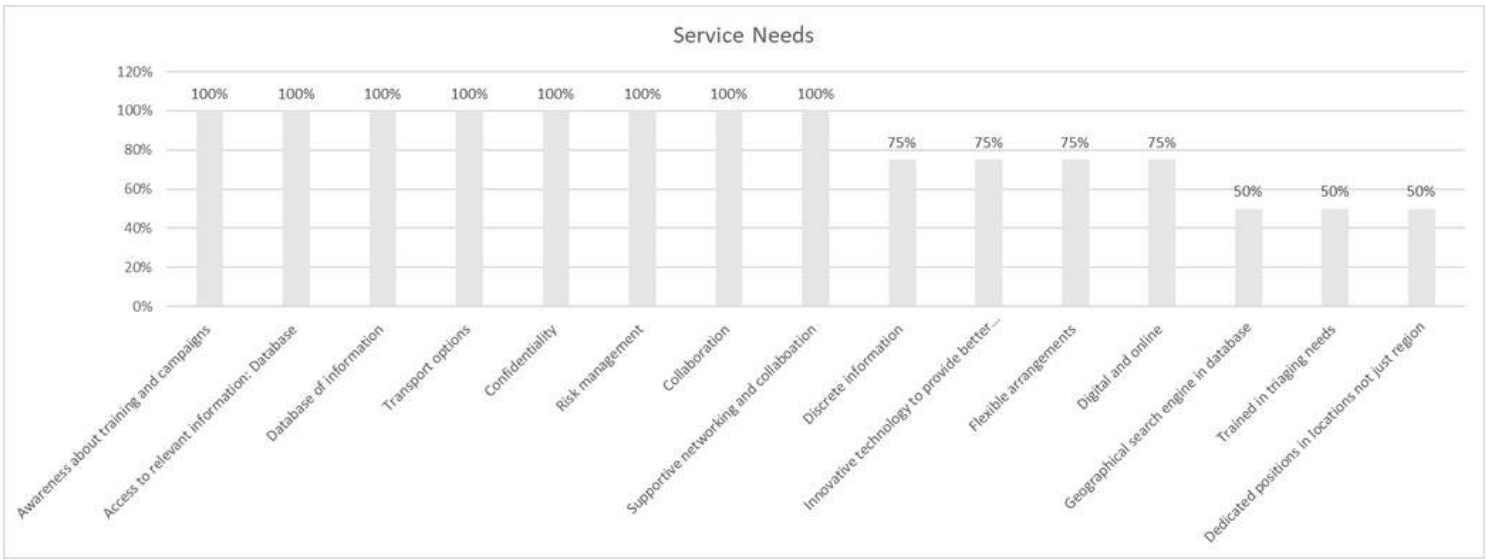

Appendix 4. Whitsunday Regional Workshop Collated Data

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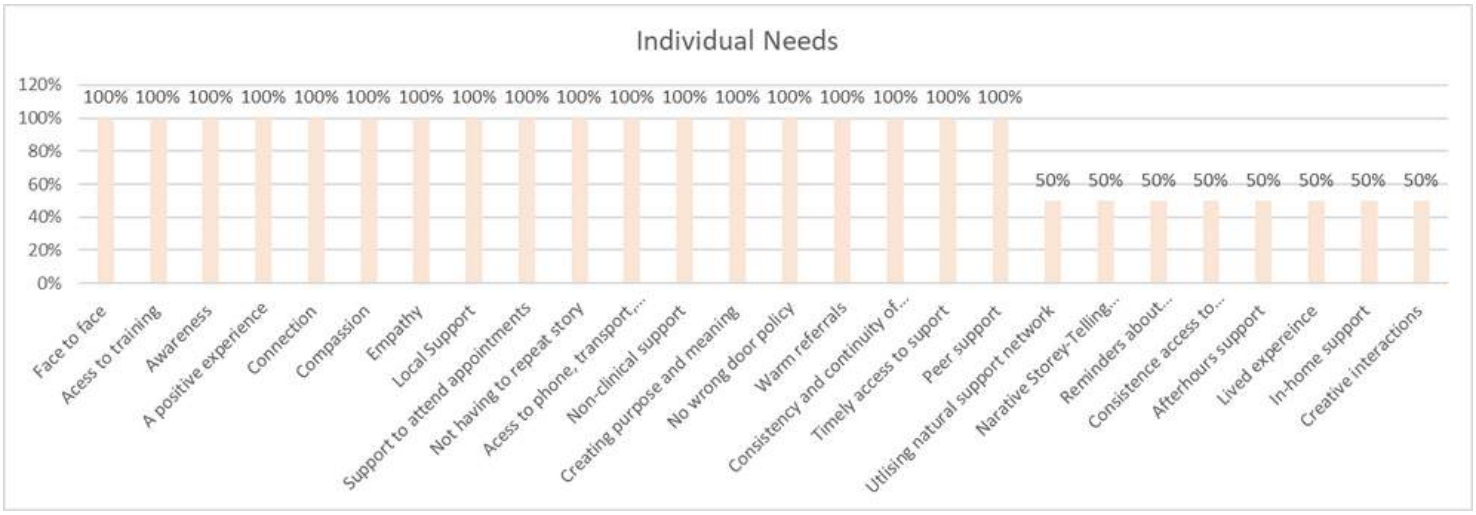
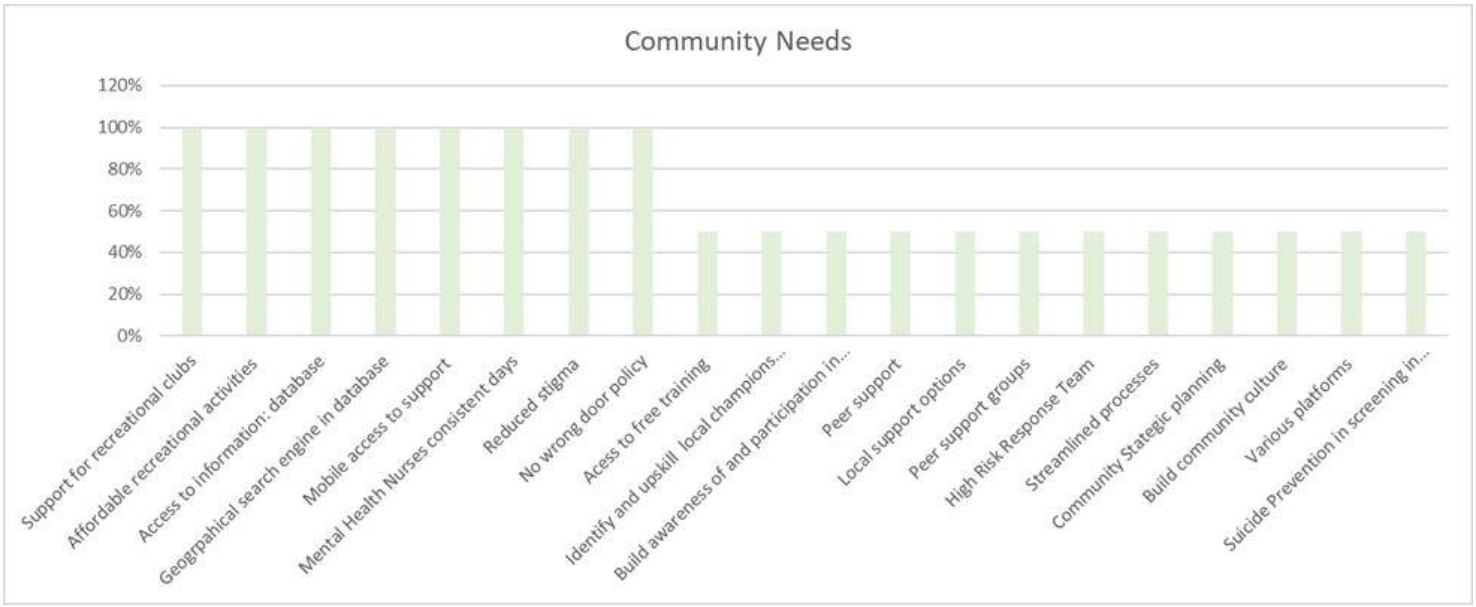
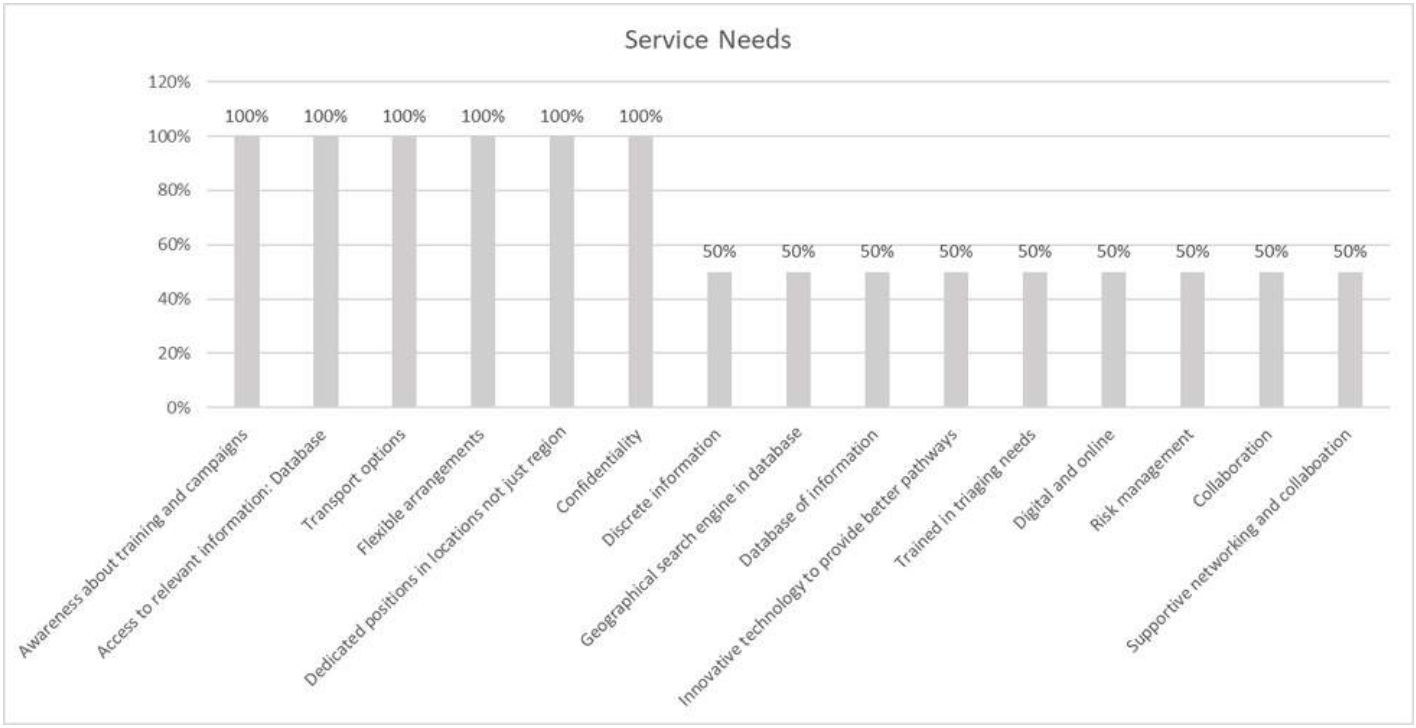
2. Community needs
3. Workplace needs
4. Service needs
5. Cultural needs



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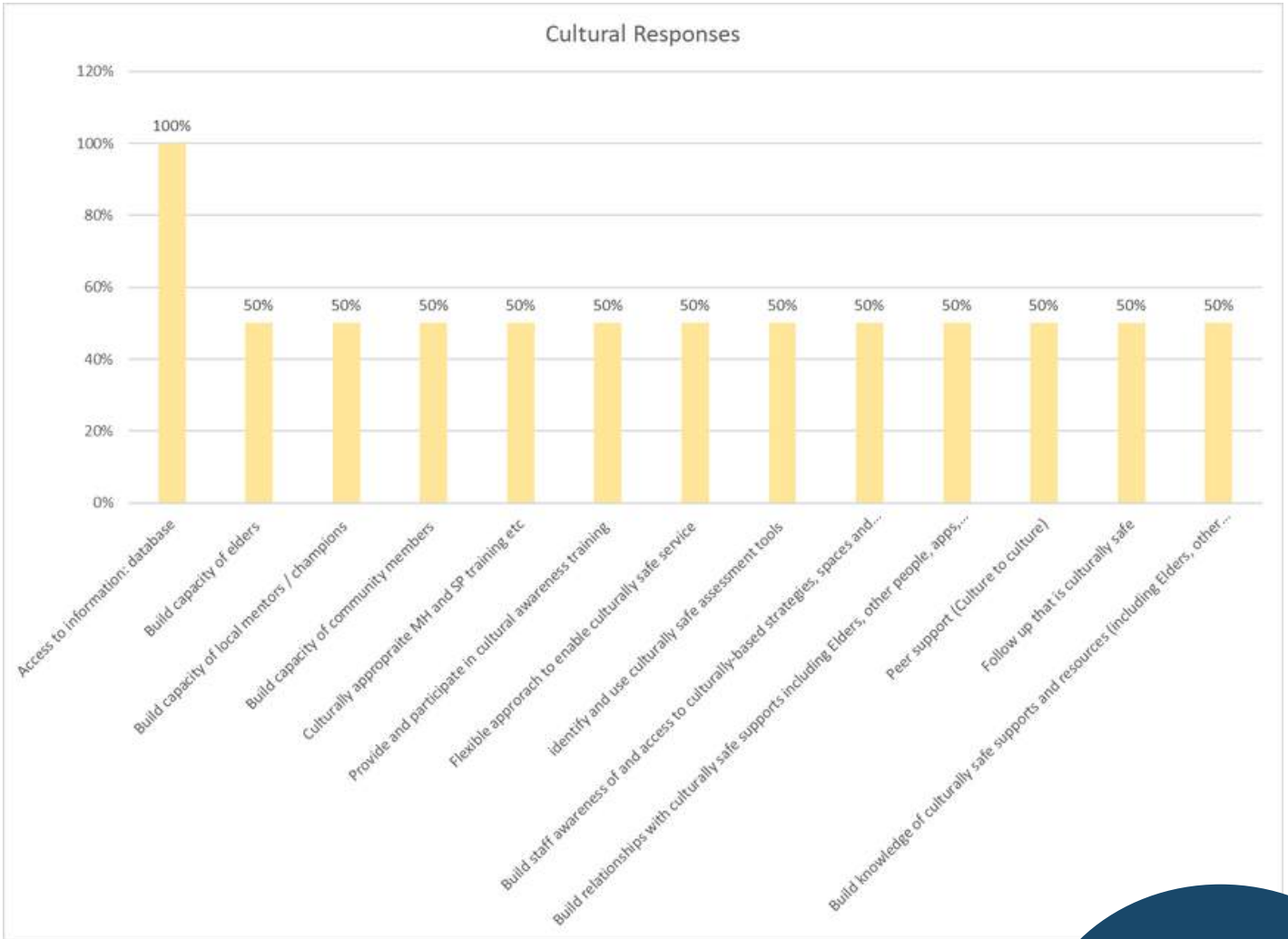
Awareness about training and campaigns
Access to relevant information: Database
Transport options
Flexible arrangements
Dedicated positions in locations not just region
Confidentiality
Discrete information
Geographical search engine in database
Database of information
Innovative technology to provide better pathways
Trained in triaging needs
Digital and online
Risk management
Collaboration
Supportive networking and collaboation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Access to information: database
Build capacity of elders
Build capacity of local mentors / champions
Build capacity of community members
Culturally appropraite MH and SP training etc
Provide and participate in cultural awareness training
Flexible approrach to enable culturally safe service
identify and use culturally safe assessment tools
Build staff awareness of and access to culturally-based strategies, spaces and...
Build relationships with culturally safe supports including Elders, other people, apps,...
Peer support (Culture to culture)
Follow up that is culturally safe
Build knowledge of culturally safe supports and resources (including Elders, other...

Appendix 5. Aboriginal, Torres Strait Islander and Australian South Sea Islander Workshop Collated Data

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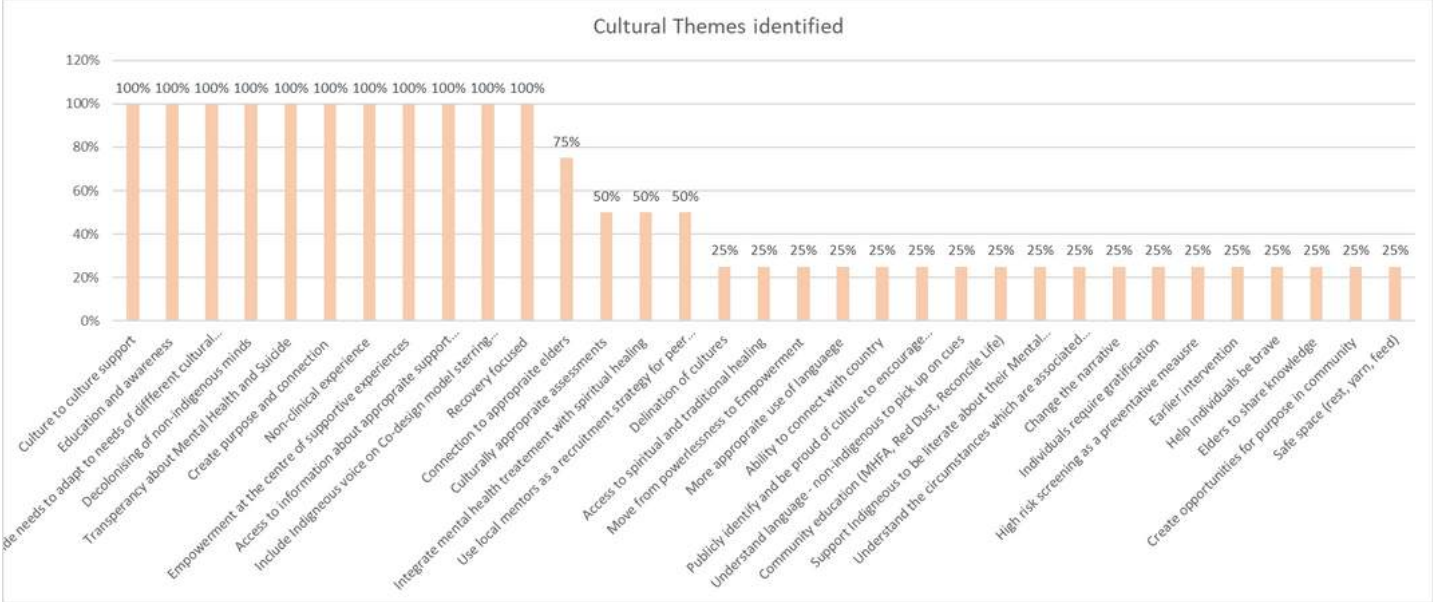


Appendix 6. Case Studies from the Whole of Region June MECC Co-Design Workshop

Case scenario 1. Don | Themes: Isaac Region / Senior / Male / Health Concerns / Alcohol

Don, a 75-year-old man in Clermont whose wife has recently passed away, has been feeling increasingly isolated and lonely. Don has some health issues that are exacerbated by his frequent consumption of alcohol. He understands that he isn't supposed to drink as per the doctor's orders but doesn't see any point in taking care of himself anymore. Don and his wife never had any children together and since retiring as a mechanic, he hasn't felt he has any purpose in life.

Case scenario 2. Marissa | Themes: Whitsunday Region / Youth / Female / Bullying

Marissa, a 14-year-old female who lives in Proserpine, has been feeling extremely sad due to being increasingly bullied at her school. Other students her age and older have been sending messages to Marissa on social media and making comments in person. She hasn't told anyone about the bullying because she has been threatened by them that they will continue to spread rumours and make her life worse. Marissa doesn't have a happy home life and her parents fight a lot about her older brother. She doesn't feel like she has any friends or that anyone really likes her much at all. Her brother often isn't home and her parents work a lot just to be able to put food on the table. Marissa spends a lot of time alone and feels like she doesn't have much to do other than look at her phone. She used to like school before she started to get bullied. Marissa feels unwanted and doesn't find much joy outside of her artbook.

Case scenario 3. Ben | Themes: Isaac region / Middle-aged / Male / Mining / Relationship Breakdown

Ben, a 42-year-old miner in Dysart camp has been fighting with his wife over the phone since he left for work 3 days ago. She tells Ben that she has been thinking about divorce for a long time and has had enough. Ben has been experiencing symptoms of depression and hasn't been taking care of himself or his family. His wife advised she is taking their three children to her mother's place in Brisbane, which resulted in Ben feeling like he is no longer wanted or needed by his family. Emotions of powerlessness and worthlessness are taxing Ben's energy and willingness to seek support.

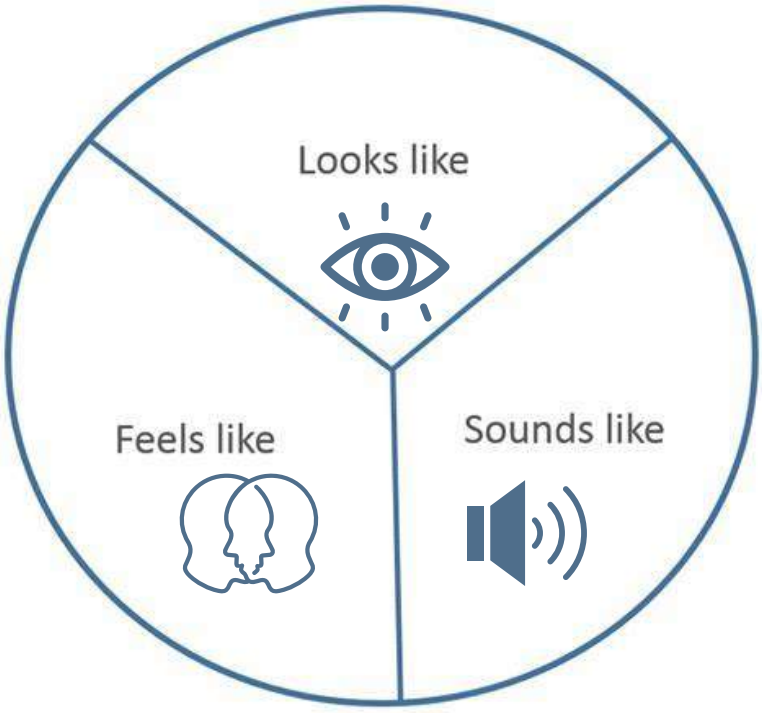
Case scenario 4. Brendan | Themes: Mackay Region / Youth / Male / Aboriginal, Torres Strait Islander Australian South Sea Islander / Child Protection Residential Care

Brendan, a 16 year old Aboriginal, Torres Strait Islander and Australian South Sea Islander boy who lives in a Child Safety Residential Home in Mackay, has been in out-of-home care for a couple of years. He has recently been suspended from school due to fights with other students and his attendance is minimal. Brendan says he doesn't like school and doesn't find it supportive but does have a good relationship with the Community Education Counsellor. Brendan has self-placed with older friends and has been drinking and smoking marijuana regularly so that the emotional pain of his trauma doesn't feel so bad. However, Brendan then feels significantly more depressed when he isn't partying with his friends and the unhappiness often feels unbearable.

Case scenario 5. Kiera | Themes: Whitsunday Region / Female / Immigrant / Mother / Post-natal
Kiera, a 32 year old mother of a newborn who lives in Bowen, recently began experiencing hopelessness and wondering why she bothers to get up in the morning. Her husband works a lifestyle roster and is only home on weekends. When he is home, he often drinks and goes fishing with his friends. Kiera is a immigrant from the Philippines, she feels as though she has none of her own friends or other support around her and that she is unwanted by anyone. She has experienced anxiety frequently and struggles to socialise, which has led to increased isolation. Her newborn is often hard to settle and doesn't sleep longer than 3 hours at a time. Kiera is extremely tired and has little energy for anything other than feeding her newborn. She isn't taking care of herself and often cries herself to sleep.

Case scenario 6. Jake | Themes: Mackay Region / Young adult / Male / Football / Masculine Culture

Jake is a 17-year-old who lives in Mackay who plays minor league football. He has been experiencing increased anxiety around all areas of his life and is genuinely feeling low all the time. Sometimes his depression worsens, leaving him feeling empty and hopeless about his future. Jake doesn't talk to anyone about these thoughts or feelings - he grew up believing that men shouldn't show any fear or weakness. Jake has always been known to be happy and popular throughout his years at school, however he still feels alone in his struggles. He doesn't have many other interests outside football and the gym but has recently injured his back and hasn't been training. Jake has friends he sometimes trained with before his injury, but he feels like they don't really care that he hasn't been around lately.



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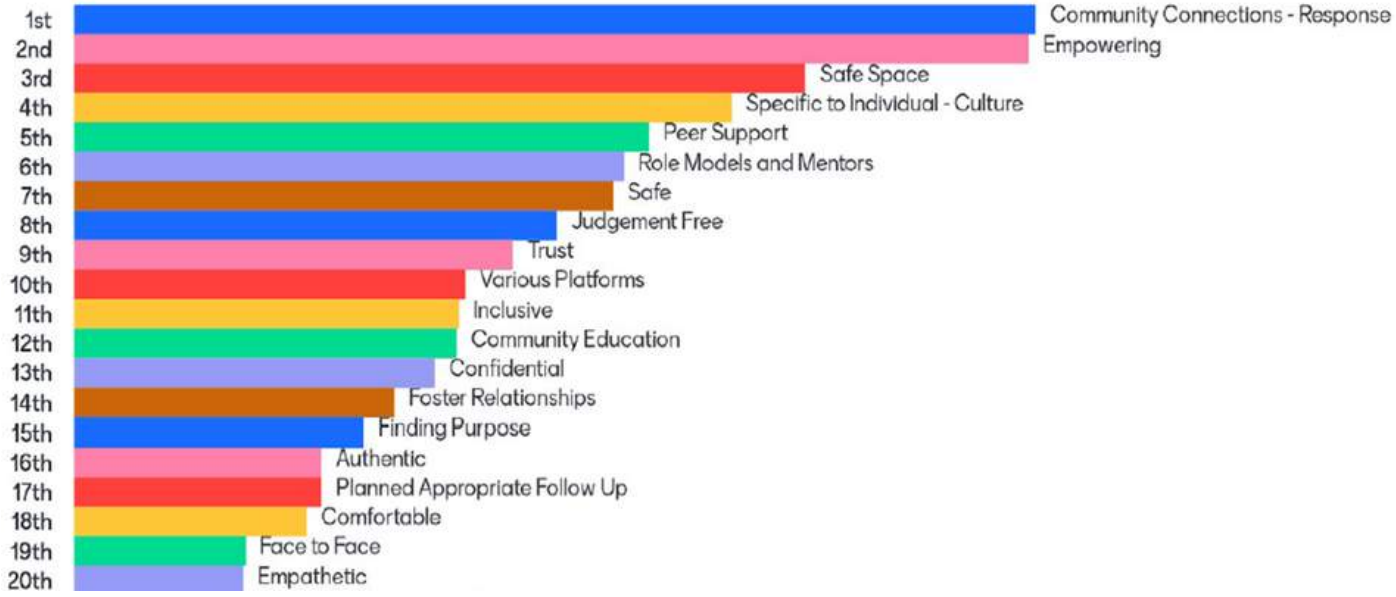

Appendix 8. Whole of Region June MECC Co-design Collated Data Part 2

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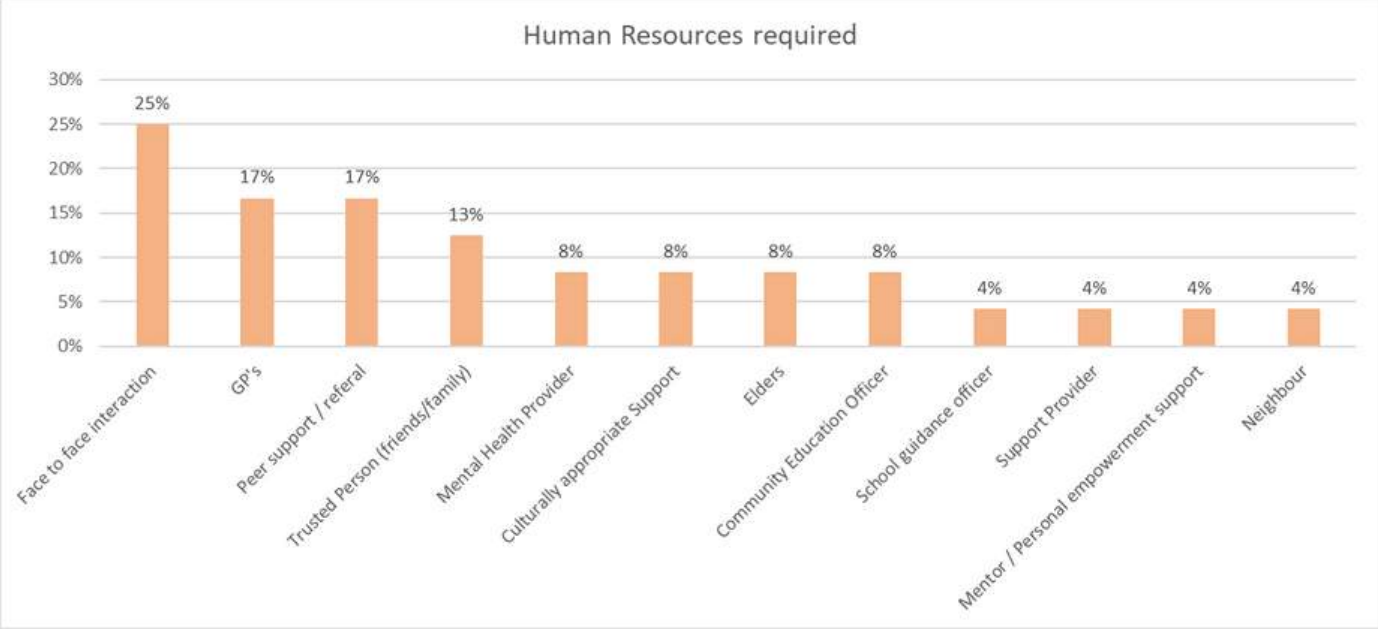

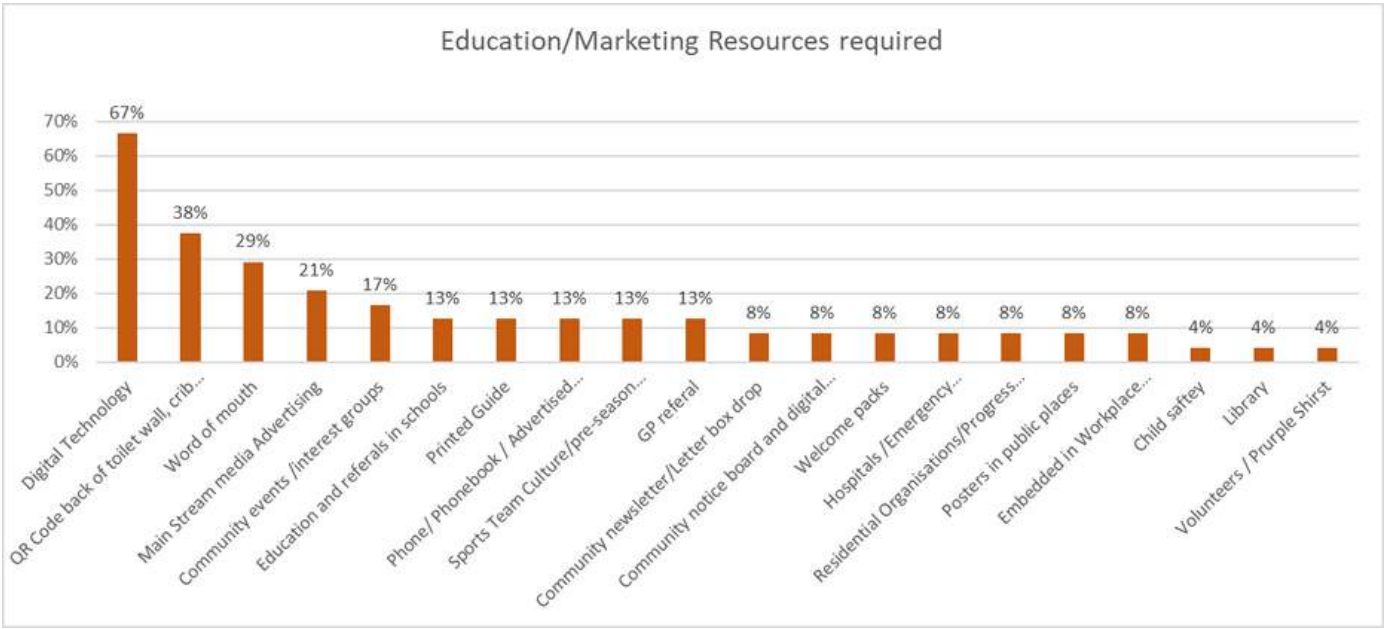

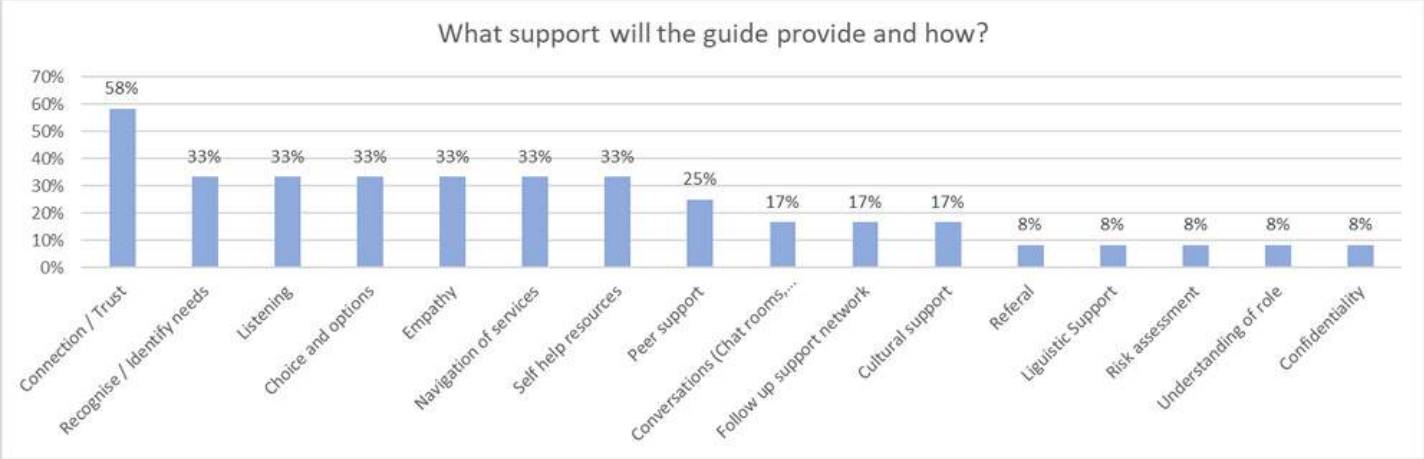
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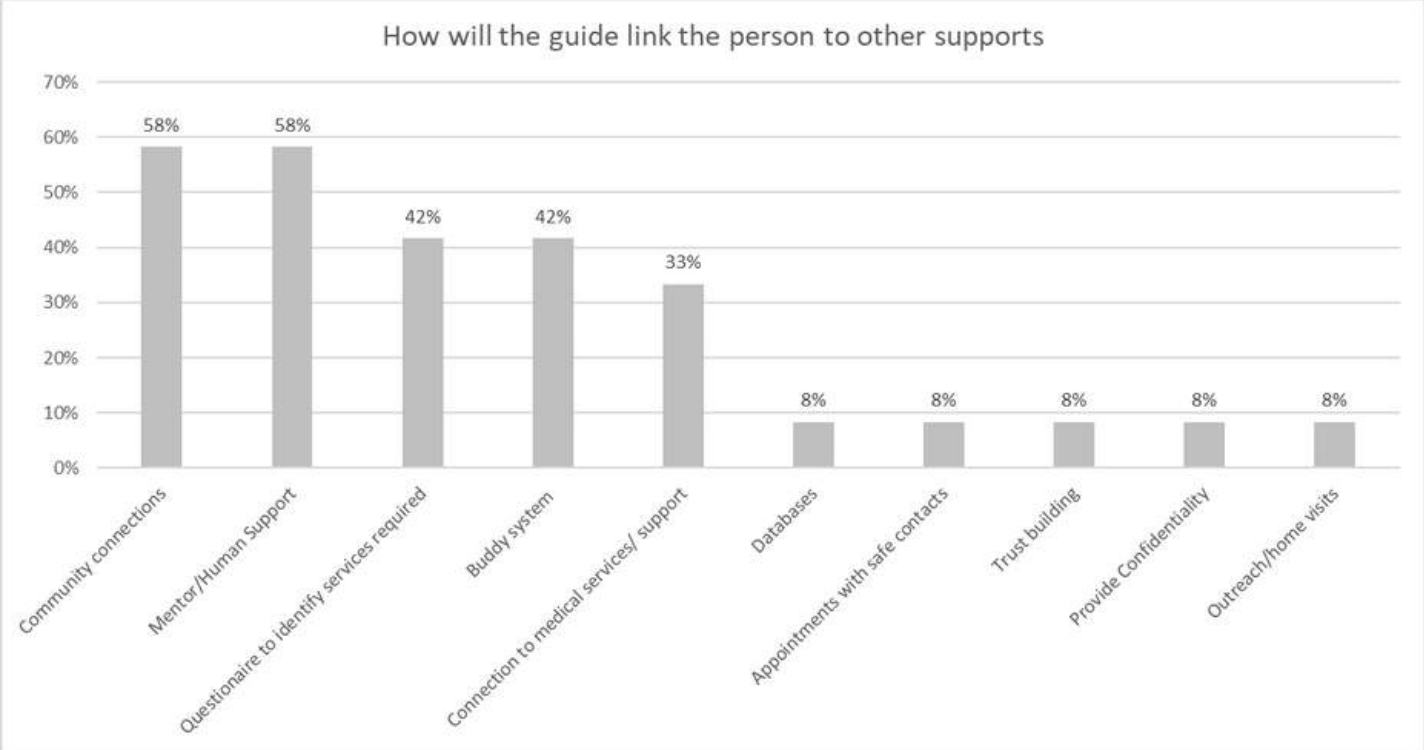
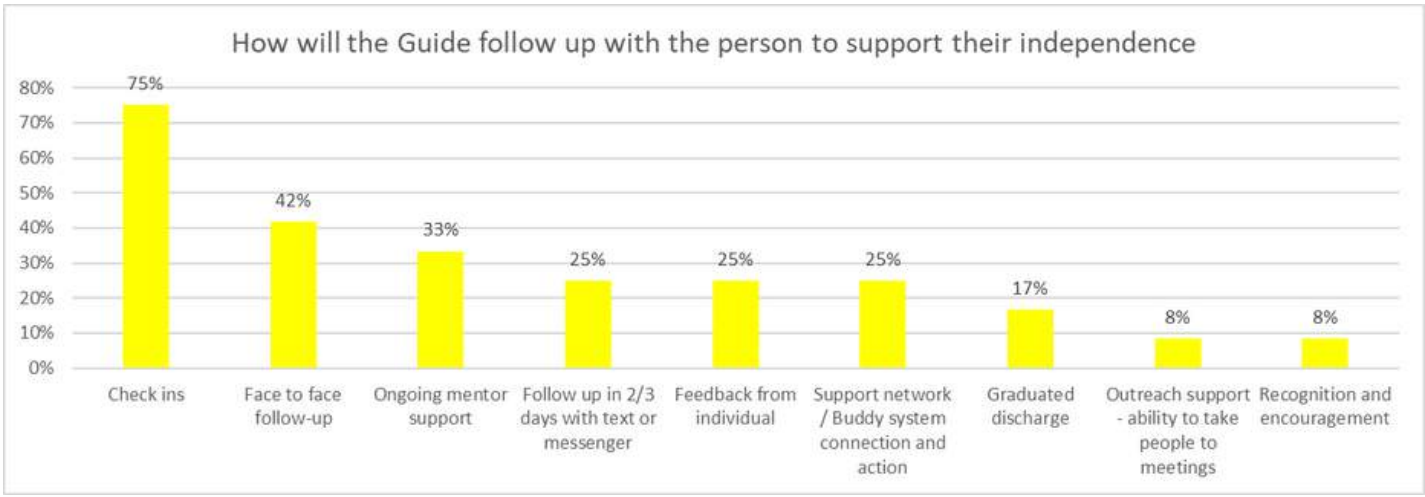
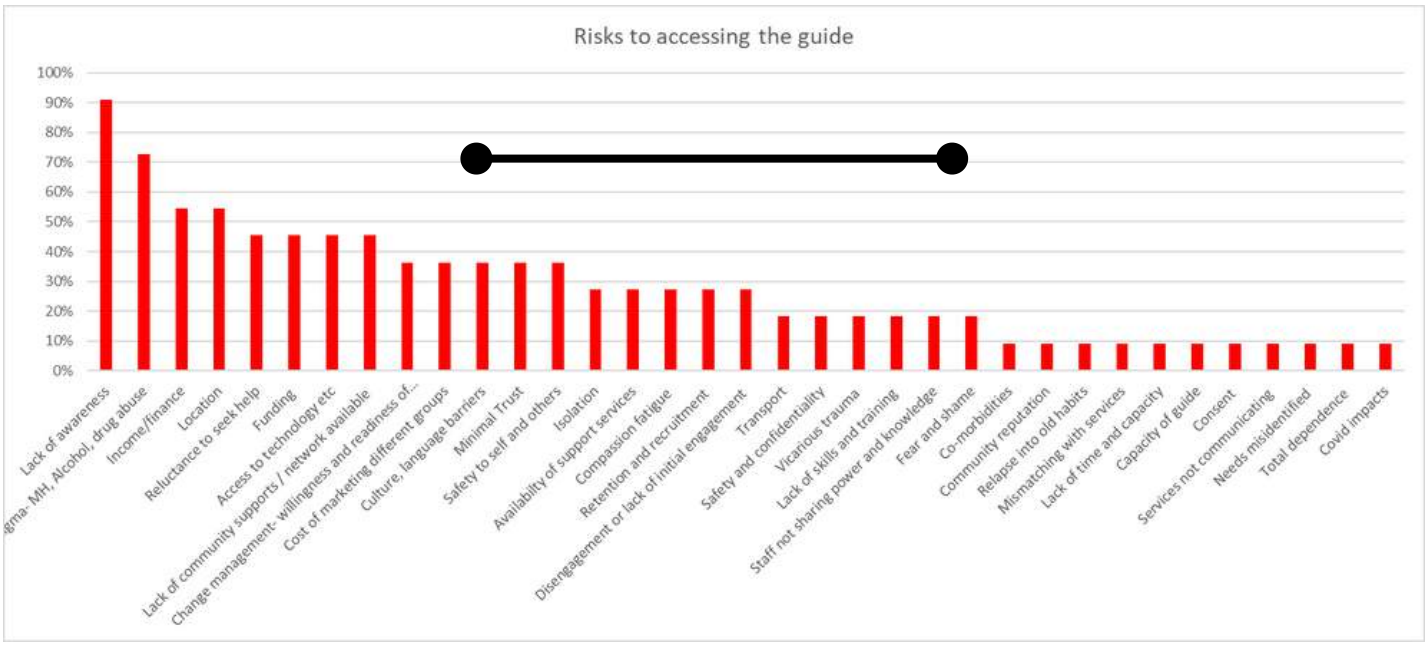
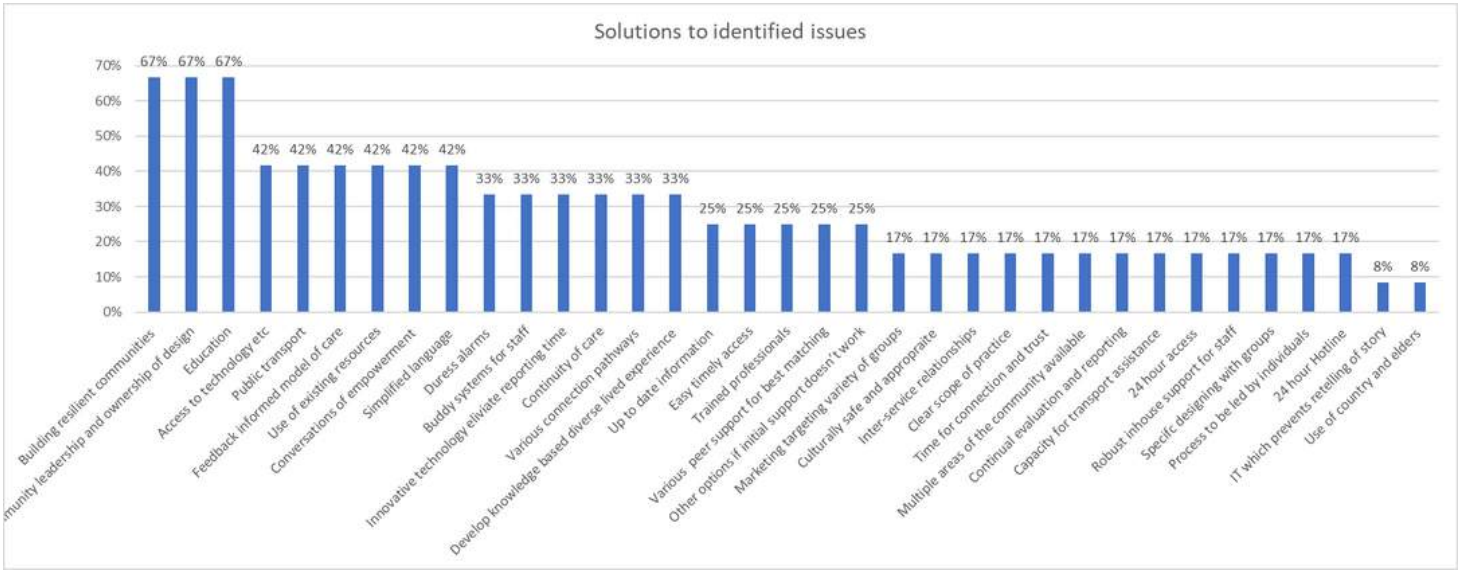
Connection / Trust
Recognise / Identify needs
Listening
Choice and options
Empathy
Navigation of services
Self help resources
Peer support
Conversations (Chat rooms,...
Follow up support network
Cultural support
Referal
Liguistic Support
Risk assessment
Understanding of role
Confidentiality


How will the guide link the person to other supports
70%
60%
50%
40%
30%
20%
10%
0%
58%
58%
42%
42%
33%
8%
8%
8%
8%
8%
Community connections
Mentor/Human Support
Questionaire to identify services required
Buddy system
Connection to medical services/ support
Databases
Appointments with safe contacts
Trust building
Provide Confidentiality
Outreach/home visits


How will the Guide follow up with the person to support their independence
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
42%
33%
25%
25%
25%
17%
8%
8%
Check ins
Face to face follow-up
Ongoing mentor support
Follow up in 2/3 days with text or messenger
Feedback from individual
Support network / Buddy system connection and action
Graduated discharge
Outreach support - ability to take people to meetings
Recognition and encouragement


Risks to accessing the guide
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Lack of awareness
gma- MH, Alcohol, drug abuse
Income/finance
Location
Reluctance to seek help
Funding
Access to technology etc
Lack of community supports / network available
Change management- willingness and readiness of...
Cost of marketing different groups
Culture, language barriers
Minimal Trust
Safety to self and others
Isolation
Availability of support services
Compassion fatigue
Retention and recruitment
Disengagement or lack of initial engagement
Transport
Safety and confidentiality
Vicarious trauma
Lack of skills and training
Staff not sharing power and knowledge
Fear and shame
Co-morbidities
Community reputation
Relapse into old habits
Mismatching with services
Lack of time and capacity
Capacity of guide
Consent
Services not communicating
Needs misidentified
Total dependence
Covid impacts

Appendix 8. continued

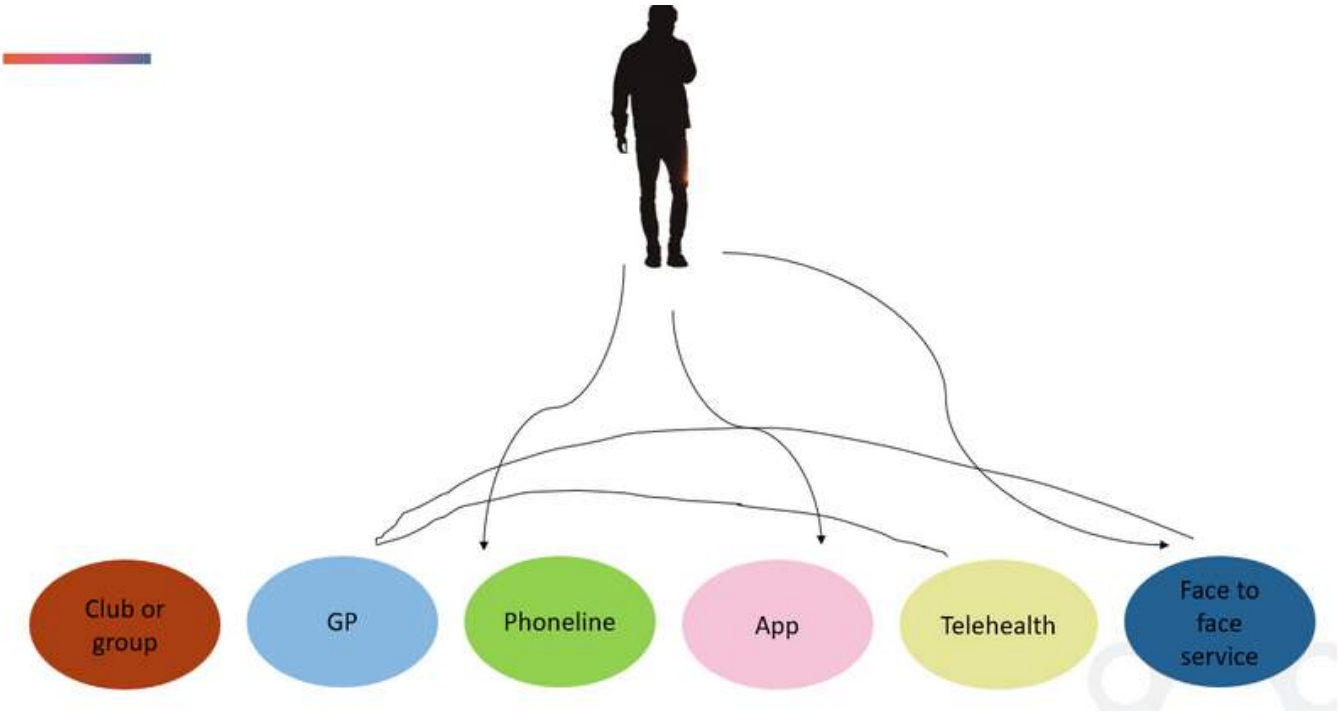


Appendix 9. Collated Co-designed Values Data

Co-designed values

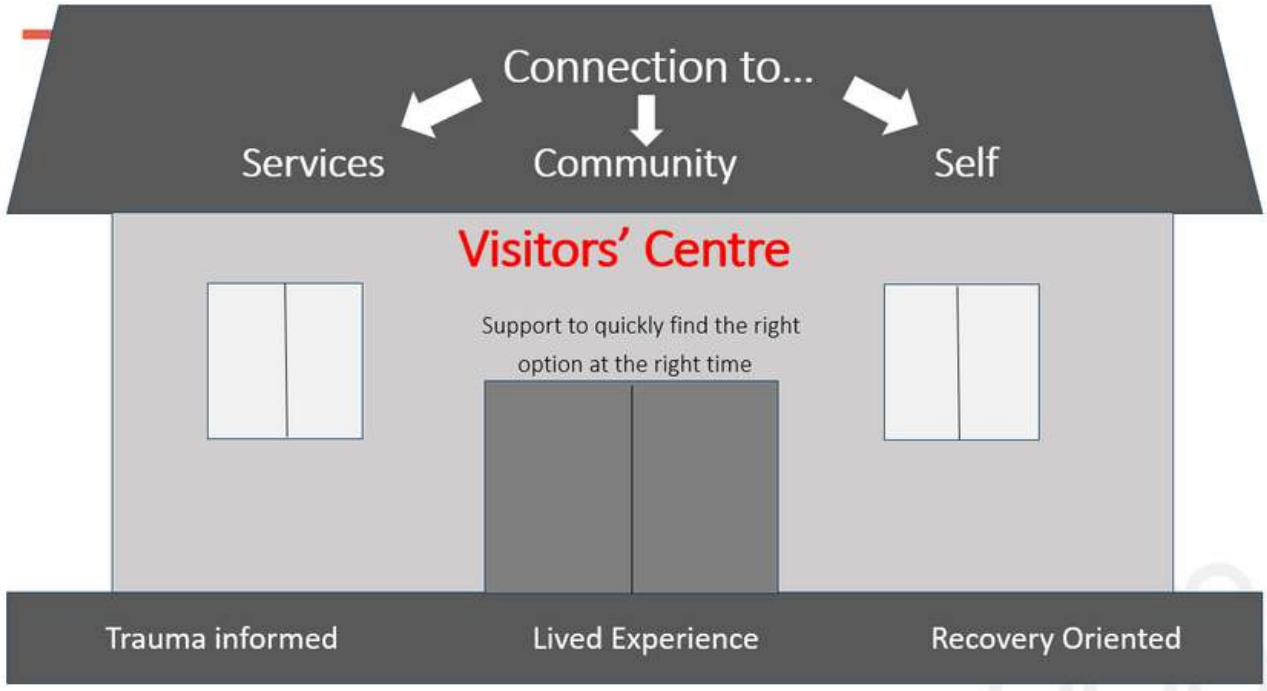
Empowerment	Empathy	Compassion	Consistency	Trust	Individualised	Person-centred
Purpose	Culture	Respect	Creativity	Courage	Bravery	Inclusive
Accepting	Knowledge	Commitment	Strengths-based	Dignity	Authentic	Listening
Comfortable	Safety	Curiosity	Confidential			

Appendix 10. Regional Workshop Co-design Presentation Tools



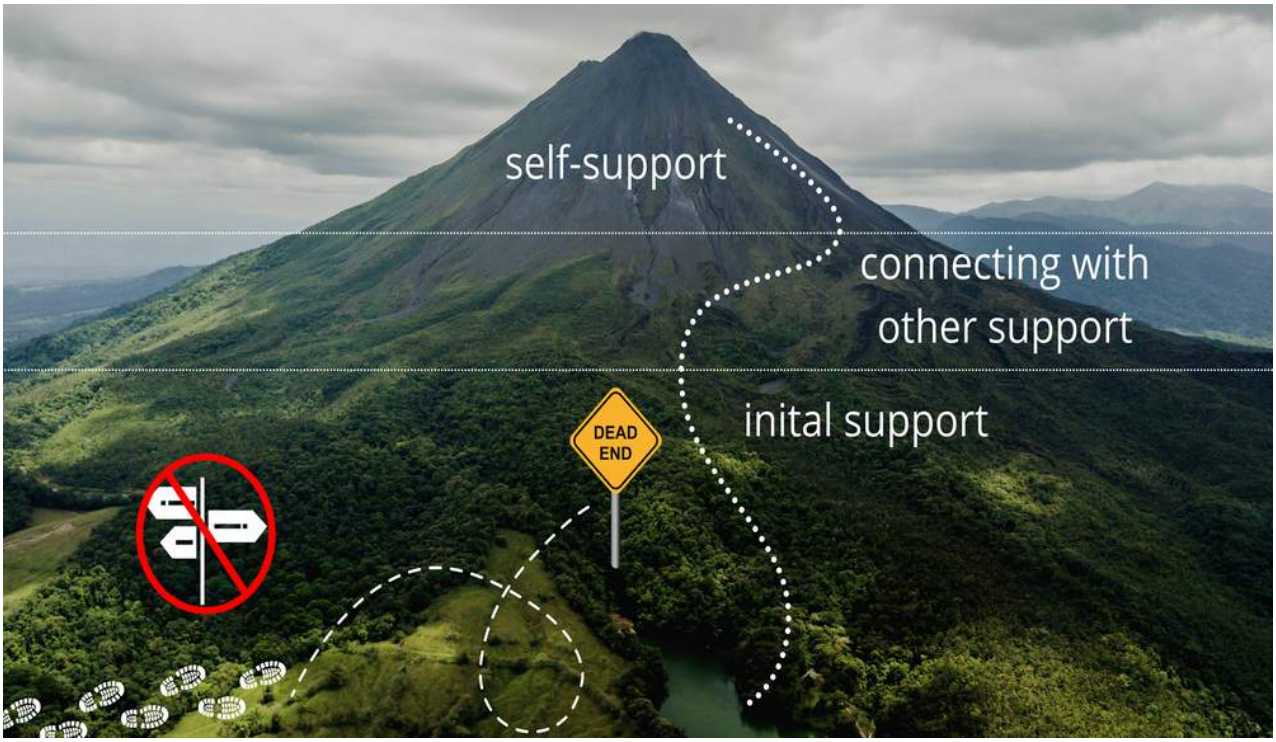
Mountain analeogy

Visitors information centre analeogy



Appendix 11. Whole of Region MECC June Co-design Workshop Presentation Tools

Evolved Mountain analeogy



Researchers changed the concept vision analogy to be less prescriptive and provided this 'guide' information in the presentation instead of the image used in the regional co-design workshops (page 95).

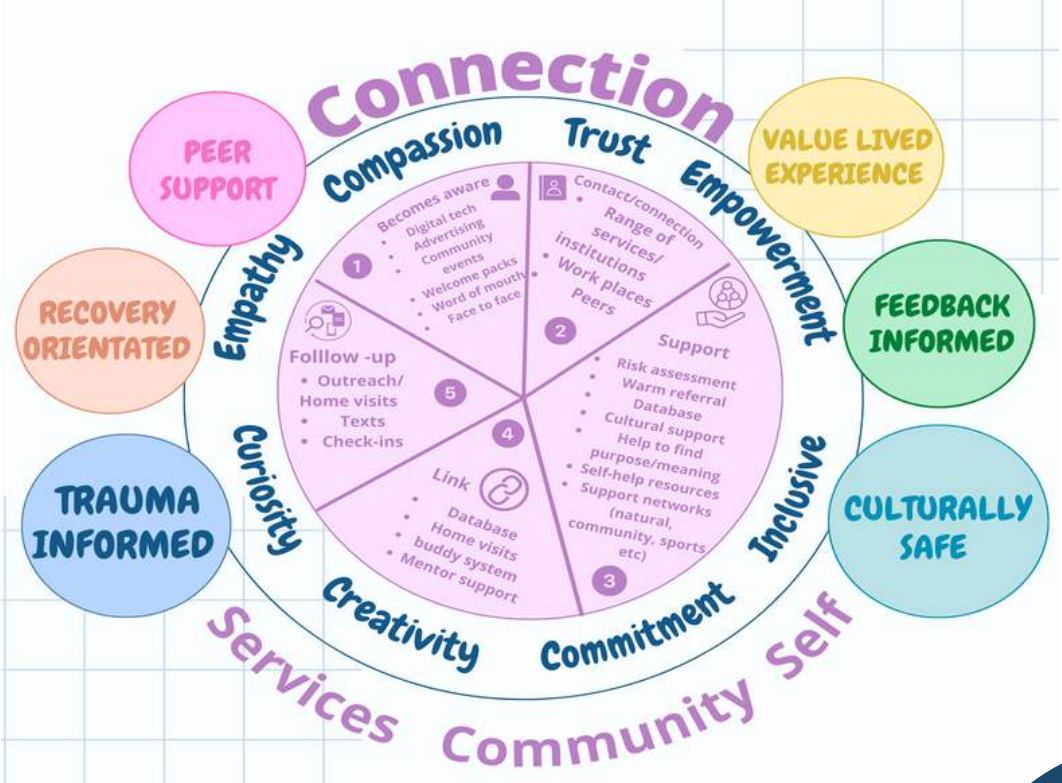
'Guide'

- Person or a range of people
- Information
- Digital resources
- Physical resources
- Process
- Space
- Any combination of the above

Appendix 12. Whole of Region MECC June Co-design Workshop Template used at each table

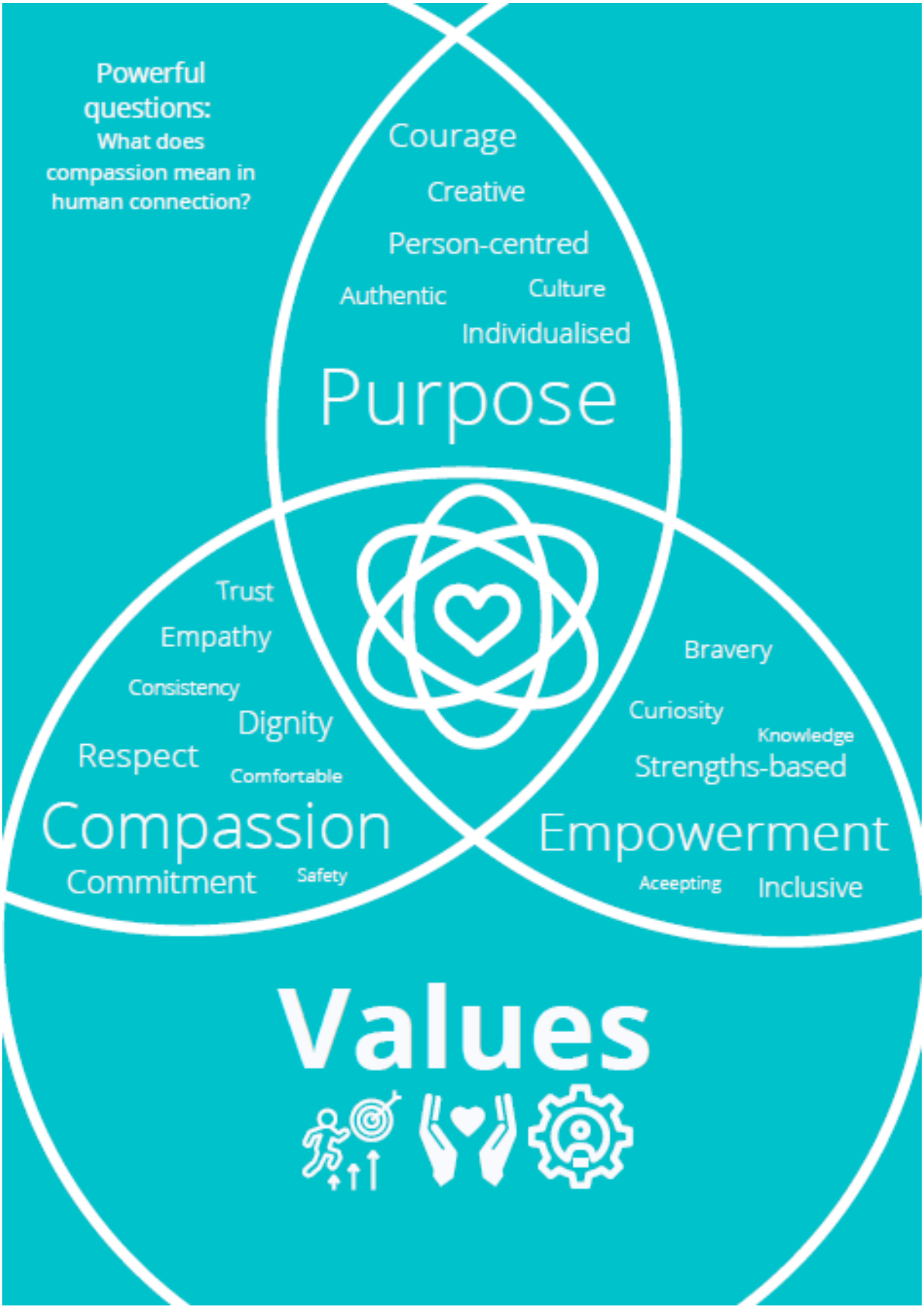
The Individual ➡ The Guide ⬆	1 How will the person become aware that the guide exists?	2 How will the person connect with/have initial contact with the guide?	3 What initial support will the guide provide, and how?	4 How will the guide link the person to other supports?	5 How will the guide follow up with the person to support their independence?
Co-Design Working Session 2 responses	• Internet • Word of mouth • Back of public toilet • Guidance officer	• Send a Facebook message • Message in a bottle • Through an App	• Identify needs • Listen to individual's story • Be curious and not making assumptions	• Match need to existing community supports • Take individual to meet new support	• Daily contact with guide • Transition to weekly/fortnightly contact
What resources are needed at each of the stages? (be specific)	• Access to internet, data • Develop a website • Marketing and communication	• Social media • Develop an app • People who are trained in MHFA and Safe Talk	• A car • Culturally appropriate assessment tools • Elders	• Outdoor space • Connection with football team • Database of local supports	• Phone • Range of trained community members (champions or ambassadors)
What are the barriers and risks at each of these stages? (Include: Solutions to overcome these)	• They don't become aware – or doesn't appeal to individual - Design tools with young people	• Risk to safety of guide – Duress alarm / check-in with other staff	• Guide is not appropriate person – have a range of well skilled guides who know the region	• No appropriate community supports existing – need to develop these	• The guide is overwhelmed and doesn't follow-up – internal buddy structure
What else is there to consider?	• Social media use • How do we meet regional needs	• What kind of assessment tools should be use to avoid individual's retelling their story	• Make sure what the guide focuses on is what the individual chooses to focus on	• Allow the guide plenty of scope to operate and think creatively	• Robust administrative support to allow guide to focus on individual

Appendix 13. Collated Data visual stage 1

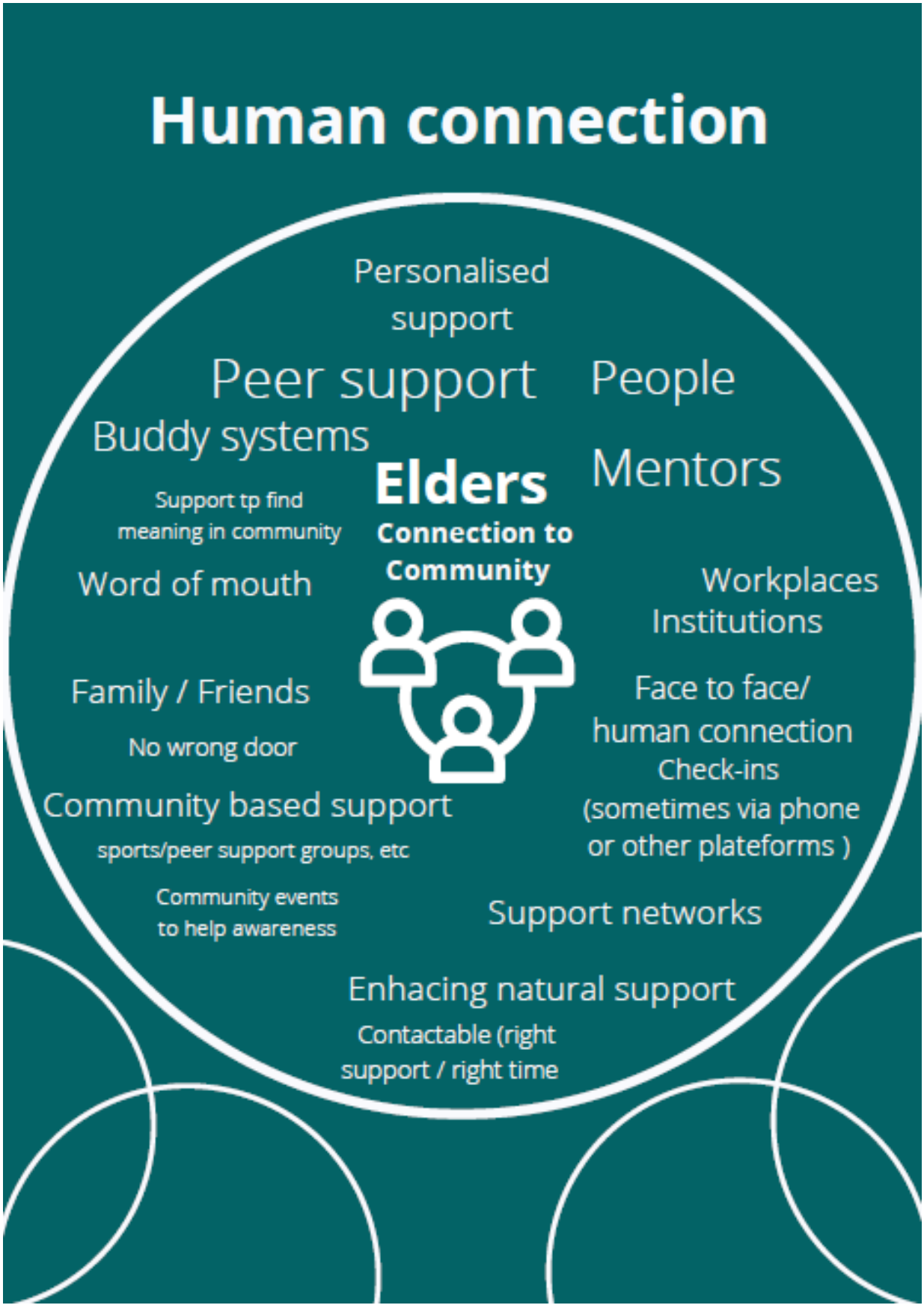


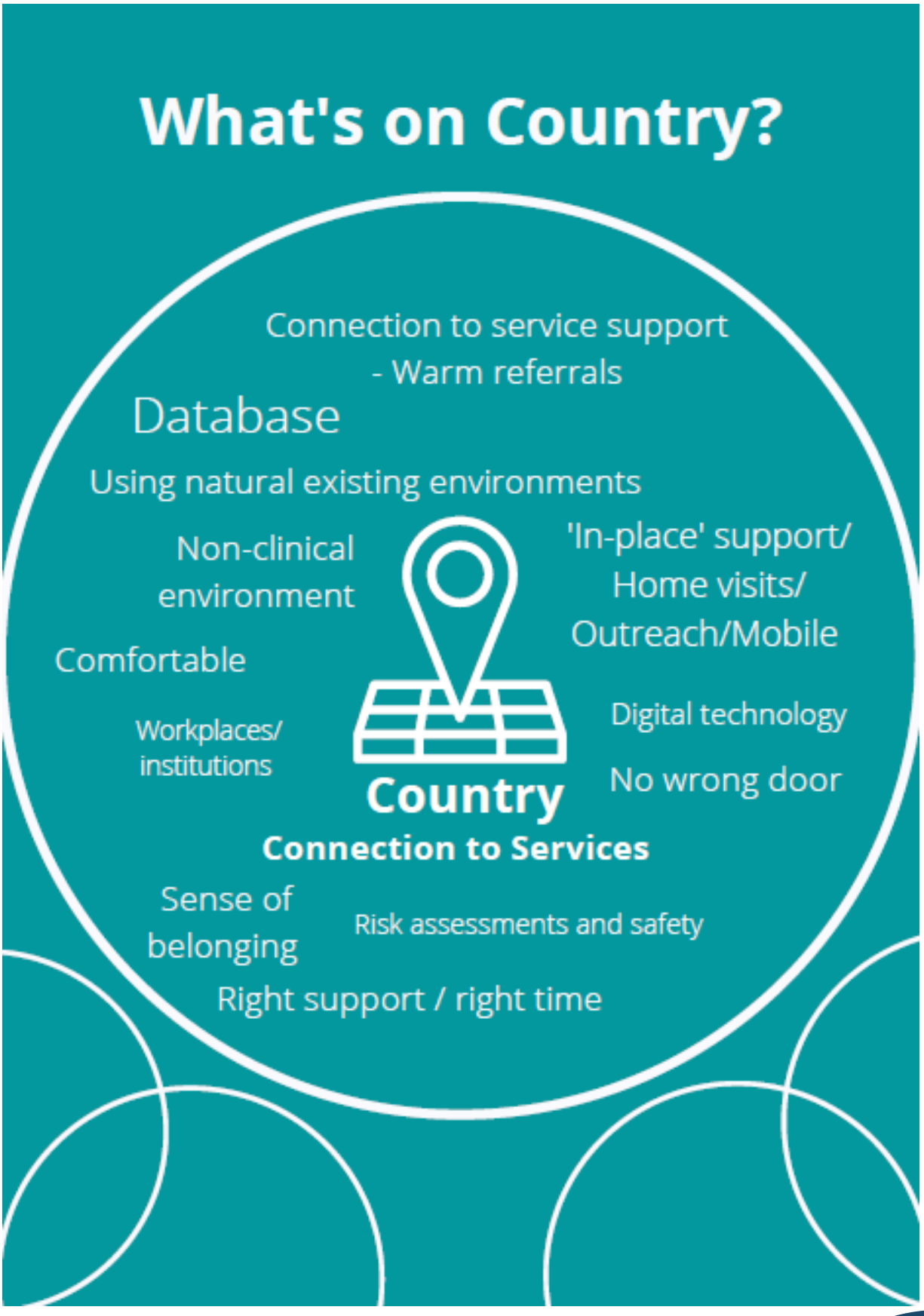
Appendix 14. Collated Data Framework Visual

Used by the Data Analysis Working Group to interpret the data and inform the model


Powerful questions:
What does compassion mean in human connection?
Courage
Creative
Person-centred
Authentic
Culture
Individualised
Purpose
Trust
Empathy
Consistency
Dignity
Respect
Comfortable
Compassion
Commitment
Safety
Bravery
Curiosity
Knowledge
Strengths-based
Empowerment
Aceepting
Inclusive
Values


Principles
Trauma Informed
Value Lived Experience
Recovery Orientated
Feedback Informed
Culturally Safe

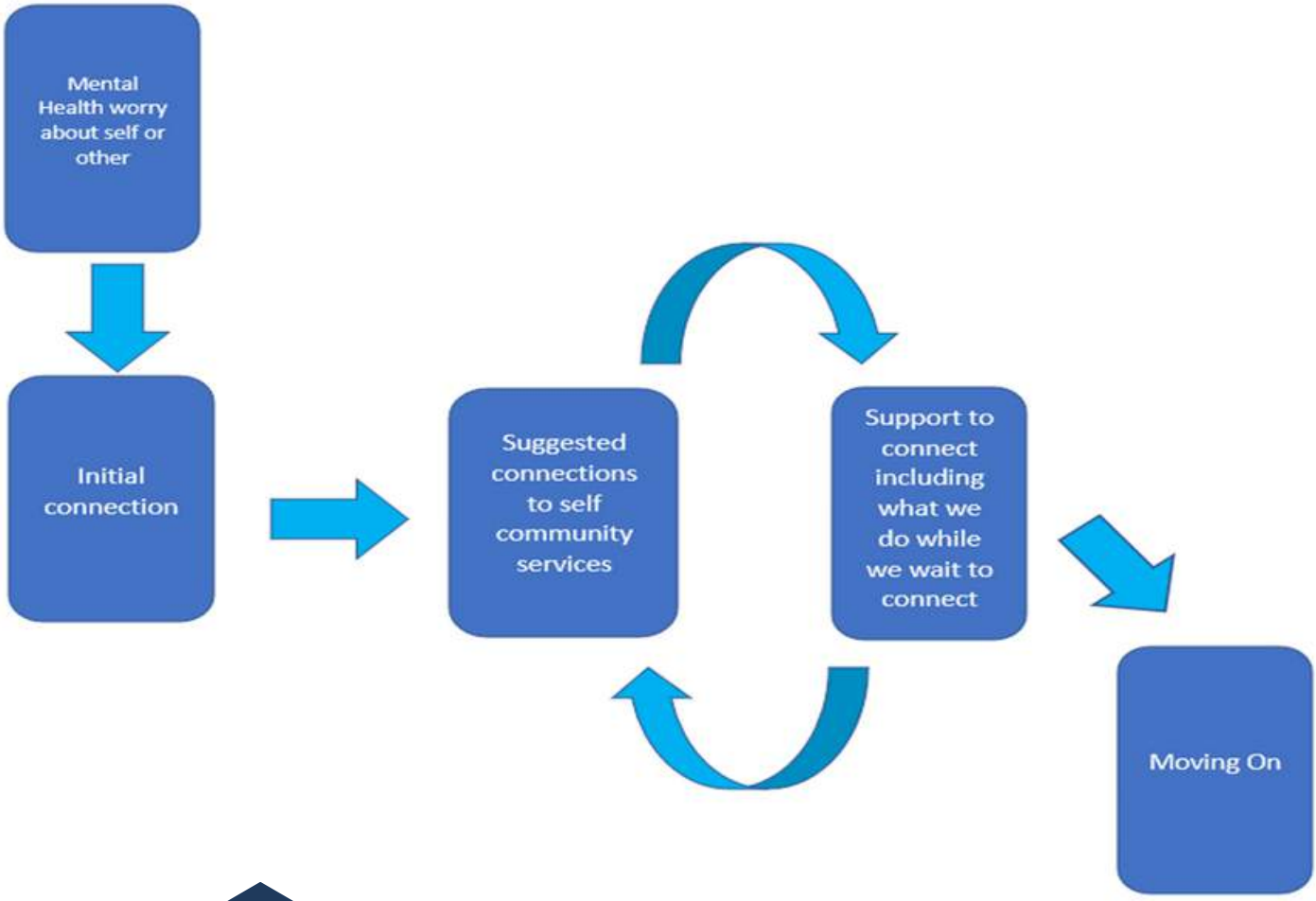

Human connection
Personalised support
Peer support
People
Buddy systems
Mentors
Elders
Connection to Community
Support tp find meaning in community
Word of mouth
Workplaces
Institutions
Family / Friends
No wrong door
Face to face/ human connection
Check-ins (sometimes via phone or other plateforms)
Community based support
sports/peer support groups, etc
Community events to help awareness
Support networks
Enhacing natural support
Contactable (right support / right time


What's on Country?
Connection to service support
- Warm referrals
Database
Using natural existing environments
Non-clinical environment
'In-place' support/ Home visits/ Outreach/Mobile
Comfortable
Workplaces/ institutions
Digital technology
No wrong door
Country
Connection to Services
Sense of belonging
Risk assessments and safety
Right support / right time

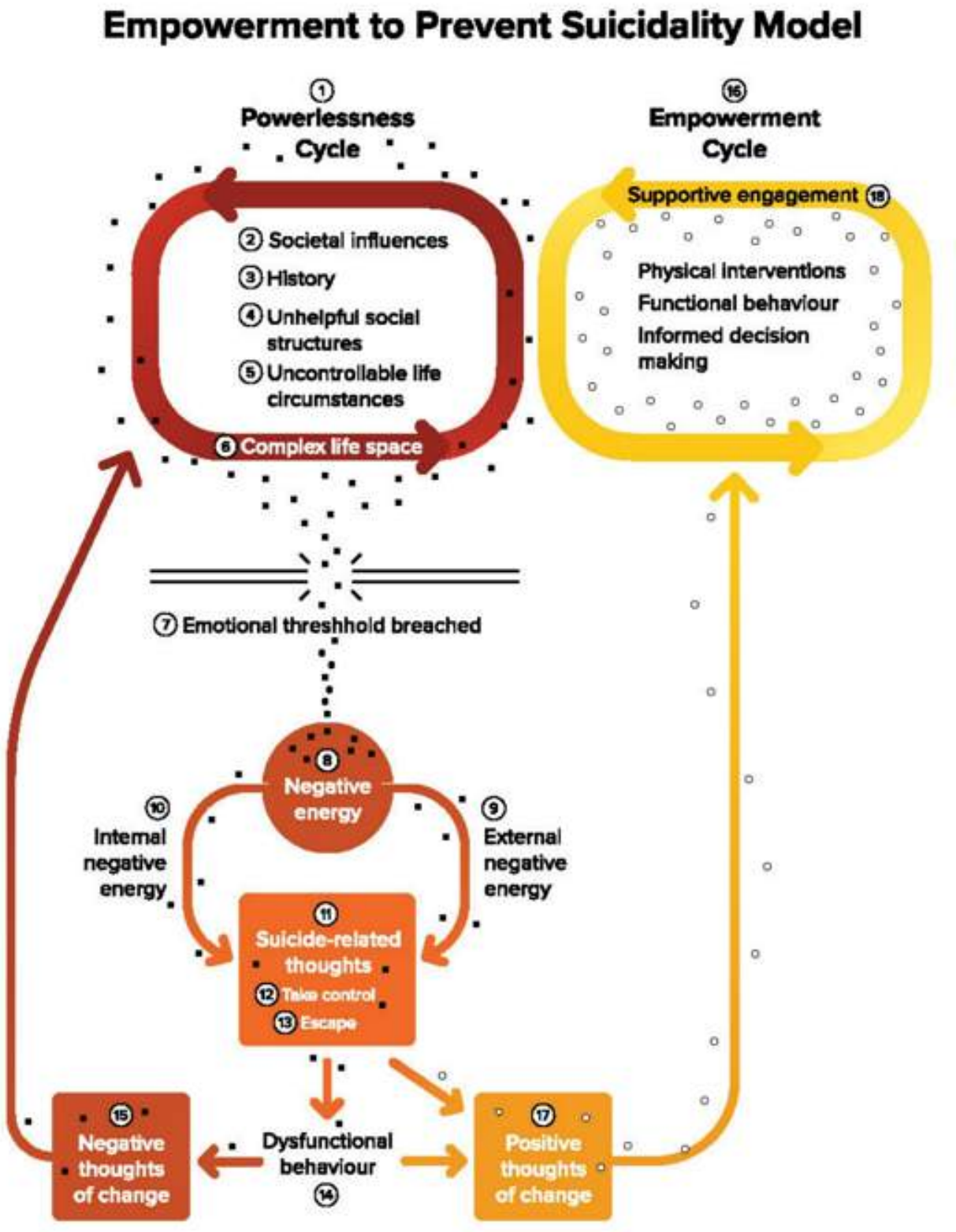

The individual
Supporting self-determination
Narrative/ story-telling approach
Healing
Support finding hobbies
Prioritise preferences, concerns, needs, goals and values of individuals
Building capacity for resilience
Option and choice
Spirituality
Connection to Self
Empowerment coaching
Understanding of strengths, wishes and opportunities
Sense of belonging
Self-help resources
Support in finding purpose and meaning
Space for creativity
Non-clinical / positive experience

Appendix 15. Experienced-based Mapping Tool used with Lived Experience Advisory Group

Flowchart of experience



Appendix 16. First Nations Suicidality Prevention Model Visual



Model Indicative Costings

Coordinators and co-design project officer

Direct Wages Cost (including super,work cover, AL accrual = 27%)	FTE	Hours/Wk	Overtime Hou	Hourly Rate	Weekly	Base Per Annum	Overtime Per a	Oncall Allowance	Total	Oncost *27%	Total Wages
Coordinator - **Whitsunday** (L5.1)	1.00	38	2	$ 44.92	$ 1,706.96	$ 88,761.92	$ 4,312.32	$ 3,329.25	$ 96,403.49	$ 26,028.94	$ 122,432.43
Coordinator - **Isaac** (L5.1)	1.00	38	2	$ 44.92	$ 1,706.96	$ 88,761.92	$ 4,312.32	$ 3,329.25	$ 96,403.49	$ 26,028.94	$ 122,432.43
Supervising Coordinator - **Mackay** (L6.2)	1.00	38	2	$ 50.15	$ 1,905.70	$ 99,096.40	$ 4,814.40	$ 3,716.87	$ 107,627.67	$ 29,059.47	$ 136,687.14
Co-Design Project Officer (L4.1)	0.4	20		$ 39.26	$ 785.20	$ 40,830.40	-	-	$ 40,830.40	$ 11,024.21	$ 51,854.61
Backfill Supervising Project Coordinator x 4 weeks (CPD opportunity for regional coordinators - higher duties)	1.00	38	2	$ 5.23	$ 198.74	$ 794.96	$ 41.84	$ 285.91	$ 1,122.71	$ 303.13	$ 1,425.84
										Total Wages and oncosts direct sta	$ 434,832.46

Continuous professional development training (refer https://www.cipd.co.uk/knowledge/strategy/development/benchmarking-factsheet#gref)

Cost of Learners time	Australian Benchmark CPD annual hours for health care workers	Hours/Wk	Hourly Rate	Weekly	Base Training Cost per annum	Oncost*27%	
Coordinator - Whitsunday (L5.1)	20.00	0.42	$44.92	$18.72	$973.27	$262.78	$1,236.05
Coordinator - Isaac (L5.1)	20.00	0.42	$44.92	$18.72	$973.27	$262.78	$1,236.05
Supervising Coordinator - Mackay (L6.2)	20.00	0.42	$50.18	$20.91	$1,087.23	$293.55	$1,380.79
Co-Design Project Officer (L4.1)	20.00	0.42	$39.26	$16.36	$850.63	$229.67	$1,080.30
					Total Continuous Professional Development Cost - Internal Staff		$4,933.19

Indirect expenses - Internal Staff

Car and Phone Costs	Weekly	Weeks/Annum	Total Car and Phone expenses Coordinators
Coordinator Phone allowance x 3	$ 42.00	52	$2,184.00
Car Expenses x 3			$25,500.00
Potential in-kind	Total Car and Phone expenses Coordinators		$27,684.00

Rent Costs Coordinators	Av/Annum	Daily Rate	Days /Annum	Total rent coordinators
Coordinator Office Rental (2days/wk) Whitsunday (Average Commercial space $25k/pa)	$ 25,000.00	$ 68.49	104	$ 7,123.29
Coordinator Office Rental (2days/wk) Isaac (Average Commercial space $30k/pa)	$ 30,000.00	$ 82.19	104	$ 8,547.95
Supervising Coordinator Office Space Rental (2days/wk) Isaac (Average Commercial space $60k/pa)	$ 60,000.00	$ 164.00	104	$ 17,056.00
Potential in-kind	Total rent expenses - internal staff			$32,727.23

Total Internal Resourcing Expenses - Coordinators and co-design project officer	Total Internal Resourcing Expenses	$500,176.88

Connectors Wages							
Direct Casual rate (inc super, work cover = ~15%)	No of casuals	Total Hours per casual per annum	Total Casual Hours (127 Casuals)/Per annum)	Casual Hourly rate	Total Casual Annual Wages	Oncosts 15%	Total Connector wages
127 Connectors @ 60 hours pa	127	60	7620	$52.00	$396,240.00	$59,436.00	$455,676.00
						Total Wages for Connectors	$455,676.00

Training Costs						
Cost of Learners time	No of casuals	Hours/Annum	Casual Hourly rate	Base Training Cost per annum	Oncost*15%	
127 connectors @ 16 hours pa (2 days)	127	16 2032	$52.00	$105,664.00	$15,849.60	$121,513.60
					Total Training Costs for Connectors	$121,513.60

Connectors Indirect expenses			
Connectors Phone Allowance	No of casuals	Allowance /Annum	
Annual Allowance phone allowance $50.00	127	$50.00	$6,350.00
		Total phone allowance connectors	$6,350.00

Travel	Coordinators	Est Kms per year	Rate per Km	
Mackay 76 coordinators @ 80 km per year	76	80	$0.92	$5,593.60
Isaac 25 coordinators @960kms per year	25	960	$0.92	$22,080.00
Whitsunday 26 coordinators @ 1500lms per year	26	1500	$0.92	$35,880.00
		Total mileage for connectors per annum		$63,553.60
Total Connector Resourcing Expenses			Total Internal Resourcing Expenses	$647,093.20

Indirect Program Expenses				
	Hours /Per annum	Hours/per week	Rate ph	
iHelp support (2 year maintenance)				$ 75,000.00
Training facilitator (6 month contact for a facilitator to deliver training across 22 sessions across the region) at 30 hours per	30	26	$ 150.00	$ 117,000.00
Lived experience advisory group - 100 hours per annum	100		$ 45.00	$ 4,500.00
Governance Group - 350 hours per annum	50		$ 45.00	$ 2,250.00
Total Other Program Expenses				$ 196,500.00

Total Program Cost p/a	
Total Internal Resourcing Expenses	$ 500,176.88
Total Connector Resourcing Expenses	$ 647,093.20
Total Indirect Program Expenses	$ 196,500.00
Total program cost per annum	$ 1,343,770.08
Admin Fee	$ 134,377.01
TOTAL PROJECTED PROGRAM COST PER ANNUM (not including initial set up costs on Tab 2)	**$ 1,478,147.08**
Program Annual Cost	$ 1,478,147.08
Program Setup costs	$ 186,396.00
	$ 1,664,543.08

Set up Cost	Hours	Rate		
Recruitment Costs			$	9,020.00
Live Database			$	57,000.00
App development			$	30,000.00
Laptops for PC's			$	12,000.00
Pilot evaluation			$	78,376.00
			$	-
Total Setup costs			**$**	**186,396.00**

Recruitment Costs	Hours	Rate	Total
Cost per Hire			
Internal Costs			
Development of Position descriptions, employment contracts (averaged over 4 positions)	2	$ 200.00	$ 400.00
Advertisement design	2	$ 100.00	$ 200.00
Candidate shortlisting by selection panel (selection panel x 3 @$100 pp x 1 hr each))	3	$ 100.00	$ 300.00
Interview (selection panel x 3 @$100 pp x 1 hour interview)	1	$ 300.00	$ 300.00
Preferred candidate selection (selection panel x 3 @$100 pp x 1.5 hour discussion)	1	$ 300.00	$ 300.00
Offer of employment	1	$ 100.00	$ 100.00
External Costs			
Job advertisment (1 month advertising)	1	$ 450.00	$ 450.00
Direct Cost per Hire			$2,050.00
10% Admin Fee			$ 205.00
			$2,255.00
Total Recruitment costs (4 x FTE)	4	$2,255.00	**$9,020.00**

Appendix 18. Phased implementation plan

PHASED COSTINGS FOR PILOT

Phase One

Governance/Leadership
Admin Fee $ 26,875.00
Recruitment and Wages
Recruitment x2 FTE$ 4,510.00
Wages x2 FTE (Senior Project Coordinator and Project worker)
$ 188,541.75
Continuous Professional Development x2 FTEs
$ 2,466.59
Functional Logistics
Laptops FTEs $12,000.00
Phone allowance FTEs $2,184.00
Motor Vehicle expenses $25,500.00 Rent $ 32,727.23
Co-design Lived experience advisory group
$ 4,500.00
TOTAL:
$ 299,304.58

Phase Two

Data Base and IT
Opportunity for in-kind /co contribution
Admin Fee $26,875.00
Community Directory (Local Community points of connection)
$57,000.00
iHelp Support$75,000.00
Set up automated service architecture, communication and connector app (online platforms) $30,000.00
Total:
$188,875.00

Phase Three

Training and Promotion
Admin Fee $26,875.00
Recruitment and Wages
Recruitment Costs x2 FTE$ 4,510.00
Wages x 2 FTE (Senior Project Coordinator and Project worker)
$ 246,290.71
Continuous Professional Development x2 FTEs
$ 2,466.59
Training facilitator (6 month contact for a facilitator to deliver training across 22 sessions across the region) at 30 hours per week
$ 117,000.00
TOTAL
$ 397,142.30

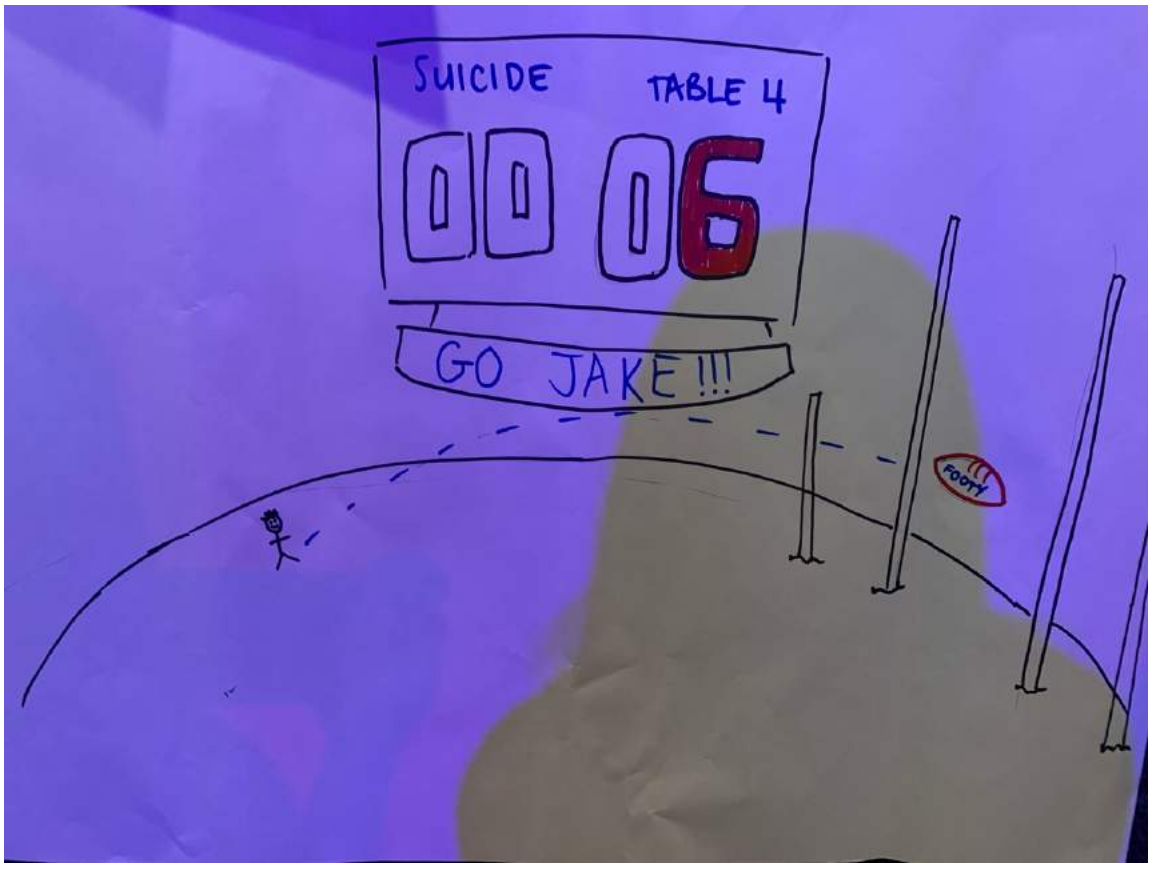
Phase Four

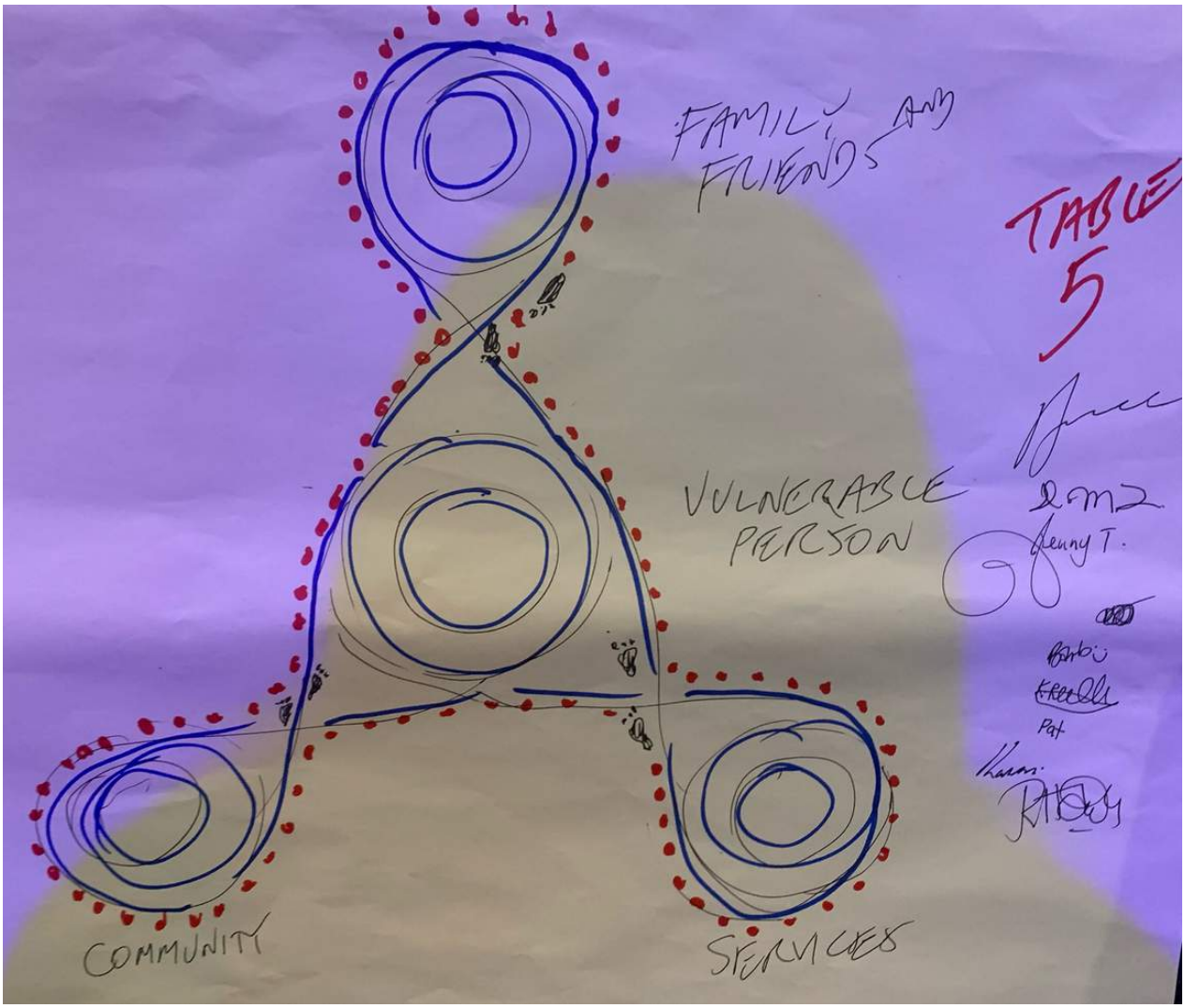
Pilot Standup
$ 26,875.00
Connector Wages
$ 455,676.00
Connector Training
$ 121,513.60
Connector Telephone allowance
$ 6,350.00
Connector Travel Allowance
$ 63,553.60
Total:
$ 673,968.20

Phase Five

Evaluation and Sustainability
$ 26,875.00
Evaluation of pilot
$ 78,376.00
Total:
$ 105,251.00

Appendix 19. Whole of Region Co-design creative depictions




FAMILY AND FRIENDS
TABLE 5
VULNERABLE PERSON
COMMUNITY
SERVICES

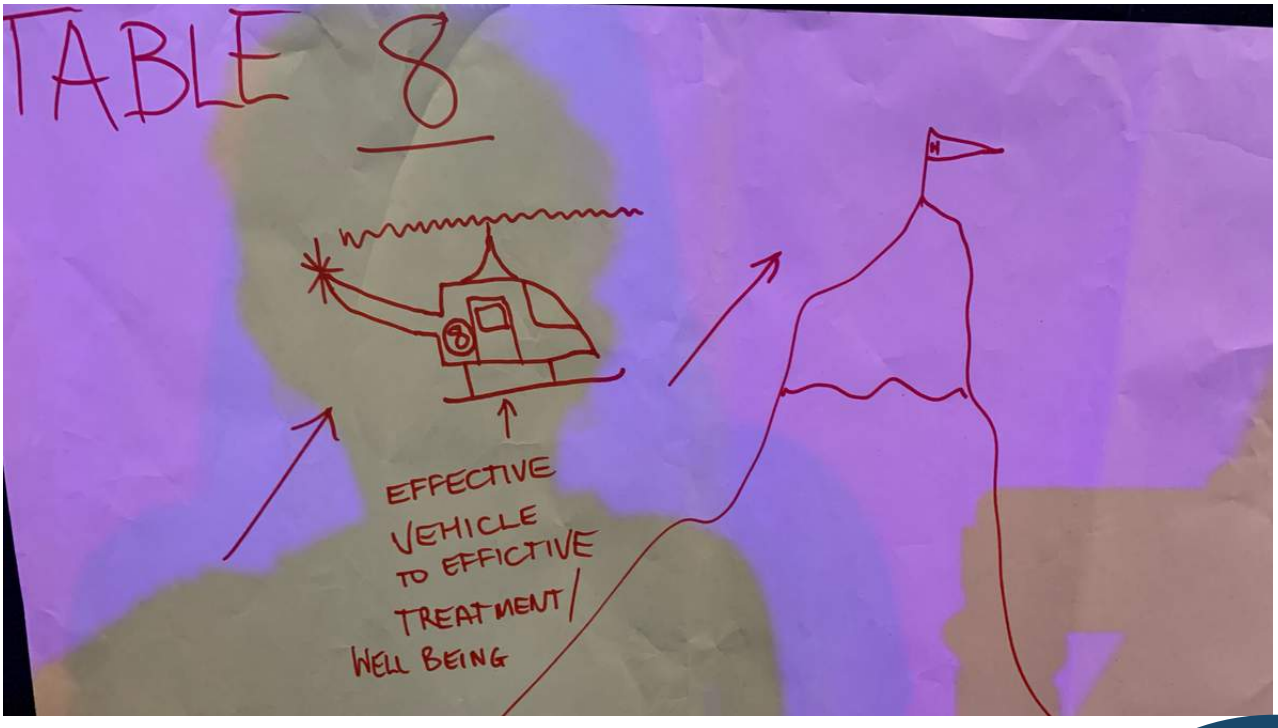
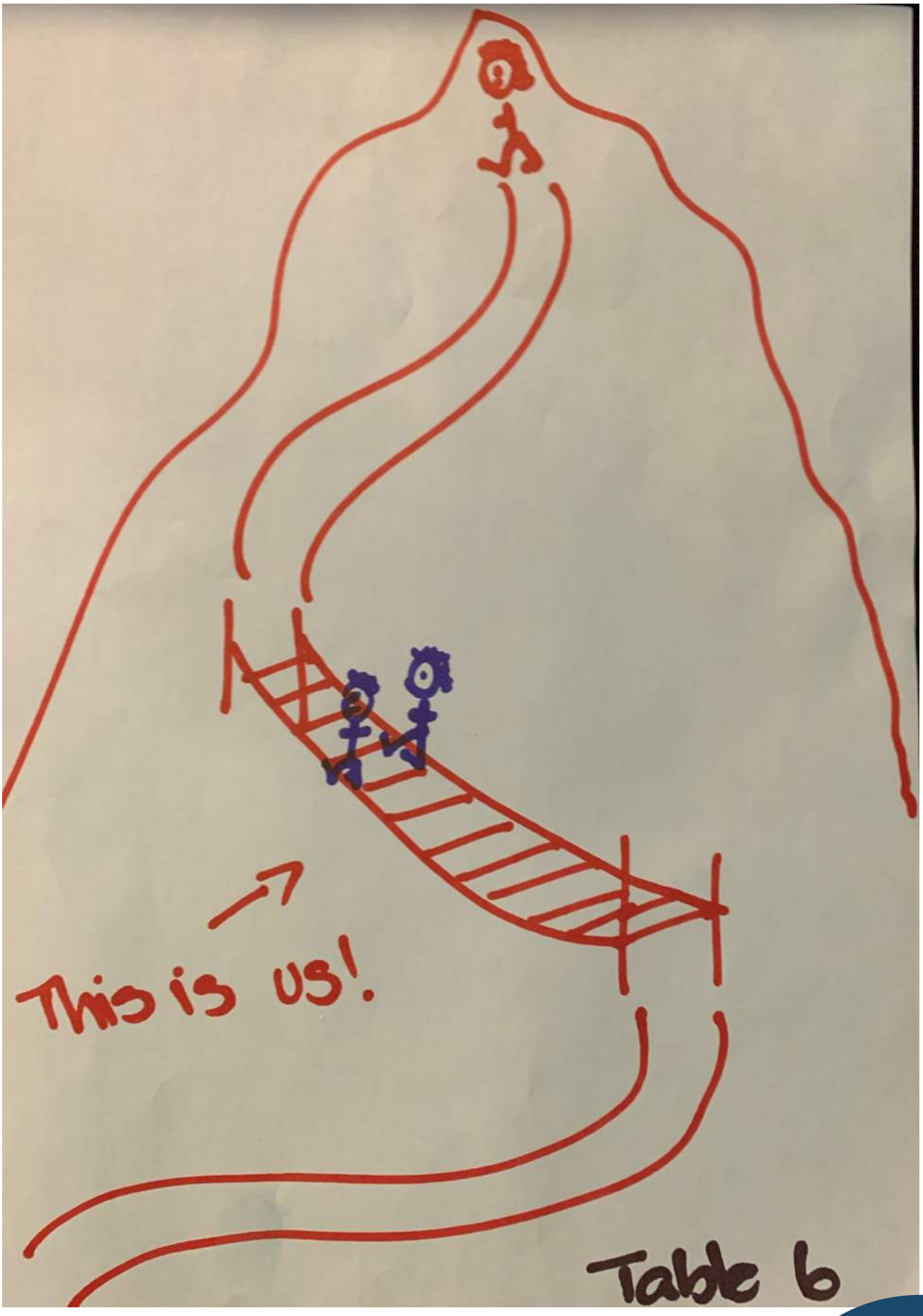


TABLE 8
EFFECTIVE VEHICLE TO EFFICTIVE TREATMENT/ WELL BEING


This is us!
Table 6

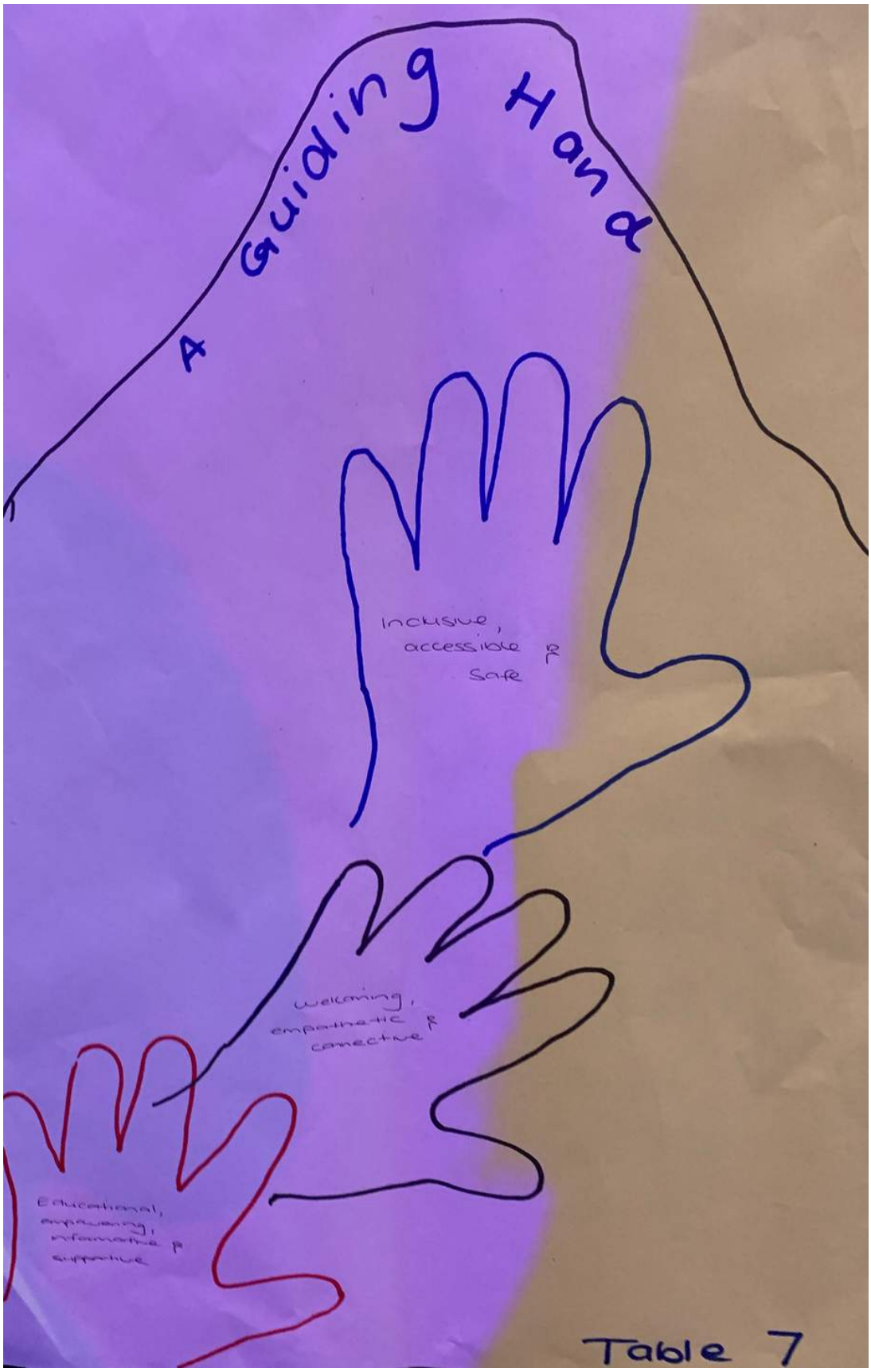

A Guiding Hand
Inclusive, accessible & safe
Welcoming, empathetic & corrective
Educational, empowering, informative & supportive
Table 7


TABLE 9
Community
Connection
STIGMA
Accessibility
FUNDING
Distance

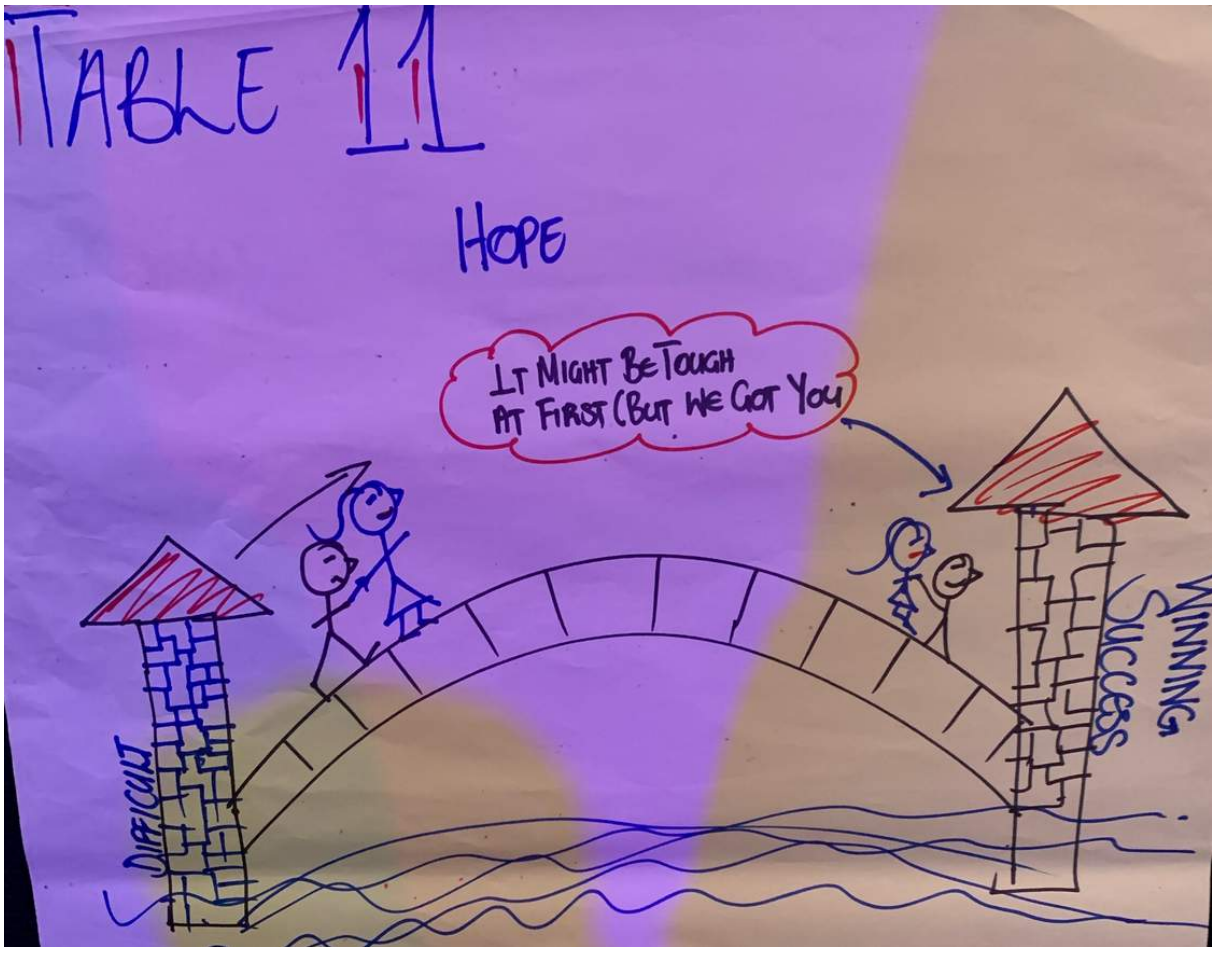


TABLE 11
HOPE
IT MIGHT BE TOUGH AT FIRST (BUT WE GOT YOU)
DIFFICULT
WINNING SUCCESS

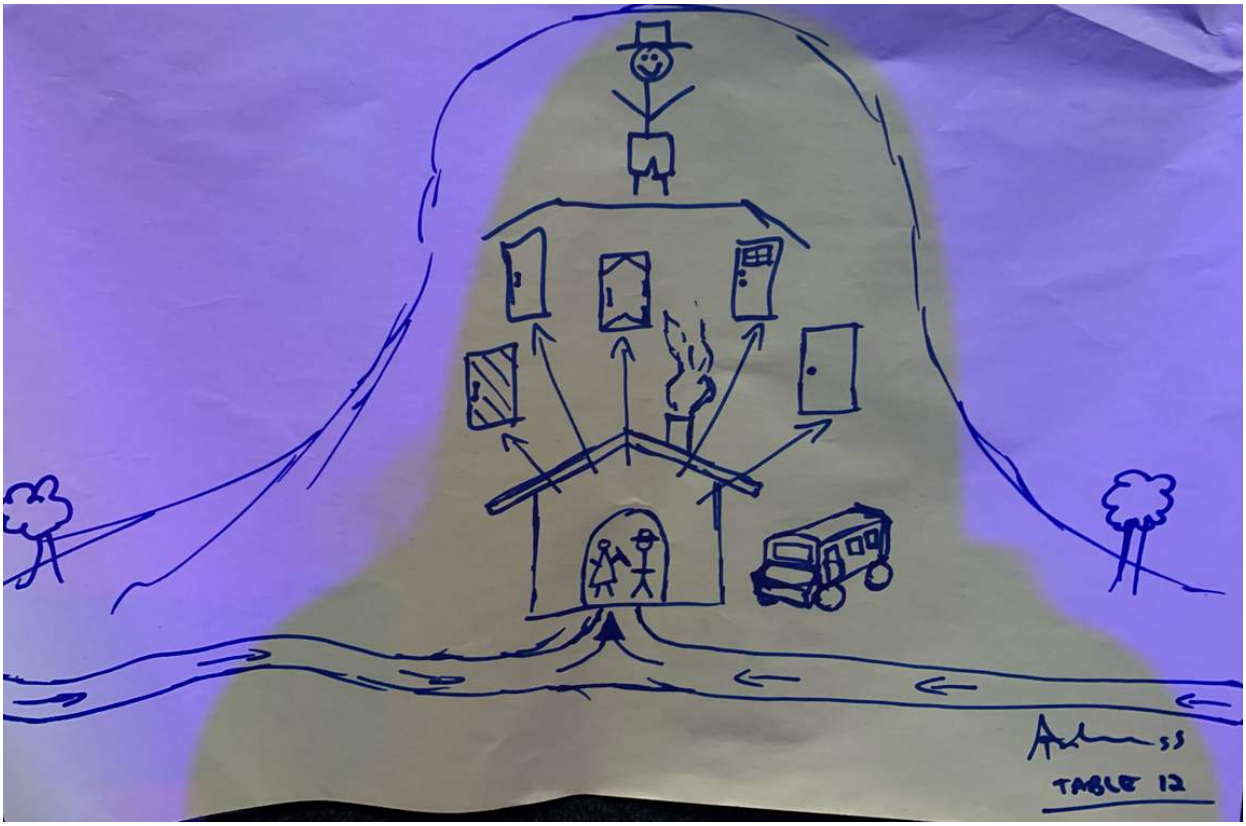


TABLE 12

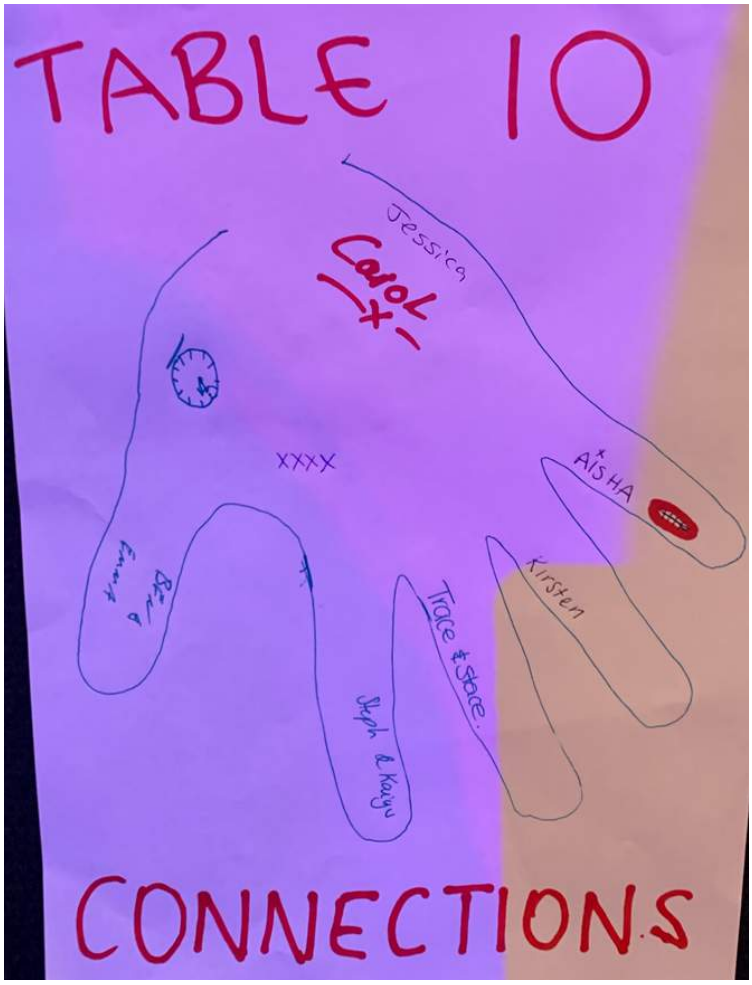
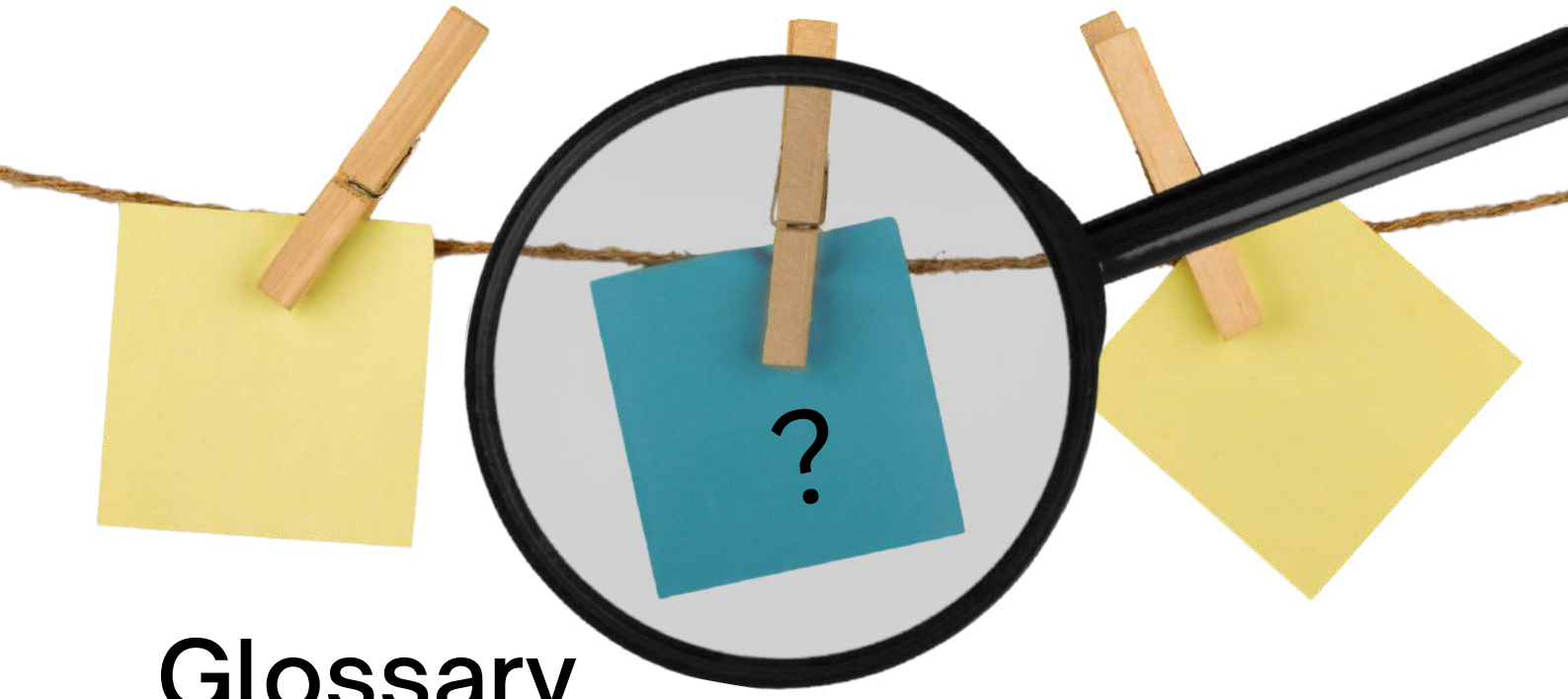


TABLE 10
Jessica
Carol
XXXX
AISHA
Kirsten
Trace & Space
CONNECTIONS



Glossary

Action Learning is a process that involves a small group working on a real problem, taking some action, reflecting and learning from that action, then deciding on next actions, as individuals, a team, and as a group or organisation. It helps to develop creative, flexible and successful strategies to pressing problems.

Alcohol and Other Drugs (AOD) – this term most often refers to excess use of alcohol and misuse of illicit or prescribed drugs.

Allied Health Care refers to care provided by professionals such as psychologists, pharmacists, social workers, occupational therapists, speech therapists, chiropractors or optometrists.

Better Access is an initiative from Australian Department of Human Services to improve treatment and management of mental illness within the community. Through their GP, patients are provided access to 10 sessions per year with mental health professionals as part of a Mental Health Care Plan). Under this initiative, Medicare benefits are available to patients for selected mental health services provided by GPs, psychiatrist, clinical psychologists and other practitioners.

Bravehearts is Australia's leading child protection organisation working to make Australia the safest place in the world to raise a child.

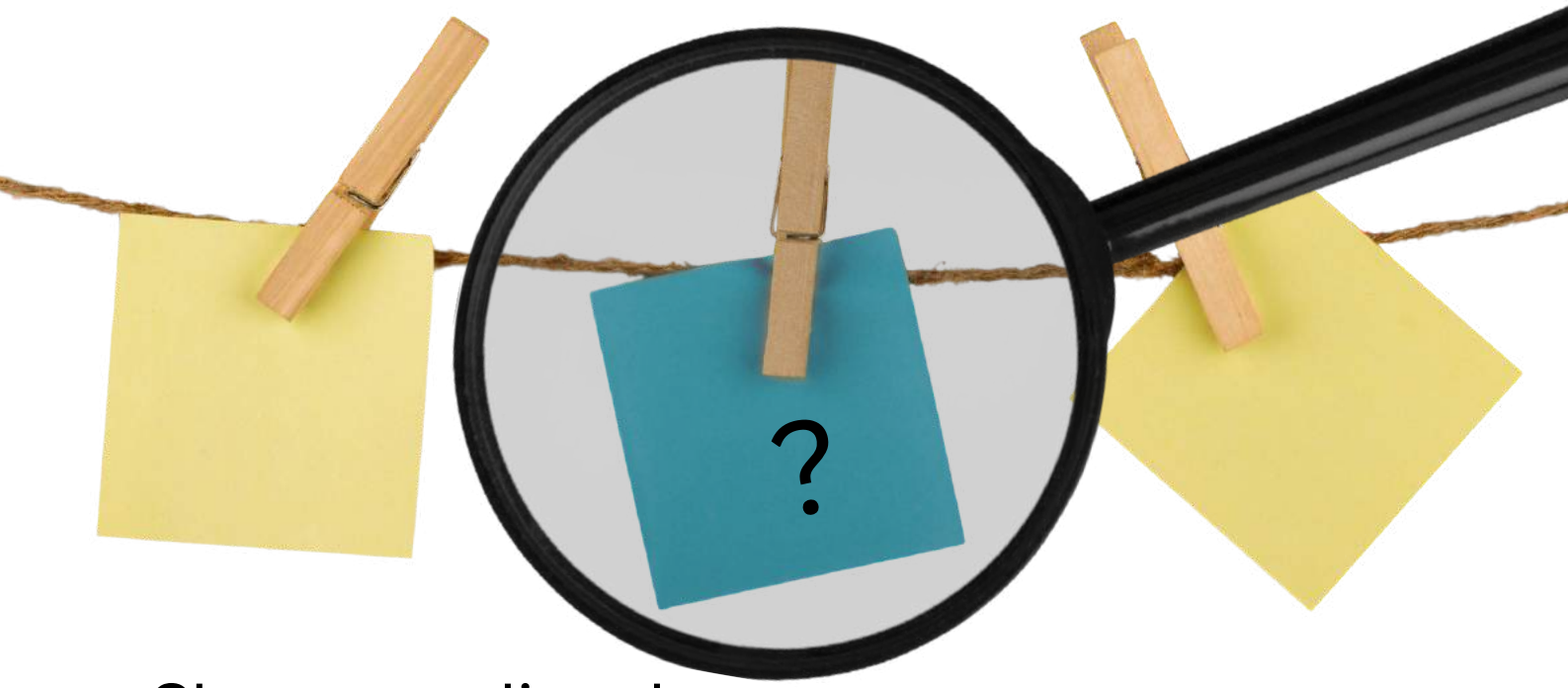
Blue Knot Foundation is part of the National Centre of Excellence for Complex Trauma. They provide training and supervision for service providers and counselling, resources and referrals for survivors.

Child Safety refers to the Queensland Department of Child Safety, Youth and Women; may also be referred to as The Department.

Client refers to the user of a service, which may include a child or an adolescent.

Cognitive Therapy is based on the principle that the process of cognition – i.e., the way in which people perceive, interpret, and attribute meaning in their daily lives – is the key to helping people conquer depression.

Co-morbidity – other conditions that occur at the same time as mental illness. This is often physical illness or poor health but also includes use of alcohol and other drugs. Both are very common in those with mental illness or mental disorders.



Glossary continued

Clinical Governance is a systematic approach to maintaining and improving the quality of patient care within the National Health Service.

Cognitive Behavioural Therapy (CBT) combines the purely cognitive approach with behavioural therapy and is currently the most widely practiced method of therapy. It is based on the principle that learnt behaviour can be unlearnt and subsequently changed by modifying cognitive (thinking) and behavioural patterns.

Community-based Service is a non-government organisation/government funded organisation providing community services, which may include primary health care services.

Counselling is a short-term consultation that deals with present issues that are easily resolved on the conscious level. It is more concerned with practical or immediate issues and outcomes and helps a client:

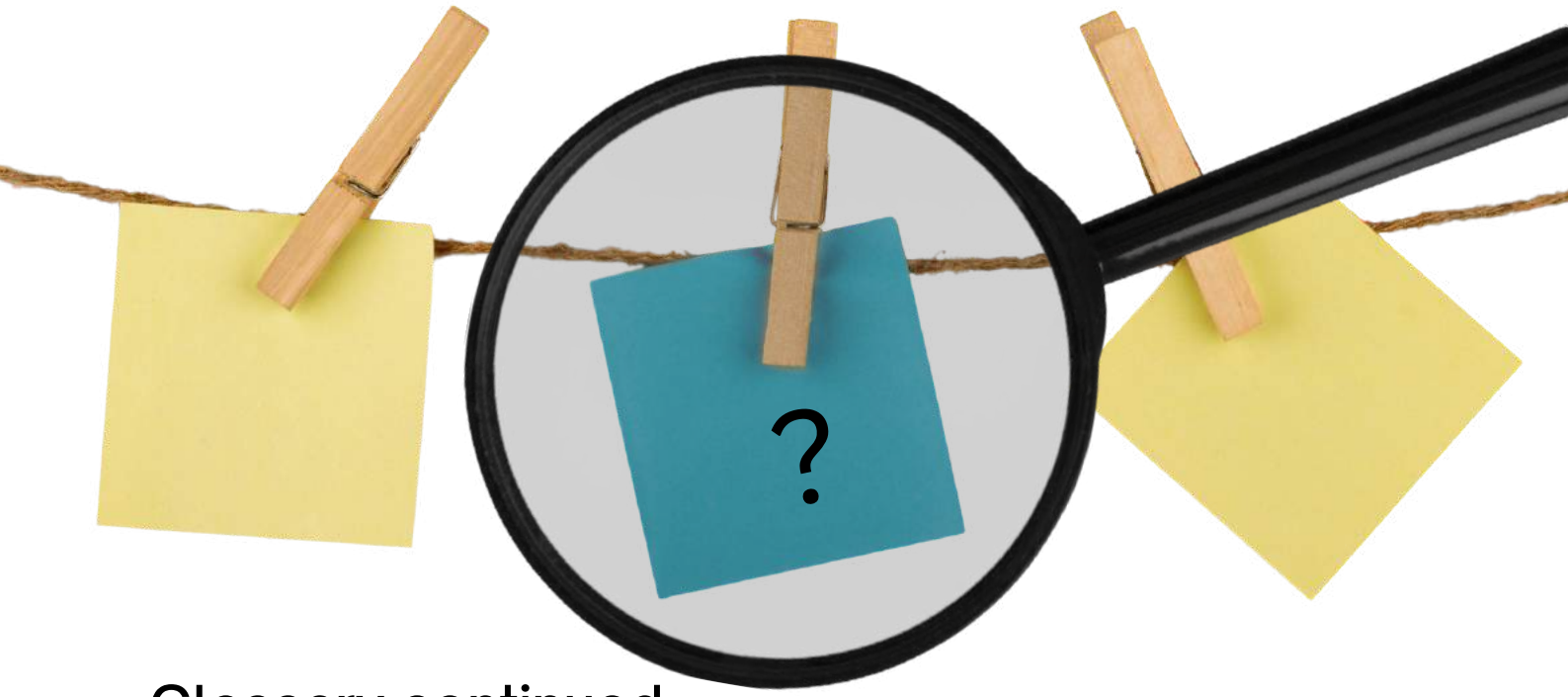
- process powerful emotions such as grief or anger
- deal with immediate causes of stress and anxiety
- clarify values and identify options when making important personal or professional decisions
- manage conflicts within relationships
- develop better interpersonal and communication skills
- intentionally change unproductive thoughts and behaviours.

Culturally Safe or cultural safety is referred to as an environment that is spiritually, socially and emotionally safe, as well as physically safe for people - where there is no assault challenge or denial of their identity, of who they are and what they need.

Ed-LinQ is a role within Queensland Health role which acts as a link between schools and service providers to support early identification of, and appropriate responses to, mental health concerns for school-aged children and young people.)

Evolve is a service that provides therapeutic counselling services to children and adolescents who are under the care of the Department of Child Safety.

Feedback informed is an evidence-based practice where support services gather real-time input from clients using structured measures to identify what is and is not working in therapy and then adjust to better meet client's needs. This can be done on many different levels to inform future practice and treatment directly guided by individual perspectives.



Glossary continued

First 1000 Days - is a strategy to strengthen Aboriginal and Torres Strait Islander families so they can address their children's needs from pre-conception to two years of age, thereby laying the best foundation for their future health and wellbeing.

Lived Experience have unique knowledge, abilities and attributes. They draw on their own life-changing experience, service use and their journey of recovery and healing, to support others through their understanding of shared experience, self-determination, and empowerment.

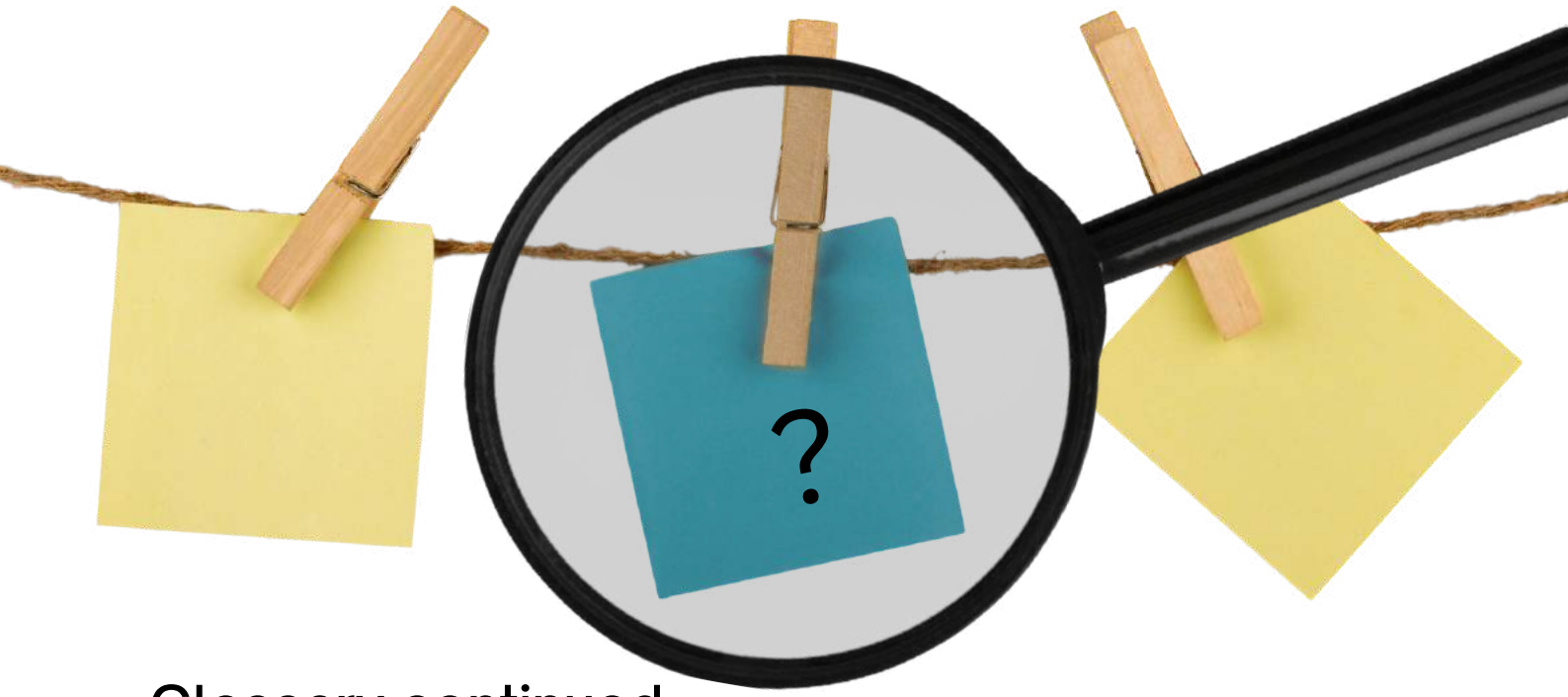
My Community Directory is a national online directory of community service organisations. It provides up-to-date information for community organisations (registered with the directory) who provide services in specific areas across Australia. My Community Directory is already being utilised by Mackay Regional Council in the Mackay area. The directory also includes a calendar, map and other functions to support searching for services according to specific criteria.

Mackay Family Support Alliance (MFSA) is a Mackay-based initiative to support integrated development and operation of services to children, young people and their families who are at risk of entering statutory systems. It includes both family support providers and government agencies working collaboratively.

MORE 4 Mackay is a place-based initiative (currently in development) involving a range of people (government, community based services, families, community members, etc) working collaboratively to support vulnerable families to better their lives, reduce the number of individuals and families referred to statutory services and embed this support within daily work practices.

Natural environment is referred to as locations within an individuals community and life to which they are comfortable, share familiarity and connection.

Not Now Not Ever: Putting an end to domestic and family violence in Queensland Report is a report commissioned by the Qld government and produced by a Special Taskforce on Domestic and Family Violence in Queensland, chaired by The Honourable Quentin Bryce AD CVO in 2015. The report included 140 recommendations, all of which were accepted by the Qld government.



Glossary continued

Peer support / Wellness connectors / Peer Connectors in the context of the pilot model pathways connect are the trained leaders, elders, mentors and champions in their own community who delivering in-place, empathetic compassionate support to individuals in need creating positive early intervention experiences.

Practitioner refers to the individual who administers service for a child or adolescent, such as counselling sessions. This may include social workers, mental health clinicians, counsellors, psychologists or youth workers.

Primary Care is typically a person's first contact with the health system and broadly encompasses care that is not related to a hospital visit. It includes a range of activities, such as health promotion, prevention, early intervention, treatment of acute conditions and management of chronic conditions. It is delivered in a variety of settings, including general practices, community health centres, allied health practices and through communication technology such as telehealth and video consultations. Medicare primary care items provide Medicare rebates for a range of services provided by general practitioners, nurse practitioners, midwives, practice nurses and allied health providers. (Australian Institute of Health and Welfare, 2019)

Program Coordinator in the context of the pilot model pathways connect refers to a structure of management who create seamless collaboration, cohesion across the region and support connectors to meaningful and positive outcomes through robust leadership approaches.

Program refers to the specific service provided within an organisation.

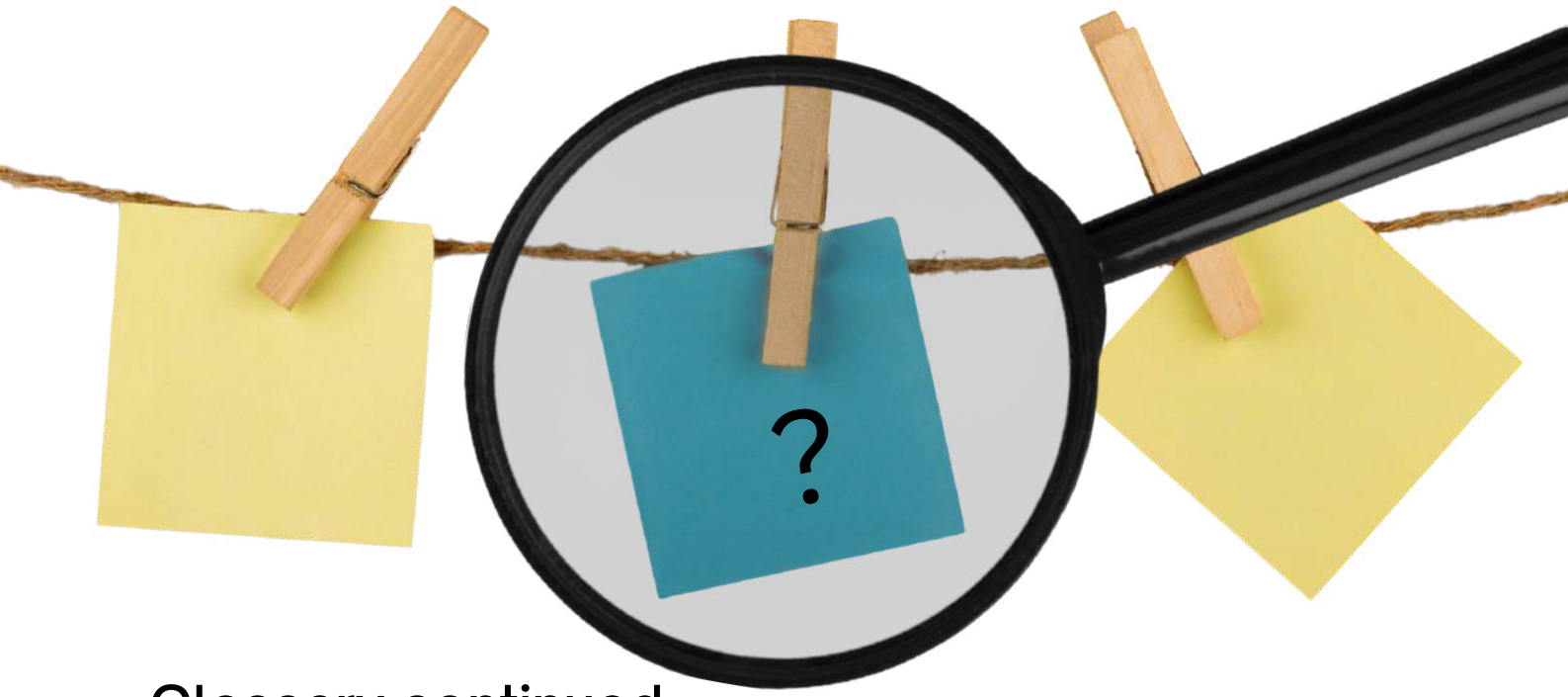
REMPLAN is an organisation which works with others to analyse economic and demographic data to support evidence-based decision making.

Recovery Orientated

Secondary Health Care is care provided by a specialist healthcare provider upon referral by a primary care physician.

Service refers to either to the specific service (ie: program) provided by an organisation or to the organisation as a whole.

Service Provider refers to the organisation that provides a service for children or adolescent.



Glossary continued

Tertiary Health Care refers to hospital care.

Trauma-informed Approach is a systems intervention (rather than a specific practice) that becomes embedded in a service, as evidenced in the service's policies and procedures, leadership and everyday operational practices. A trauma-informed service realises the widespread impact of trauma and understands potential paths for recovery.

Therapeutic Approach is the framework used by a psychologist or counsellor in how they view human relationships and the issues they face as part of their lives. In general terms, there are two groups of therapeutic styles – behavioural (which is short-term and solutions focused) and psychodynamic (which is longer term and focuses more on underlying causes of behaviour).

Unmet needs in the context of mental health support or treatment exists when someone has a mental health illness and or problem but doesn't receive formal care or support or when the care received is insufficient or inadequate. Epidemiological research has identified both structural and attitudinal barriers to care, which lead to unmet mental health needs, but reviewed literature has shown gaps in qualitative research on unmet mental health needs. This term was used throughout the project describing the experience of individuals who were unable to find the right support at the right time.

Warm Referrals refers to referrals that are made to other services when the referring service contacts the service first to prepare them for the client's arrival and possibly also providing additional details (verbally or in writing) to support the client and worker in the next service.

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