Prevention of Youth Suicide in New South Wales

Organisation: Clarence Valley Council

Name: Mr Des Schroder

Position: Director, Environment, Planning and Community

Date Received: 31 August 2017

30/8/2017

Stephanie Mulvey
Committee on Children and Young People
Parliament House, Macquarie Street
Sydney NSW 2000

RE: Response to Parliamentary enquiry in to the Prevention of Youth Suicide in New South Wales

Dear Stephanie,

Clarence Valley Council is actively working on two initiatives in response to the increased number of youth suicides and the reaction initiated by the community over the past two years. Council is working collaboratively with local organisations, government departments, community groups and young people to develop a coordinated approach to a local community mental health and wellbeing plan.

The two initiatives include:

1) The Our Healthy Clarence plan, an overall mental health and wellbeing plan with strategies that specifically address suicide prevention and postvention.
2) The Clarence Youth Action (CYA) group, with a focus on community development, new connections, authentic youth participation, education and early intervention and prevention initiatives that align with the above plans objectives. Through participation in the community, the CYA group build positive community connections and relationships that support inclusion, acceptance, belonging and social and emotional wellbeing.

Our Healthy Clarence

Background

Clarence Valley Council community development officer (youth) chaired the youth mental health and wellbeing steering committee that provided a forum to support improvements and implementation of mental health initiatives, research and developments in the Clarence Valley through a strategic network of partners to support mental health professional training opportunities, education for young people and promotion of the importance of mental health in the community. During this period there had also been a number of community meetings and media attention which highlighted the need to further address the issue.

In March 2016, council worked with Dr Richard Buss, Director of Mental Health & Drug and Alcohol Service from the Northern NSW Local Area Health District to establish a

larger committee made up of representatives from schools, health, local services and community groups to address concerns about the higher than state average rate of suicide across all age groups in out region since early 2015.

A number of meetings were held to develop a plan to move forward, and a consultant from the Centre for Rural and Remote Mental Health was commissioned to conduct community interviews to identify risk and protective factors and existing mental health and wellbeing strategies later outlined in a report on Clarence Valley mental health and wellbeing in May 2016. A number of community sessions to further develop community priorities and strategies where the concept of the Our Healthy Clarence was voted on by participants. Since that time the Our Healthy Clarence Steering Committee, chaired by the North Coast Primary Health Care Network, has taken charge of the development of the plan with sub groups responsible for implementing and reporting on the plan's five objectives.

The Federal Health Minister, Greg Hunt officially launched the Our Healthy Clarence plan on the 23rd of February 2017.

Our Healthy Clarence plan objectives:

1. Improve access to evidence-based treatment, crisis care and coordinated care after a suicide attempt
2. Improve the capacity of the workforce and the community to respond to people at risk of suicide.
3. Increase the availability of evidence-based mental health and wellbeing programs within schools.
4. Improve community awareness of mental health and how to access information and services.
5. Improve community engagement, early intervention and prevention.

The Our Healthy Clarence plan is now well developed with 18 organisations, youth and community representatives collaborating to achieve the plan. A project coordinator position, auspiced by the New School of Arts Neighbourhood Centre, has been funded by steering committee stakeholders for one year to continue to drive the plan. However, long term funding is required for the ongoing sustainability and consolidation of the plan to achieve the committee's longer term objectives. Clarence Valley Council has recently been elected to be Co-Chair of the steering committee. Many outcomes and indicators of the plan are being implemented and significant progress has been made since the plan's inception.

This includes the announcement of funding and new services including:

- A headspace youth mental health service in Grafton
- $154,517 for suicide prevention measures specifically in the Clarence Valley delivered by CRANES including Mental Health First Aid and Applied Suicide Intervention Skills.
- $333,384 for Aboriginal mental health and suicide prevention delivered by CRANES both in the Clarence Valley and across the North Coast.
- $90,000 for post-suicide support for Clarence Valley families and communities

- $62,000 for Improved access to psychiatry including a child psychiatrist clinic twice monthly in Grafton and an increase in adult psychiatry services

Clarence Youth Action

The Clarence Youth Action (CYA) group developed in May 2016 as a platform for young people to authentically participate in community development initiatives in our local community. The group was initially developed as a reference group for Clarence Valley Council Community Development after a call out for expressions of interest went out to schools and the local community in March 2016.

Ongoing feedback and engagement with young people in the community outlined the need for meaningful participation, and the opportunity for all young people to be involved. This is opposed to an exclusive youth advisory committee structure with a number of limitations and selection criteria that may preclude or deter young people from participating. CYA's strength is reflected in the diversity and inclusion of young people from a wide range of social and cultural backgrounds that genuinely reflects the demographic and life experiences of young people living, studying and working in the Clarence Valley community.

CYA is an inclusive and diverse group who meet regularly to make decisions that relate to young people, work on community projects, organise events and participate in forums. The youth population is geographically dispersed and as a result, has multiple groups meeting throughout the community that connect online, monthly and at large events. Rather than operate as a committee of council, CYA works collaboratively and in partnership with council and other local organisations. Clarence Valley Council meets weekly with the group to provide ongoing mentoring, resourcing and support. This strong and ongoing relationship ensures the sustainability and continuation of their excellent work.

Over time, the group have developed their own logo, terms of reference, strategic plan, executive structure and communications strategy. The group have recently been auspiced by the New School of Arts Neighbourhood Centre which allows them to receive financial contributions and apply for grants. CYA provides a platform that encourages greater participation by young people in a range of community initiatives. It benefits young people by giving them the opportunity to develop skills they can use throughout their lives, such as leadership and decision making skills, working collaboratively, developing creative ideas, and undertaking projects that benefit young people and the broader community. They have a strong role to play in helping to decide funding priorities for youth facilities and services, and in encouraging greater participation by young people in a range of community initiatives.

The primary objectives are to:

- Actively engage, communicate with and report to youth in the Clarence Valley community
- Provide a means by which the needs of youth can be heard, expressed and addressed to those in decision-making positions
- Become a valued and respected group, to raise awareness and help solve problems that youth face
- Be involved in decisions that will affect young people

- Improve and promote a positive image in relation to youth affairs
- Advocate for various services and facilities that are perceived to be needed by young people in the area
- Lead and be involved in community events held in the area
- Determine the issues, activities and events that they will work on, with an emphasis on outcomes that will contribute to the wellbeing of young people
- Build upon the skills and capacity of individuals within the group to help the realise their aspirations

Outcomes from 2016 –present:

- ASK Youth Film project
  https://www.youtube.com/watch?v=fUn7A6voUy4&feature=youtu.be
- Zombie Walk for mental health month
- Community conversations/consultations with over 500 young people
- Youth Week 2017 (planning and delivery of 6 successful events)
- headspace youth establishment reference group
- Act your Age (AYA) local youth music festival
- Earth Hour 2017
- Out of the Box art project
- Our Healthy Clarence steering membership
- Various presentations to groups including the Federal Health Minister, Professor Patrick McGorry, Mental Health Commissioner, health, education and government bodies.
- Awarded the Community Champion award for 2017 Way Ahead by the NSW Mental Health Commissioner
- My Future Fest career and wellbeing event in Grafton and One Stop Shop youth wellbeing day Yamba
- Jacaranda Festival sponsorship to deliver youth events
- Ongoing engagement with local media to promote positive community stories
- Received $2000 donation from Bunnings staff August 2017
- Awarded $1,000 Way Ahead Grant for Mental Health month
- Various outcomes for individual young people including pursuing employment and higher study

Yours faithfully,

Des Schroder
Director Environment, Planning and Community

OUR HEALTHY CLARENCE

Clarence Valley
Mental Health & Wellbeing

PLAN 2016-2018

Table of Contents

1. Overview

In late 2015, the National Health and Medical Research Council (NHMRC) Centre for Research Excellence in Suicide Prevention and Black Dog Institute prepared a proposed *Suicide Prevention Framework for NSW*[1] for the NSW Mental Health Commission. The Framework identifies nine evidence-based strategies for suicide prevention which if implemented simultaneously are expected to reduce suicide deaths by 21%, and suicide attempts by up to 30%[2].

The Clarence Valley has experienced higher than state average rates of suicide since early 2015[3]. In response, a four-phase process has been implemented: community meetings to discuss the issue; community interviews to identify risk and protective factors and existing mental health and wellbeing strategies; two workshops to commence development of local strategies, and formation of a steering group (see Steering Committee draft Terms of Reference in Attachment 1) to lead the development and implementation of a plan for improving mental health and wellbeing in the Clarence Valley[4].

This document firstly presents the draft Our Healthy Clarence Mental Health and Wellbeing Plan, and then describes the community and local mental health and well-being data. The evidence regarding suicide prevention is then presented, followed by a description of the process used to develop the plan.

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[1] NSW Mental Health Commission, 2015. *Proposed Suicide Prevention Framework for NSW: Systems Approach to Suicide Prevention,* [Online] Available at http://www.blackdoginstitute .org.au/public/research/suicideprevention.cfm [Accessed June 2016].
[2] For further information about the Framework, please see Section 3: Evidence
[3] For further information about the Clarence Valley, please see Section 2: Background
[4] For further information about the planning process, please see Section 4: Planning Process

2. Plan

Objective 1: Improve access to evidence-based treatment, crisis care and coordinated care after a suicide attempt

1.1 Develop and implement agreed guidelines and tools for treatment, crisis care and follow up of people who have self-harmed, including for case coordination and sharing of information between providers

1.2 Ensure availability of evidence-based group programs, where appropriate

1.3 Improve access to counselling, psychiatry and General Practitioners across the lifespan

1.4 Identify and communicate availability of health professionals in the region with expertise in the treatment of suicidal individuals

1.5 Develop local resource packs for people who have self-harmed and their families

1.6 Establish a Postvention[5] Planning Network and Guidelines, including communication protocols

Objective 2: Improve the capacity of the workforce and the community to respond to people at risk of suicide

2.1 Provide training opportunities to GPs and other health providers on screening for suicidality, immediate risk management, and identification of mental disorders such as depression, including utilisation of the peer workforce to provide training

2.2 Promote agreed guidelines and tools for crisis care and follow up of people who have self-harmed to all service providers

2.3 Deliver Mental Health First Aid, Youth Mental Health First Aid, Aboriginal Mental Health First Aid and ASIST training to frontline workers and community members

2.4 Develop and implement strategies to support those who have been trained

2.5 Provide broad community education for mental wellbeing and suicide prevention

Objective 3: Increase the availability of evidence-based mental health and wellbeing programs within schools

3.1 Support schools to adopt frameworks such as KidsMatter and MindMatters, and programs such as Youth Aware of Mental Health, Signs of Suicide, Sources of Strength and peer support programs

3.2 Work with local Aboriginal organisations and/or community members to identify and implement culturally safe and competent programs for Aboriginal young people in the school environment

3.3 Investigate the feasibility of screening school students for signs of mental health concerns

3.4 Support schools in ongoing implementation of existing staff training to support youth mental health

3.5 Offer training to parents and carers to enhance their capacity to identify and respond to depression and suicide risk

Objective 4: Improve community awareness of mental health and how to access information and services

4.1 Develop *Our Healthy Clarence* website

4.2 Provide workshops and support to local organisations to promote awareness and engagement with their services

4.3 Promote access to good quality health, well-being and service information

4.4 Engage local media organisations to establish a coordinated mental health and wellbeing campaign

4.5 Develop Our Healthy Clarence communication plan to enhance awareness of the initiative

Objective 5: Improve community engagement, early intervention and prevention

5.1 Develop and maintain a community engagement and planning framework to underpin implementation of the Our Healthy Clarence plan

5.2 Develop and implement non-clinical support services for young people and other groups with a focus on prevention and early intervention

5.3 Develop and promote community spaces to hold meetings and support groups, and provide opportunities for community members to come together formally and informally

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[5] Postvention refers to action taken after a suicide attempt or a suicide death.

3. Background

The Clarence Valley mental health and wellbeing community consultation process was initiated in response to community concern regarding relatively high suicide rates since early 2015.

The Clarence Valley

The Clarence Valley Local Government Area (LGA) is situated below the Richmond Valley LGA, and above the Coffs Harbour and Bellingen LGAs in Northern New South Wales (see Figure 1). The Clarence Valley is home to almost 50,000 people across almost 10,500km^2. The region is home to twice the proportion of Aboriginal and Torres Strait Islander residents (5.7%) compared to the NSW average (2.5%). The Valley is also home to a large proportion of older people (21.3%) in comparison to the NSW average (14.7%)[6].
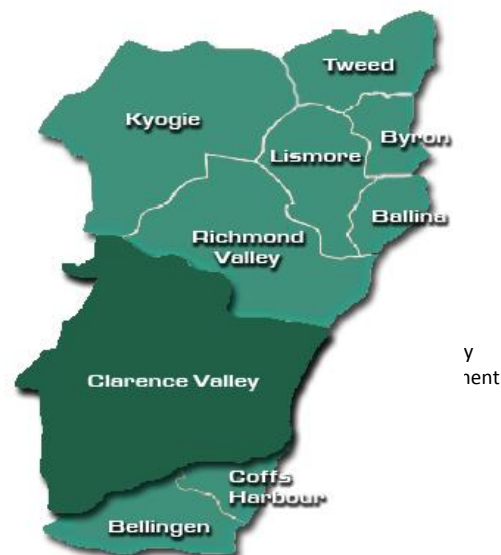
Clarence Valley Mental Health & Wellbeing

In the 2016 North Coast Primary Health Network Needs Assessment Survey, more Clarence Valley residents rated mental health issues as the most serious local health concern than they did any other health concern[7]. Suicide was rated as a serious health concern by twice the proportion of Clarence Valley residents compared to the average proportion across the NCPHN region[8].

Compared to the NCPHN Region, the Clarence Valley has relatively high levels of socioeconomic disadvantage, unemployment, low-income households and lone parent families[9]. Figure 2 below shows that within the Clarence Valley, there are 280 self-harm hospitalisations per 100,000 people, compared to 150 in Australia and 236 in the NCPHN region[10].

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[6] Australian Bureau of Statistics, 2011. Census of Population and Housing: QuickStats, [Online] Available at http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats?opendocument&navpos=220 [Accessed March 2016].

[7] North Coast Primary Health Network, 2016. *Clarence Valley Local Government Area Health Check*, [Online] Available at http://ncphn.org.au/needs-assessment-2016 [Accessed June 2016].

[8] The NCPHN region ranges from the Tweed Heads LGA in the North to the Port Macquarie LGA in the south, and its most western point is within the Kyogle LGA.

[9] University Centre for Rural Health North Coast, 2016. Population Health Maps using data from the Australian Bureau of Statistics, 2011. Census of Population and Housing, Not available online. [Accessed March 2016].
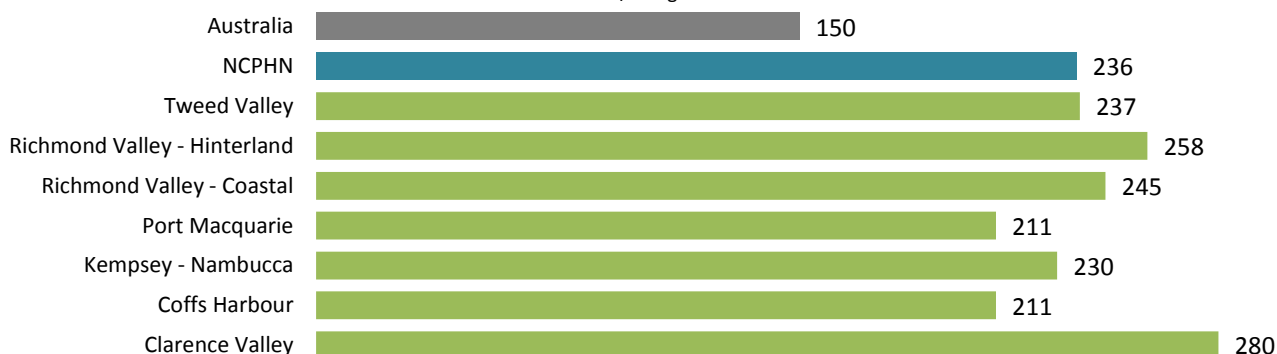
[10] Australian Institute of Health and Welfare, 2016. *Healthy Communities*

Hospitalisations for mental health conditions and intentional self-harm in 2013–14. [Online] Available at: http://www.myhealthycommunities.gov.au/Content/publications/downloads/AIHW_HC_Report_Mental_Health_September_2016.pdf?t=1475111127719, [Accessed September 2016]

Figure 2: Hospitalisations per 100,000 People for Self-Harm

2013/14 Age Standardised

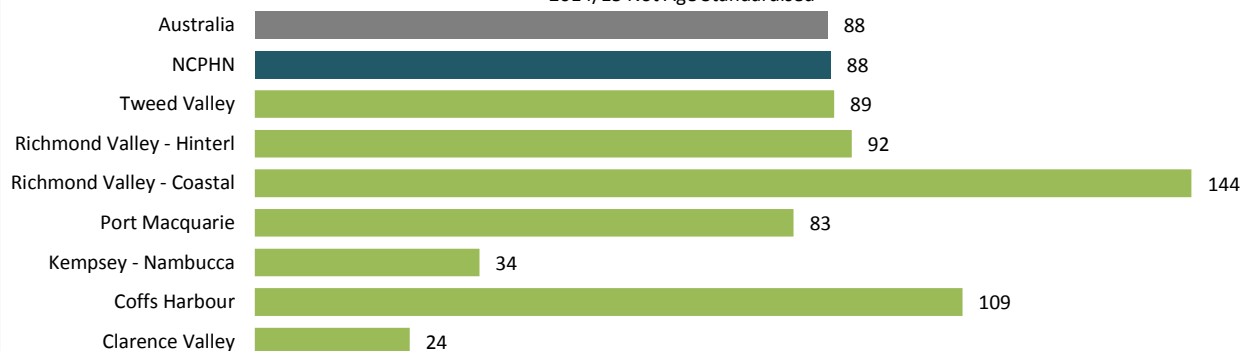| Region	Value
Australia	150
NCPHN	236
Tweed Valley	237
Richmond Valley - Hinterland	258
Richmond Valley - Coastal	245
Port Macquarie	211
Kempsey - Nambucca	230
Coffs Harbour	211
Clarence Valley	280

Access to Services

The 2016 NCPHN Needs Assessment survey results[11] reveal that Clarence Valley residents report finding it more difficult to get a GP appointment, and experience long waits for GP appointments more often than the average across the NCPHN region. Psychiatrists were rated as hard or very hard to access by more than twice the proportion of Clarence Valley residents than the proportion across the NCPHN region. The most commonly reported barriers to accessing specialists in the Clarence Valley were 'distance of travel' and 'lack of specialists in the area'. These barriers were reported more frequently in the Clarence Valley than across the NPCHN region. 'Lack of services' was the challenge most often identified by Clarence Valley residents as a barrier to accessing mental health services.

The Needs Assessment survey results are supported by Medicare Benefits Schedule data. Figure 3 shows that there are only slightly more than a quarter of the number of Allied Mental Health Providers per 100,000 people providing services in the Clarence Valley compared to the NCPHN and national averages. Similarly, Figure 4 shows that around 70% more Allied Mental Health services are delivered per 100,000 people in Australia than are provided in the Clarence Valley.

Figure 3: Number of MBS Allied Mental Health Providers per 100,000 people

2014/15 Not Age Standardised

Region	Value
Australia	88
NCPHN	88
Tweed Valley	89
Richmond Valley - Hinterl	92
Richmond Valley - Coastal	144
Port Macquarie	83
Kempsey - Nambucca	34
Coffs Harbour	109
Clarence Valley	24

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[11] North Coast Primary Health Network, 2016. *Clarence Valley Local Government Area Health Check*, [Online] Available at http://ncphn.org.au/needs-assessment-2016 [Accessed June 2016].

Figure 4: Number of Allied Mental Health MBS Services per 100,000 people

2014/15 Not age standardised

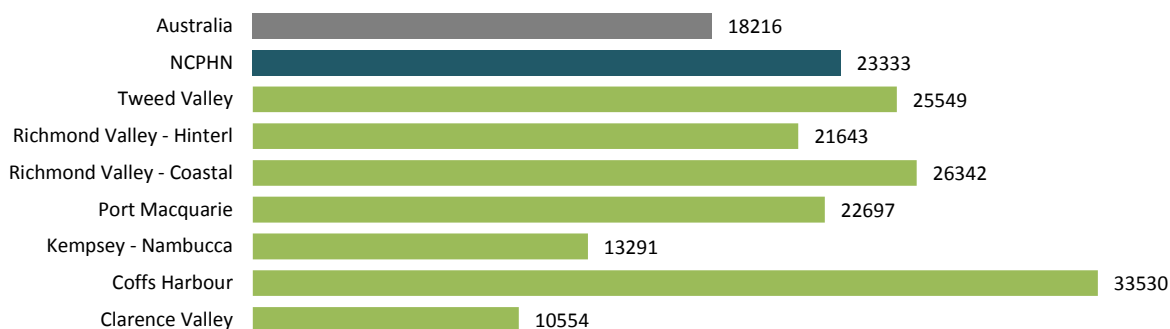| Region	Value
Australia	18216
NCPHN	23333
Tweed Valley	25549
Richmond Valley - Hinterl	21643
Richmond Valley - Coastal	26342
Port Macquarie	22697
Kempsey - Nambucca	13291
Coffs Harbour	33530
Clarence Valley	10554

Figure 5 below shows access to psychiatry in the Clarence Valley, and demonstrates that on average, Australians access over 230% more psychiatry services than people living in the Clarence Valley. However, this lack of access to psychiatry and psychology does not appear to be due to lack of access to GP Mental Health Treatment Plans. Figure 6 shows that Clarence Valley residents have more GP Mental Health Treatment Plans per 100,000 people than the national average.

Figure 5: Number of MBS Psychiatrist Services per 100,000 people
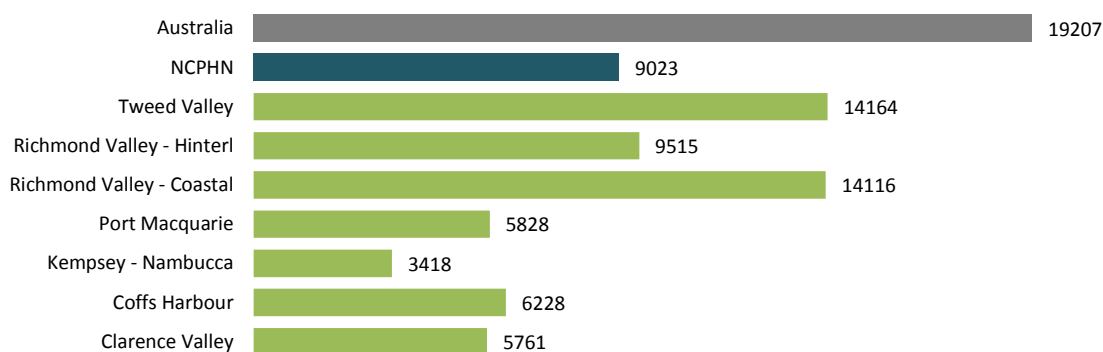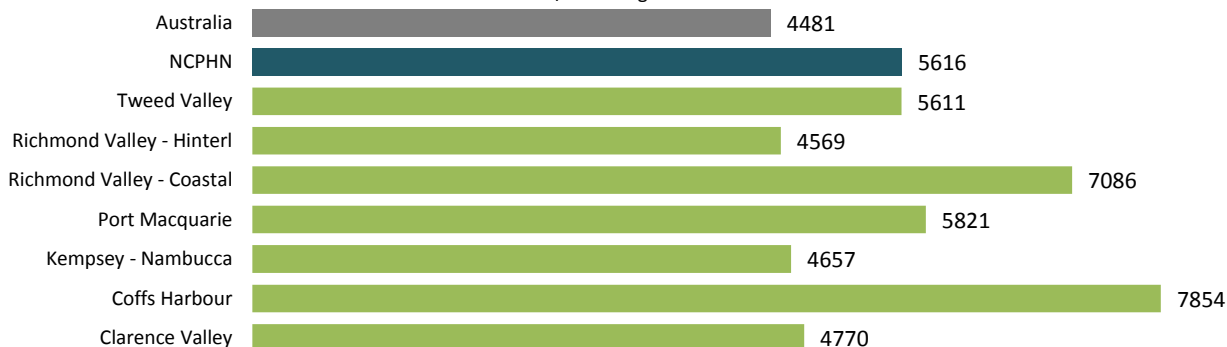
2014/15 Not Age Standardised

Region	Value
Australia	19207
NCPHN	9023
Tweed Valley	14164
Richmond Valley - Hinterl	9515
Richmond Valley - Coastal	14116
Port Macquarie	5828
Kempsey - Nambucca	3418
Coffs Harbour	6228
Clarence Valley	5761

Figure 6: Number of Mental Health Treatment Plans per 100,000 people

2014/15 Not age standardised

Region	Value
Australia	4481
NCPHN	5616
Tweed Valley	5611
Richmond Valley - Hinterl	4569
Richmond Valley - Coastal	7086
Port Macquarie	5821
Kempsey - Nambucca	4657
Coffs Harbour	7854
Clarence Valley	4770

4. Evidence

The National Health and Medical Research Council (NHMRC) Centre for Research Excellence in Suicide Prevention and Black Dog Institute prepared a proposed *Suicide Prevention Framework for NSW*[12] for the NSW Mental Health Commission in August 2015. The Framework recommends a 'Systems' approach to suicide prevention which involves:

- Multi-sectorial involvement by all government, non-government, health, business, education, research and community agencies and organisations
- Within a localised area
- Implementing evidence-based strategies at the same time
- Demonstrating sustainability and long-term commitment.

Four major actions make up the Systems Approach:
1. Implement evidence-based suicide prevention strategies in local areas, using existing community structures and initiatives where possible.
2. Adopt a common evaluation framework across local areas.
3. Engage local communities, such as health services, schools, community agencies, worksites, rural and remote services, and the police in suicide prevention, and build capacity and readiness across these organisations within the community.
4. Establish good implementation, governance, resources and processes at central and local areas.

In relation to the first component of the Framework, the following are considered to be the nine evidence-based strategies:

1. Appropriate and continuing care once people leave Emergency Departments (ED), and for those at risk in the community at any one time:
   a. 24/7 call out emergency teams experienced in adult/child/adolescent suicide prevention;
   b. Crisis-call lines and chat services for emergency callers;
   c. Assertive outreach for those in the ED and discharged including those hard to engage with;
   d. E-health services or web programs through the Internet.
2. High quality treatment, such as Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) for those with mental health problems (including online treatments).
3. Training of GPs in detecting depression and dealing with suicide risk.
4. Suicide prevention training of front line staff every three years, including police, ambulance and other first responders.

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[12] NSW Mental Health Commission, 2015. *Proposed Suicide Prevention Framework for NSW: Systems Approach to Suicide Prevention,* [Online] Available at http://www.blackdoginstitute .org.au/public/research/suicideprevention.cfm [Accessed June 2016].

5. Gatekeeper training for persons who are likely to come into contact with at risk individuals (teachers, youth workers, friends and family, clergy, counsellors). Provision of training in appropriate workplaces, in particular communities (Aboriginal communities) and across other services targeting particular populations, such as people who interact with those with a disability, or unemployed, or in financial crisis, people dealing with child trauma, rape, violence, etc.
6. School-based peer support and mental health literacy programs.
7. Community awareness programs about suicide.
8. Responsible suicide reporting by the media.
9. Reducing access to lethal means of suicide.

The Framework anticipates simultaneous implementation of the nine strategies will result in a 21% reduction in suicide deaths, and a 30% reduction in attempts[13]. Figure 7 below shows the extent to which each of the nine strategies are expected to contribute to reduction in deaths.
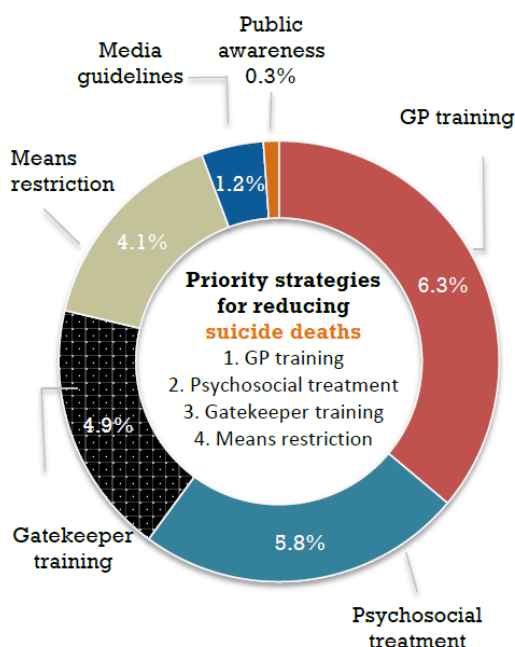
...cted to Reduce Deaths[13]

[13] Blackdog Institute, 2016. *The Systems Approach to Suicide Prevention: Site Selection Information*, [Online] Available at http://www.blackdoginstitute .org.au/public/research/suicideprevention.cfm [Accessed June 2016].

5. Planning Process

Community Meetings

The process for developing this plan commenced with concerns raised by people in the Clarence Valley in relation to the number of suicide deaths of young people. Community members initiated a series of community meetings in March to June 2016 to advocate for services and the community to combine to generate a response. These meetings resulted in the convening of multi-agency meetings which were aimed to form a coordinated response and implement a whole of community mental health strategy within the Clarence Valley. This process led to the commissioning of Robyn Considine to conduct community interviews.

Community Interviews

In May 2016, the Northern NSW Local Health District commissioned Robyn Considine, Associate with the School of Medicine and Public Health in the University of Newcastle's Centre for Rural and Remote Mental Health to undertake community interviews in the Clarence Valley in order to:

- Identify factors associated with mental health problems
- Identify strategies, capacity and resources to promote mental health and wellbeing across the community.

Interviewees were identified using two key strategies: Newspaper articles promoting the opportunity to be interviewed; and a snowballing technique which involved asking each interviewee to identify others who should be approached for interview. Ninety-seven individuals were interviewed, and 32 services were represented through the interview process.

The community interviews resulted in the following outcomes:

- Identification of key local mental health issues
- Identification of individual, community and structural risk and protective factors
- Mapping of existing strategies
- Identification of gaps in existing strategies

The community interview process identified the following as commonly identified local mental health concerns:

- Depression
- Anxiety
- Substance abuse (alcohol, marijuana, methamphetamines)
- Eating disorders
- Self-harm
- Schizophrenia

The risk and protective factors identified for mental health and wellbeing across the community are summarised in Table 1 overleaf.

Table 1: Risk & Protective Factors Identified By Community Interviews

	Risk Factors	Protective Factors
Individual & Family	• Knowledge and understanding of mental health signs, symptoms, ways to provide support and services • Family breakdown • Stigma about mental health problems • Numbers of parents with mental illness • Chronic illness in older people • Families struggling with family members with mental illness • Recognition of role of family and carers in care for family members with mental illness • Domestic violence • Sexual abuse • Impact of social media and IT on relationships, sleep and behaviour	• Commitment to address mental health problems • Commitment of family and community • Increasing knowledge and awareness of mental health problems • Strong generational family ties • Commitment among young people to address issue
Community-level	• Culture of denial in some groups regarding mental health problems, domestic violence and sexual abuse • Conservatism • Generational trauma in Indigenous communities • Community trauma (suicides and other deaths) • Bullying (social media, workplace, community, sporting clubs) • Stigma, racism and social disconnect for some groups • Focus on sport and alcohol (binge drinking) • One-off nature of community events rather than systematic approach to participation • Lack of proactive approach to social and economic development • Leadership on social issues • Capacity of service providers in mental health • Community resilience • Community social efficacy • Sensationalist reporting by media	• Community commitment to address mental health • Strong volunteering and participation (crisis response, sporting clubs, diverse range of seniors groups, strong cultural groups) • Cultural groups (Indigenous, LGBTIQ) • Range of activities (sporting, cultural) • Community events • Range of initiatives to address mental health (community action groups, youth suicide prevention committee) • Community resilience • Community social efficacy • Improved media reporting
Structural	• High unemployment (youth, Indigenous) • Few employment opportunities (sense of hopelessness) • Homelessness and lack of housing stock • Lack of knowledge of range of service options and referral pathways (service providers and community, gaps, duplication) • Poor transport access across Valley and between other centres • Tertiary education opportunities outside Valley • Poor access to acute mental health services across Valley (attitudinal and quality barriers, cost, specialist services, lack of Aboriginal staff) • Capacity in primary health care to address mental health (GP skills, support staff, focus on medication, GPs as gatekeepers) • Access to drug & alcohol services (general community, youth) • Lack of responsiveness to mental health in institutions (education, health, council) • Lack of focus on early intervention	• Range of secondary education options • Training providers responding to employment opportunities • Local employment opportunities (targeted schemes) • Range of NGOs focussing on support and employment • TAFE responsive to employment needs • Recent developments in primary care (GP Superclinic) • Recognition that services are now trying to address mental health

Workshops

Community members and service providers were invited to an initial half-day Workshop held on the 23rd of May at the Grafton Community Centre. The event was attended by 75 people, representing community members, government agencies, non-government agencies and community groups and representatives. The following outcomes were achieved at the Workshop:

• Familiarisation with the outcomes of the community interviews
• Identification of local strategies not identified during the community interview process
• Identification of opportunities for building on or improving existing strategies
• Identification of new strategies which could be implemented to address protective and risk factors
• Nomination of levels of continued involvement by participants in the consultation and planning process
• Voting on potential logos to be used in promoting local mental health and wellbeing (with the most popular logo used in this report)
• Agreement that a further Workshop would be held to develop a local mental health and well-being plan

A second Workshop was held on the 29th of June 2016. This workshop introduced the Systems Approach to suicide prevention, and used information from the previous workshop, as well as recommendations from the Black Dog Institute regarding the Systems Approach to identify actions which could be taken to reduce suicide and improve mental health and wellbeing in the Clarence Valley. The workshop outcomes are presented in Table 2 below.

This workshop also identified that the North Coast Primary Health Network would become responsible for leading the Our Healthy Clarence initiative, and that a Steering Committee would be formed to guide the development and implementation of a plan for improving mental health and wellbeing in the Valley.

Table 2: Summary of Workshop 2 Outcomes

Evidence-Based Strategy	Priorities	Organisation Responsible	Possible Progress in 2016/17
Aftercare, Crisis Care and Treatment	• Local coordination for Aftercare, Crisis Care and Treatment	Primary Health Network	• Develop local coordination including shared intake, clear roles and responsibilities, follow-up response and mechanism for sharing information • Develop Service Agreement / Accord between relevant agencies
	• Postvention	Primary Health Network	• Establish Postvention Planning Network
GP Capacity-Building & Support, Frontline Staff & Gatekeeper Training	• ASIST training for Gatekeepers	Lifeline	• Deliver ASIST training to Clarence community quarterly
	• GP Capacity Building (including use of peer workforce)	TAFE & Primary Health Network	• Continue to develop Mental Health Peer Support Certificate IV, and utilise the peer support workforce to engage with GPs via Primary Health Network • Ensure GPs have access to evidence-based guidelines (e.g Biochem)
	• Mental Health First Aid (MHFA) or ASIST training for police	Health & Lifeline	• Deliver MHFA or ASIST training to Police Officers
	• Community-wide training	Cranes	• Deliver MHFA, Youth MHFA & Aboriginal MHFA to Clarence community quarterly
School Programs	• Embed wellbeing framework	Schools	• Embed wellbeing framework within schools (e.g. Mindmatters) – all staff, every classroom, every teacher, every student. Whole school delivery; whole school training.
	• Screening for suicide risk	To be identified	• Investigate practical ways to implement screening
	• Training for parents	To be identified	• To be identified
Community Campaigns	• Our Healthy Clarence Website	To be identified	• Establish Our Healthy Clarence website that provides information, links to current services, updates, themes, events calendar (consider linking to www.directory.wayahead.org.au) ▪ Establish a committee ▪ Develop website ▪ Gather information
	• Marketing of local services	To be identified	• Provide marketing workshops to local service organisations to enhance their ability to market their services
	• Engagement of Media Organisations	To be identified	• Implement 'Media Without Borders' strategy to encourage cooperation and active campaigning by local media organisations
Broader Well-Being Strategies	• Non-clinical support services	Council, New School of Arts, Cranes, Sporting Clubs, Service Groups, Land Councils, Gurelgham	• Develop non-clinical support services for youth and other groups to enhance prevention and early intervention
	• SMART recovery groups	CHESS, NSOA	• To be identified
	• Community engagement and planning	Council, New School of Arts, Cranes, CHESS	• Harwood community conversations • #askclarencevalley
	• Volunteer recruitment and support	New School of Arts, Council, Cranes, Sporting Clubs & Service Groups	• To be identified
	• Interagency coordination	Council, New School of Arts, Cranes, Interagency Groups	• Improve interagency communication • Develop case coordination service integration models

A third workshop was held on 12 December 2016, and was attended by more than 70 people. At this workshop, participants reviewed and provided feedback on the draft plan, commenced identifying how the strategies within the plan may be achieved, and nominated for working groups to progress implementation of the plan.

Steering Committee

A Steering Committee was formed and first met on 25 August 2016, and met again in October and November 2016. Membership of the Committee currently consists of:

- Bulgarr Ngaru Aboriginal Medical Corporation
- CHESS
- Clarence Valley Council
- Clarence Valley Private School Representative/s
- headspace School Support
- Lifeline North Coast
- New School of Arts
- North Coast Primary Health Network (Chair)
- Northern NSW Local Health District

- Carer representative
- Community members (x2)
- CRANES
- Department of Education
- NSW Police
- Partners in Recovery
- StandBy Response Service

The purpose of the Steering Committee is to play a communication, coordination, advocacy and leadership role to drive the finalisation of the Our Healthy Clarence Mental Health and Wellbeing Plan, and to drive its implementation and evaluation. Draft Terms of Reference can be found in Attachment 1

6. Attachment 1

Draft Steering Committee Terms of Reference

Purpose

The Our Healthy Clarence Steering Committee plays a communication, coordination, advocacy and leadership role to drive the finalisation of the Our Healthy Clarence Mental Health and Wellbeing Plan, and to drive its implementation and evaluation.

Objectives

Our Healthy Clarence Steering Committee member organisations will:

- Participate in the finalisation, implementation and evaluation of the Our Healthy Clarence Mental Health and Wellbeing Plan
- Lead achievement of the Our Healthy Clarence Plan by contributing knowledge, skills, staff and resources to achieve the outcomes outlined in the plan
- Actively engage, communicate with and report to the community
- Provide advocacy on behalf of the Our Healthy Clarence initiative, to funding bodies, policy makers and other influential stakeholders to address identified gaps, and collectively attract resources to address these gaps
- Respond to emerging issues identified during implementation of the plan, and remove barriers to advancement
- Identify individuals and agencies who can contribute to achievement of the Plan, and actively seek their participation
- Identify risks and probity issues, and advise on managing these
- Avoid duplication by acknowledging the work undertaken as part of the Our Healthy Clarence plan

Membership

Bulgarr Ngaru Aboriginal Medical Corporation
CHESS
Clarence Valley Council
Clarence Valley Private School Representative/s
Carer representative
Community members (x6, including 2 young people)
Cranes
Department of Education or other Clarence Valley Public School Representative/s
Department of Prime Minister & Cabinet
headspace school support
Lifeline North Coast
New School of Arts
North Coast Primary Health Network
Northern NSW Local Health District
NSW Police
Partners In Recovery
Standby Response Service

Membership will be determined by assessing a prospective member's capacity to contribute to the objectives of the Committee. Applications will be assessed by all Committee Members, and approved when

more than half of the members approve the new membership. To request membership of the Steering Committee, please contact mentalhealth@ncphn.org.au.

Chair

Current: North Coast Primary Health Network (NCPHN).

An annual process to express interest in the roles of Steering Committee Co-Chairs will be held at the first meeting of the calendar year. At least one of the Co-Chair roles will be filled by a community member.

- Expressions of Interest will be called for by email at least 4 weeks prior to the first Steering Committee meeting of the calendar year
- Expressions of Interest will be sent to the Secretariat support role via email (mentalhealth@ncphn.org.au)
- At least 2 weeks prior to the first Steering Committee meeting of the calendar year, details of those who expressed interest in Co-Chair roles will be sent to the Steering Committee membership
- Steering Committee members will nominate their preferred Co-Chairs at least 2 days prior to the first meeting of the calendar year by communicating their preference by email to mentalhealth@ncphn.org.au. One nomination will be accepted per member organisation, and one per community member.
- The organisational nominee with the highest number of votes, and the community nominee with the highest number of votes will be offered the Co-Chair roles
- Those who expressed interest in the Co-Chair roles will be contacted by the Secretariat role prior to the first meeting of the calendar year to inform them of the outcome
- The outcome will be officially announced at the first Steering Committee meeting of the calendar year

The Chair is authorised to represent the Our Healthy Clarence initiative publically. Other members may share information about and advocate for Our Healthy Clarence, but not make statements or commitments on behalf of the Committee without agreement of the Committee.

Quorum

No requirements

Meeting Frequency

Commencing 6-weekly with review at each meeting

Group Support

Secretariat function will be provided by NCPHN

Distribution of Minutes

Within one week of meetings. An update from the meeting is to be sent to all community members and service providers who have expressed interest in receiving information about progress of Our Healthy Clarence.

Clarence Youth Action (CYA)

Terms of Reference

Purpose

The Clarence Youth Action group (CYA) is an inclusive and diverse group of young people aged between 12-29 who meet regularly to make decisions that relate to young people, work on community projects, organise events and participate in forums.

CYA works collaboratively and in partnership with other organisations to provide a platform where young residents of the Clarence Valley can meaningfully participate in their community. The group currently works in partnership and as a reference group for Clarence Valley Council Community Development (Youth).

CYA is a platform that encourages greater participation by young people in a range of community initiatives. Taking part in the CYA group benefits young people by giving them the opportunity to develop skills they can use throughout their lives, such as leadership and decision making skills, working collaboratively, developing creative ideas, and undertaking projects that benefit young people and the broader community. CYA have a strong role to play in helping to decide funding priorities for youth facilities and services, and in encouraging greater participation by young people in a range of community initiatives.

Objectives

- Actively engage, communicate with and report to youth in the Clarence Valley community
- To provide a means by which the needs of youth can be heard, expressed and addressed to those in decision-making positions
- To become a valued and respected group, so we can raise awareness and help solve problems that youth face
- To be involved in decisions that will affect young people
- To improve and promote a positive image in relation to youth affairs
- To advocate for various services and facilities that are perceived to be needed by young people in the area
- To lead and be involved in community events held in the area
- CYA will determine the issues, activities and events that they will work on, with an emphasis on outcomes that will contribute to the wellbeing of young people

Membership Eligibility

- Anyone between the ages of 12 and 29 years can join
- Have a strong desire to represent all youth on the issues affecting young people in the Clarence Valley
- Complete a CYA registration form and submit it to the CYA executive team
- Undertake a Working with Children Check if you are over 18 years of age
- Membership will be determined by assessing a prospective member's capacity to contribute to the objectives of the group. Applications will be assessed by the executive team
- Email applications to clarenceyouthaction@hotmail.com

Executive team

The CYA president, chair and secretary are elected by the group annually or when required. The executive team are authorised to represent the Clarence Youth Action group publically. Other members may share information about and advocate for Clarence Youth Action, but not make statements or commitments on behalf of the group without agreement of the executive team.

Quorum

No requirements

Meeting Frequency

Weekly - Grafton (every Wednesday) and Maclean (fortnightly)

CYA Partnerships

Ongoing partnership and support will be provided by Clarence Valley Council (Community Development). Financial auspicing body – New School of Arts Neighbourhood Centre.

Distribution of Minutes

Within one week of meetings by the secretary. Meeting minutes will be sent to all Clarence Youth Action members by email

EXECUTIVE

COMMITTEE ROLES

Executive Committee Roles

Welcome to the executive committee. Although a Clarence Youth Action (CYA) is an independent group, it has to be accountable to its members. It is expected that clubs hold meetings with some frequency, take minutes, keep current and accurate financial records, and keep its members informed of its activities, financial situation and correspondence. Above all else, a conscientious executive is vital to the success of your group.

The Executive Committee members have a vital role to play if a CYA is to be successful. This committee consists of a President/Chairperson, Secretary, and Treasurer and Communications Officer.

The roles of the President/Chairperson, Secretary, Treasurer, and Communications Officer are outlined on the next few pages to give you an idea of what kind of duties are involved in each of the positions. The most important attribute for an executive member to have is enthusiasm and a dedication to the Clarence Youth Action group!

CYA President/Chair person

The President is the principal leader of the CYA and has overall responsibility for the group's administration. The President is elected by the CYA members and is therefore responsible for representing the views of all of the members.

The President sets the overall annual committee agenda (consistent with the views of the members), helps the committee prioritise its goals and then keeps the committee on track by working within that overall framework. At the operational level, the major function of the President is to facilitate effective meetings.

Responsibilities and Duties

The President/Chairperson should:

➢ liaise with the CYA executive to discuss the progress and/or concerns of the group
➢ manage the committee, and chair all meetings
➢ coordinate activities within the committee
➢ ensure that CYA's activities accord with its code of conduct
➢ ensure the planning and budgeting for the future is carried out in accordance with the wishes of the members
➢ act as a spokesperson for the club
➢ be a supportive leader for all club members
➢ plan coordinate and review the strategic plan

Knowledge and Skills Required

Ideally the President/Chairperson is someone who is:

- ➢ able to communicate effectively
- ➢ well-informed of all CYA activities knowledgeable of the code of conduct, rules and the duties of all executive members, values, goals and strategic plan of the group
- ➢ able to set goals and work systematically towards achieving them
- ➢ dedicated and enthusiastic about the cause, and who can work as part of a team
- ➢ considers the views of all members, and ensure that all members are able to actively participate
- ➢ work with integrity, respect and professionalism

Secretary

The Secretary is the chief administration officer of CYA. The Secretary is responsible for providing a communication link between all members of the group.

Responsibilities and Duties

The Secretary should:

- ➢ liaise with the CYA executive team and discuss the progress and/or concerns of the group
- ➢ organise meeting times, dates and book meeting rooms
- ➢ prepare and issue agendas, supporting papers and minutes of the previous meeting
- ➢ send adequate notice of the meetings to all CYA members
- ➢ take the minutes of the meetings, and then circulate these minutes to all members
- ➢ keep all CYA records, and maintain registers of members' names, addresses, and contact details
- ➢ respond to general duties as directed by the group

Knowledge and Skills Required

Ideally the Secretary is someone who:

- ➢ is able to communicate effectively
- ➢ is able to think clearly and positively
- ➢ has good organisational skills
- ➢ can maintain confidentiality on relevant matters
- ➢ is dedicated and enthusiastic about the cause, and who can work as part of a team

Treasurer

The Treasurer is the chief financial manager of CYA. The Treasurer bears the weighty responsibility for all club/society monetary transactions and financial records.

Responsibilities and Duties

The Treasurer should:

➢ liaise with the CYA executive in relation to CYA financial operations
➢ prepare a budget demonstrating income and expenditure
➢ authorise all cash transactions and be accountable for its safe keeping
➢ be prepared to present a current financial report to CYA group or New School of Arts (auspicing body) upon request
➢ prepare an annual budget report for CYA funding purposes
➢ collect and bank CYA money
➢ present a written financial report for monthly meeting updates
➢ keep all receipts to provide proof of spending

Knowledge and Skills Required

Ideally the Treasurer is someone who is:

➢ well-organised
➢ able to allocate regular time periods to maintain the books
➢ able to keep good records and knowledgeable about financial operations
➢ enthusiastic about the cause and who can work as part of a team

Communications Officer

The Communications Officer is a new addition to the CYA executive committee. It is essential that CYA be actively trying to promote their group within the community in order to let other young people become aware of the existence of the group and to consequently build CYA membership. The person who takes up this position is responsible for the image of CYA and the future enhancement of that image.

Responsibilities and Duties

The Communications Officer should:

- ➢ regularly liaise with the group and executive in relation to CYA activities and upcoming events
- ➢ be the official editor of the CYA facebook, Instagram and web-page on the and frequently communicate using this medium
- ➢ prepare and media releases/updates to the external bodies (including media) for inclusion in publications relating to the CYA activities and upcoming events
- ➢ develop a strategy to market and promote CYA
- ➢ ensure that the CYA receives maximum promotional exposure
- ➢ act as a liaison person with all media personnel
- ➢ arrange for sponsorship for the CYA in conjunction with CYA fundraising officer and/or executive
- ➢ promote the CYA around the community

Knowledge and Skills Required

Ideally the Communications Officer is someone who is:

- ➢ an excellent written and verbal communicator
- ➢ well-organised
- ➢ always thinking of new ways to do things
- ➢ enthusiastic about the CYA and who can work as part of a team