

Friday, 8 December 2017
Simon Johnston, Committee Director
Committee on Children and Young People
Inquiry into Prevention of Youth suicide in NSW

Dear Committee members,

Thank you for the opportunity to sit on a panel as part of this inquiry. I have included my response to the questions placed on notice at the hearing as well as supplementary questions specifically posed for The Way Back Support Service. Feel free to contact me should you wish to discuss further.

Kind Regards,

Danielle Adams
Operations Manager, The Way Back Support Service

Questions arising from transcript

Question posed by Mr Michael Johnsen: “You call for the multi-sectoral approach to suicide prevention, maximising efforts and reducing duplication. My point about that is that you are delivering it, so what are you doing about it? What does the coordinated, collaborative, whole-of-government and whole-of-community approach look like? What are the gaps? Given that you, collectively, are the drivers of this, what are your perceptions of the gaps? “

Lifespan is a trial currently in operation in Newcastle that is attempting to coordinate and implement an approach as described above. It includes a suite of evidence-based interventions ranging from individual to community-based initiatives. <https://www.blackdoginstitute.org.au/research/lifespan>

The Way Back represents a key component to this strategy, providing aftercare support following a suicide attempt. The success of The Way Back Service to date includes effective collaboration between local agencies with the net effect of increased access for consumers to the service. This is addressed in further detail under “Key Learnings a) Partnerships”.

I wish to highlight two key areas relating to gaps:

- **Accessing services:** The system typically requires the individual to be motivated and resilient enough to be prepared to call multiple services, possibly being advised they don’t meet the criteria or that the service has no capacity, and then potentially being prepared to wait or to pay for the service. This can be intimidating or frustrating for someone particularly if they are struggling to reach out for help.

A significant driver of difficulties in accessing services is the specific criteria attached to funding guidelines for each particular service. Funding is provided by multiple sources and each has specific criteria which can be confusing to the public. The consumer is left to navigate and determine what service they may possibly fit into – this increases the risk of withdrawing from services. GPs have also reported difficulties to me with regard to this issue.

- **Complex and/or chronic presentations:** clinical services for the more complex and/or chronic presentations are limited. This group often include dual diagnosis (comorbid substance misuse and mental health). Often the only viable alternative is to access NGO counselling who arguably are not most qualified or resourced to support this higher level of complexity.

The Way Back model was developed to try and bridge gaps between services and help individuals to connect, and continue to stay engaged with a recommended service. The Way Back Support Service experiences first-hand the difficulties individuals experience when trying to access services. The data from The Way Back indicates that the modal age for referral to our service (ie following a deliberate self-poisoning) is 17 years. This is also a period of time when gaps in services can arise due to transitioning out of school to work/study; and from Child & Adolescent Mental Health Services to Adult Mental Health Services.

Supplementary questions for the Way Back Support Service

Youth suicide generally

1. **What improvements can be made in the information and training provided to service providers in regional and rural areas?**

This is outside the scope of The Way Back Support Service so I do not feel I am well placed to provide expert input into this.

The Way Back Support Service trial

2. **Could you please provide us with some early feedback about the progress and learnings of The Way Back Support Service trial? Will the trial undergo formal evaluation(s), and if so, when?**

Progress of the Way Back Support Service

The service began operation on 27/4/16. The model is a *beyondblue* initiative with donations from the Movember foundation. The Hunter trial is the largest trial of its kind in the country. As of 31/10/17 the service had received 871 referrals (aged 16-93 years), averaging 48 referrals per month. Females represent 72% of all referrals to the service. 31% of referrals are young people aged 16-24 years. In particular, 17-21 year olds represent the peak age group for all referrals to the service.

Of people referred to The Way Back, 81% have agreed to the service offer. On average, each month 66 individuals receive support with approximately 675 consumer-related events or activity completed by the team. The service is primarily phone-based but also has flexibility to offer face-to-face contact or other modalities. Feedback from consumers has been very positive. 12-month re-presentation rates will not be available until after the formal evaluation of current consumers.

The team is comprised of 3FTE Support Coordinators (distributed over 4 part-time positions) who provide the consumer-facing support coordination. They are supported by 0.8FTE Clinical Advisor, 0.6 Ops Manager, 1.0 Admin and 0.4 Project/Data Officer.

Key Learnings

a) Partnerships / Integrated referral pathway:

The Way Back (Hunter trial) is delivered by a consortium led by Hunter Primary Care and includes Calvary Mater Newcastle, Hunter New England Mental Health Services, Everymind and Relationships Australia NSW. A key component of this consortium approach is an integrated referral pathway.

Effective integration with our partnering services has been critical to the success of the model particularly in terms of consumer access to The Way Back. We have developed a partnership with our referring hospital that enables Way Back staff to attend the hospital daily including joining in on ward rounds with the doctors to meet individuals (unpaid secondment arrangement). Clinical Advisors from The Way Back also attend weekly meetings with the hospital clinical staff. This formal arrangement minimises requirements from busy hospital clinicians to enact the referral – ie Way Back staff do all of the paperwork once the hospital doctor confirms eligibility. Therefore The Way Back poses minimal time imposition on hospital staff.

The Way Back Service has consistently reported an average of 48 referrals per month since commencing service delivery. The consistent rate of referrals is directly due to this referral pathway. This referral pathway is unique to the Hunter trial and is a key learning for success of this model.

b) Clinical governance:

The Way Back is trialling a new approach to supporting people after a suicide attempt. It is a non-clinical service that supports people for 3 months after a suicide attempt, a period known to be high risk for further suicide attempts. The model is proactive in attempting to contact consumers and offers genuine support, encouragement and assistance to link in with services. Non-clinical Support Coordinators work directly with consumers. However, there is a strong clinical governance structure that I regard as essential to effective running of this model. The Support Coordinators are supported by a Clinical Advisor (who is a clinician) who assists in overseeing the risk status and risk formulation in terms of priority areas in the support plan, as well as when to escalate with referral to tertiary mental health services. Clinical Advisors also liaise with other clinicians and provide group and individual supervision. The Support Coordinators have consistently provided feedback that they value the support they receive and this helps them to feel confident working with this consumer group. It ensures the quality of service remains of a high standard and that the consumers are provided with evidence-based and informed approaches to supporting someone after a suicide attempt.

c) Genuine empathic support:

The Way Back effectively provides a service that takes the time to listen and help solve problems or barriers that might get in the road of an individual connecting with services. The service adopts a consumer-centred approach ensuring time is taken to listen and offer support. Consumer feedback surveys consistently report a positive experience of the service and that they value this component of support.

Formal evaluation

The Way Back (Hunter) trial is undergoing a comprehensive formal evaluation. There are five components to this evaluation as follows:

1. *Quantitative evaluation:* led by Prof Carter (Calvary Mater Newcastle). This will examine whether the Way Back Support Service has impacted readmissions rates (ie further deliberate self-

poisoning) and hospital length of stay. This will be examined for 12 months following a consumer's first deliberate self-poisoning. The final report is due to be completed July 2019.

2. *Economic evaluation*: led by A Prof Cathy Mihalopoulos (Deakin University). A. Prof Mihalopoulos is a Health Economist and will evaluate the cost effectiveness of the model. This is aligned with Prof Carter's evaluation so a similar timeline is likely.
3. *Qualitative evaluation*: Everymind is currently undertaking the qualitative evaluation component. This has included interviews with consumers, service providers and relevant stakeholders. It is my understanding that this report is due early 2019.
4. *Service Level evaluation*: This component is led by Hunter Primary Care. It will provide a summary of service-level data including descriptive service activity data, changes in Psychological Distress scores (K10s), changes in Unmet Needs and consumer feedback surveys. This will be aligned with the Quantitative evaluation and likely to be completed July 2019.

3. **Could you please indicate when the independent evaluation of The Way Back Support Service trial in the Northern Territory will be complete? If it is complete, could you please provide us with a copy.**

The Northern Territory evaluation has been completed and a copy of the report is included with this submission.

Role of technology

4. **What is your view on the role of technology, including telephone-based services, in helping to prevent youth suicide and the incidence of self-harm, particularly in regional areas? What are the advantages, limitations and risks?**

At The Way Back, 84% of contacts with consumers occurs via phone. We consider a primarily telephone-based model as an efficient use of resources and uptake by consumers suggests that it is well received (81% engagement). The model allows for coverage of a large geographical area and is flexible to the consumer. It is my view that it is an effective means of providing support to young people in regional areas at risk of suicide.

Advantages

- Efficiency: It enables an efficient use of staffing resources: can cover larger geographical area without need for travel
- Flexible service delivery: the consumer does not need to travel, can be delivered at a time suitable to the consumer, different modes of delivery suited to the individual
- Tried and tested: The Way Back experience provides evidence that consumers engage with a phone service
- Immediacy: Ability to provide immediacy of support or to be able enact emergency assistance when needed (eg not waiting for a planned appointment)
- Evidence-base is growing: there is an increasing number of evidence-based online programs

Limitations

- It is harder to involve family members or other support people when it is primarily a phone service – promotes a more individualised style of interaction
- Sometimes people will not answer a private number, or will screen calls. Where possible we SMS the consumer beforehand to advise of our incoming call to maximise the potential that the consumer answers the call
- Assumes consumers have access to technology (internet access, mobiles etc)
- A phone service delivered to a broad geographical area may risk not knowing local area/services as well
- May not be considered as personal as face-to-face by some individuals

Risks

- Requires consideration/governance to address safety risks eg responding to acute suicidal risk in an online forum or responding over phone
- Privacy considerations (can answer a mobile anywhere), are Australian Privacy Principles met with different technological applications
- Important to offer technology that is age-appropriate