

Project Status Update

Reporting cycle:	1 October 2016-30 June 2017 (Year 1)	Date: 13 July 2017
Designated Charity:	Orygen, The National Centre for Excellence in Youth Mental Health	
Funded initiative:	A multilevel Place-based Strategy for Youth Suicide and Self Harm Prevention.	

This project will research and trial the implementation of a comprehensive place-based early intervention model applying strategies and treatments to reduce self harm, suicide attempts and suicides by young people in north and west Melbourne, Victoria.

The project will work to:

- Establish a self-harm surveillance system at emergency departments (EDs) across the region
- Examine the barriers to delivering optimal care in ED settings and improve delivery of care through resource development, training and cultural change
- Increase awareness of suicide and help-seeking options in education settings
- Identify, engage, and refer at risk young people
- Trial new interventions in education, clinical and emergency department settings that will reduce self harm and suicide risk and
- Provide best quality evidence-based care to young people following self-harm and suicide attempts.

Snapshot overview: Between 1 July 2016 and 30 June 2017 the FGG funds have supported the development of a study examining self-harm presentations made by young people to local EDs. Approximately local **1,225** young people present to an ED for self-harm in any given year, all of whom potentially stand to benefit from this project.

To date retrospective data have been collected from three EDs run by Western Health for the period 2012 to 2016. The findings show that during this time **1,852** young people presented to these sites with self-harm, approximately **463** per year. Of them around 2/3 were female. The majority presented during the night and less than half received a mental health assessment. Rates of representation for further self-harm are high with approximately 17% of young people representing, and representations accounting for 40.5% of all self-harm presentations by young people. Given that this group are at elevated risk of suicide the delivery of timely and effective interventions is crucial.

In addition, a barrier analysis (i.e. a study examining the barriers to delivering optimal care in these settings) activity is currently underway that comprises key stakeholder interviews with staff across the participating EDs plus a supporting survey, which together are designed to identify the barriers to delivering optimal care to young people in these settings.

Ethical approval has recently been attained to extend the study into the Royal Melbourne ED. Data collection will commence at this site during the coming 6-month period.

The findings from this study will: (i) improve data collection mechanisms in these settings and provide epidemiological data regarding the prevalence of self-harm among young people; (ii) inform guidance regarding service improvement and delivery; (iii) contribute to the development of a multi-site sentinel monitoring system for self-harm.

Challenges have centred around obtaining ethical approval in a timely manner and the quality of the data, in particular with regard to poor coding of certain key variables such as method of self-harm, which has impacted on the progress of the work. Enablers have been the level of stakeholder engagement in this project, including from the hospital settings, local government and other academic partners nationally.

Key achievements:

This is a large-scale project that is essentially still in the early development phase.

At this stage the focus of this project has been on building the evidence base in terms of the prevalence of self-harm presentations to three ED sites, the clinical and demographic characteristics of those who present and the treatment received. As noted above, in addition to gathering epidemiological data we are also building the evidence base with regard to the barriers to delivering optimal treatment in these settings.

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Key achievements have been the level of stakeholder commitment we have received for this project not just locally but also nationally. In March Orygen hosted a meeting with colleagues from across the country that has led to us leading a collaboration that seeks to establish a networked system whereby the model we have applied here in Melbourne is then applied in Tasmania and New South Wales. Additional funding will be leveraged to help establish this network. We have also been approached by the Victorian State Government who are interested in exploring options to extend the project into regional Victoria.

Building the **evidence** base: See above

Building sector **capability**: Building sector capability will be a product of the next phase of this project when we apply the findings from the Barrier Analysis activities to the development and trialling of interventions designed to improve treatment outcomes. These are yet to be determined but will likely include training programs for staff, the provision of guidelines and the development of novel interventions designed to enhance engagement and boost the provision of follow-up care.

Improving **access** to support: As noted above, this will be an outcome of later stages of this project. Significant numbers of young people who present to the ED with self-harm report negative experiences and poor treatment. This project seeks to reduce these negative experiences of care by improving the capacity of staff to better respond when young people do present with self-harm, hence improving access to better treatment.

Strengthening **early intervention**: Young people who present for help with self-harm are at elevated risk of a range of negative outcomes including suicide, further self-harm, premature mortality via other causes and poor health educational and vocational outcomes. Many of these young people do not seek help but those that do require optimal, evidence-based treatment in order to interrupt this trajectory. This project seeks to achieve this, although this will be a focus of the later stages of the project.

In terms of other aspects of the project, additional achievements include:

- An Advisory Group is being established to assist with the governance of the overall project.
- The development of key partnerships including with local services, service commissioners, national peak bodies, and research institutes
- Ethical approval has been sought to commence a social media campaign designed to raise awareness and promote help-seeking for suicide related behaviour. A social media company have been engaged to assist with this component of the project.
- Funding has been sought to support the school-based components of the project.
- Ethical approval has been sought to establish three other key components of the project: (i) the adaptation and evaluation of a resources to support families of young people who self-harm; (ii) a study examining best practice with regard to risk assessment with young people; and (iii) a study examining the feasibility and acceptability of delivering online therapy to young people at risk of suicide within the Orygen clinical setting.

No. people supported:

People supported	Support provided to date:		
	Directly Supported	Indirectly Supported	Total

through the project: ¹

	No.	+	Estimated	=	Total
Children & young people	NA		NA		NA
Those who are close to & care for them	NA		NA		NA
Professional service providers	NA		NA		NA

As planned, the project to date the project has focused on establishing the evidence base with regard to ED presentations and the barriers to delivering optimal treatment. It has also focused on establishing protocols and seeking ethical approval for the next components of the project, which we expect to directly impact on young people, their families and services. We expect to be able to add actual metrics to this in the second year of the project.

Key observations & learnings to date:

Overall the project has gone well so far. It is an extremely ambitious piece of work so is progressing slowly by necessity. It's been important to take our time and employ a considered approach to developing partnerships, setting up the work incrementally and leveraging additional funding.

We also want to ensure that the project is responsive to the needs of the community hence the Community Leaders Forum in September 2017, which will be an important opportunity to engage and mobilise local community leaders on this issue. It will also give us an opportunity to hear from them what the local priorities are. However at the same time the project needs to be scalable and a regional and national level – hence the partnerships with national peak bodies such as the Medical Journal of Australia (MJA), Primary Health Networks (PHNs) elsewhere in the country, other FGG recipient charity organisations, and key peak bodies in suicide prevention.

There has been considerable interest in the work we are doing from a range of stakeholders, particularly with regard to the ED piece of work, which is being presented at multiple international and national conferences this year. This is encouraging and speaks to the scale of the problem at hand.

The year ahead will be important in that we have now submitted ethics applications for many of the component pieces of the project, which will commence later in 2017, and additional funding bids for the larger pieces of work such as the school-based work.

Benefits derived from FGG funding:

The FGG funding has enabled us to commence this entire program of work, which would not have been possible without this funding source. It has also enabled us to apply a far more systematic, strategic and long-term approach to youth suicide prevention across the North-West region of Melbourne.

It has enabled us to establish key partnerships with local services and service commissioners and, with local city councils, national bodies such as the Medical Journal of Australia, and suicide researchers both nationally and internationally.

It has also enabled us to leverage additional funding e.g. from the William Buckland Foundation and from Primary Health Networks (PHNs), and it has given us the capacity to seek additional funds for example from the National Health and Medical Research Council and Lifeline Australia.

These funds are also supporting a World Suicide Prevention Day Community Leaders Forum to be held on 4 September 2017 – see below.

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

Next steps:

Over the next 6-12 months we will:

Continue to collect data from the three **ED** sites we are already working with and the study will be expanded to include the Royal Melbourne Hospital ED. We will continue work with the ED staff (N=400) examining the barriers to delivering optimal care to these young people. From this we will be able to make a series of recommendations regarding how service delivery can be improved for this population. Given annual presentation rates across the entire region, overall we anticipate that the findings from this study will result in improved care delivered to over **6,000** young people over the 5-year study period.

Host a **World Suicide Prevention Day Community Leaders Forum** in association with Hobsons Bay City Council in Melbourne. The aim of this is to mobilise the community and to facilitate the development of a youth suicide prevention network and suicide prevention response plan. Approximately 60-80 local community leaders, including policy makers, schools, health services, sporting clubs and religious leaders will be invited, however many more young people stand to benefit.

Adapt and evaluate a **resource designed to support families of young people who engage in self-harm**. This study is being conducted in partnership with local services and researchers at the University of Oxford. It received additional funds from the local PHN. It will develop and evaluate a suite of resources designed to help families support young people who self-harm. The study will target the clinical populations of both Orygen and the local headspace centres. Rates of self-harm in clinical samples are as high as 40%. Therefore we anticipate the study directly impacting on a significant number young people and their families per year. However, by promoting the resources proactively, including to families of young people on our waiting lists or who get turned away from services, we anticipate that project will have the potential to benefit many more young people and their families.

In partnership with Facebook, Hobsons Bay City Council, the University of Melbourne, the Hunter Institute for Mental Health and a local digital media company, we will commence a **social media campaign** designed to raise awareness of suicide and to promote help-seeking. This will be developed by, and for, young people across the region. Around 30 young people will be directly involved in the campaign development but because the campaign will be delivered via young people's own social media networks, and using Facebook's advertising algorithms, we anticipate that the campaign will have the capacity to reach the majority of local young people.

Commence pilot study that will test the feasibility and acceptability of moderated **online social therapy** (the Affinity study), among approximately 20 young people at risk of suicide who are attending Orygen's Youth Mood Clinic. This project is being conducted in partnership with other staff at Orygen and is supporting a PhD student hence building capacity on the sector. If effective funding will be sought to extend the pilot into a large randomised controlled trial conducted across the Orygen clinical program and the four local headspace centres hence increasing access and strengthening early intervention.

Finally we will commence a study that seeks to examine what constitutes best practice when it comes to assessing suicide risk among young people. This study represents a partnership with local services, the MJA and South Perth PHN (a leading suicide prevention trial site). The project aims to: (i) Conduct a literature review to identify what the evidence suggests is best practice with regard to conducting an assessment of suicide/self-harm risk with young people and to identify the extent of youth consultation that has informed what is considered to be best practice; (ii) explore the views of young people with regard to best practice in terms of risk assessment, in

particular in primary care settings; (iii) examine GP's current practice, perceived skills, attitudes and confidence plus their perceived needs (e.g. tools, training, reminders) with regard to assessing suicide/self-harm risk in young people. This component includes providing training to approximately 200 GPs; and (iv) synthesise the findings from each component of this study in order to inform best practice resources for educational and training purposes.

Project Outcomes Framework: [take framework from Project Overview, report on delivery against Year 1 Targets and specify Year 2 Targets]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1	Target – Year 2
Evidence	<p>Strengthen the evidence base with regard to:</p> <p>Self-harm presentations to ED across NW Melbourne</p> <p>Barriers to delivering optimal treatment to young people at risk of suicide / self-harm</p> <p>Feasibility & efficacy of delivering online treatment to young people at risk</p>		<p>To establish a sentinel monitoring system for self-harm presentations to the ED</p> <p>To conduct a Barrier Analysis study with ED staff</p> <p>To consult with young people & GPs regarding best practice when assessing young people at risk</p> <p>Trial an online platform (Affinity) with young people at risk</p>	<p>To collect data from the 3 EDs that form part of Western Health</p> <p>To commence the Barrier Analysis</p> <p>To commence development of these components of the project</p>	<p>Data have been collected from 3 sites and approval has been granted to extend this into an additional site</p> <p>The Barrier Analysis is underway at one of the hospital sites</p> <p>Ethical approval has been sought for the GP consultation</p> <p>Ethical approval has been sought for the Affinity pilot trial</p>	<p>To collect prospective data on self-harm presentations from the existing sites & to commence data collection from the Royal Melbourne hospital site</p> <p>To conduct 3 workshops with GPs and one workshop with young people</p> <p>To commence recruitment of participants into the online pilot trial of the Affinity site</p>
Capability	<p>To improve the capacity of young people, professionals and family members to identify and support young people at risk of suicide via provision of education, training and resources</p>		<p>To deliver training for young people in education settings to help them to identify risks in themselves and others and increase help-seeking</p> <p>To develop and deliver gatekeeper training to improve early identification and intervention to support at risk young people (e.g. in universal health and education settings)</p> <p>To develop resources for families to better support young people engaging in self-harm</p>	<p>To seek additional funding for the education & gatekeeper training components of the project</p> <p>To commence project development</p>	<p>Funding has been sought and we are awaiting the outcome. We have also developed a partnership with the Victorian Department of Education with regard to this aspect of the project</p> <p>Ethical approval has been sought for the development of the carers resource and</p>	<p>Work in educational settings will be dependent on the outcome of the funding bid</p> <p>GP project: To have conducted a focus group with young</p>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1	Target – Year 2
					the GP risk assessment projects; local headspace centres, the MJA and one of the PHNs have been engaged as partners	<p>people and 3 workshops with approximately 200 GPs focusing upon best practice with regard to risk assessment</p> <p>To have conducted workshops with clinicians, young people and family members and to have developed and evaluated a resource for families of young people who self harm.</p>
Access	To improve access to services for young people across NW Melbourne via scoping online platforms for service delivery		<p>To develop an online platform (Affinity) that can deliver moderated social therapy to young people at risk of suicide who are utilising our clinical services</p> <p>To deliver online cognitive behavioural therapy to young people in school settings via an online platform facilitated by school counsellors</p>	<p>To commence development of this component of the project</p> <p>To seek additional funding for this component of the project</p>	<p>Ethical approval has been sought for this component (as per above)</p> <p>Funding has been sought and we are awaiting the outcome (as per above)</p>	<p>To commence the online pilot study (as per above)</p> <p>Work in educational settings will be dependent on the outcome of the funding bid (as per above)</p>
Early Intervention	To strengthen early intervention by improved access to services, raising awareness of help-seeking and improving the capacity of services to respond in a timely manner		Access to services will be improved by increasing the capacity of frontline staff to respond to young people who present via guidelines, training and other means	To commence the barrier analysis work in EDs in order to identify the gaps in service provision and the needs of staff with regard to improving access	Barrier analysis underway in the first ED site	To complete the barrier analysis work at each site and identify strategies to improve service delivery and access

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1	Target – Year 2
			<p>Awareness of individual risk and help-seeking options will be increased via a social media campaign rolled out across the region</p> <p>Early intervention will be strengthened via providing online treatment and support options (e.g. the Affinity pilot)</p>	<p>To commence the development of the social media project</p> <p>To commence development of this component of the project</p>	<p>An application for the development of the campaign has been submitted to the ethics committee. A digital media company have been employed to assist</p> <p>Ethical approval has been sought for this component (as per above)</p>	<p>Co-design workshops with young people will have commenced and campaign development and delivery will be underway</p> <p>To commence the online pilot study (as underway)</p>

Please Note: Precise metrics will be provided in subsequent reports once we enter the next phase of this project.

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Exceeding target	<ul style="list-style-type: none"> See commentary above with regard to data collection already conducted and the potential scope to extend the study to other parts of Victoria and nationally
Capability	At target	<ul style="list-style-type: none"> Increasing capability of services, families and community members will be a focus of later stages of this project
Access	At	<ul style="list-style-type: none"> Increasing access to high quality help and treatment will be a later focus of the project
Early Intervention	At target	<ul style="list-style-type: none"> As above, this will be a later focus

Status against plan for implementation:

On track

Status against targeted project outcomes:

At target