

Partnering with Victorian Health Services: Adopting the Zero Suicide Framework

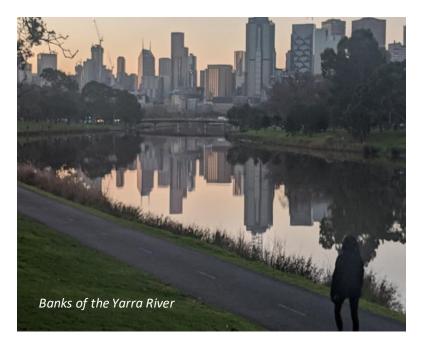
Webinar

15th December 2022



Acknowledgement of Country

For this land always was, and always will be, Aboriginal Land.





Recognition of Lived Experience



We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their colour.

- Maya Angelou



Agenda

Торіс	Presenters
Safer Care Victoria: Outstanding healthcare for all Victorians. Always	Professor Mike Roberts
Introducing the Mental Health Improvement Program and Way of Working	Camilla Radia-George and Julie Anderson
The Importance of Services Partnering with us in this Work	Anna Love
Retrospect: the last 12 months	MaryTsiros
What is the Zero Suicide Framework	Tan Nguyen and Jezwyn Lapham
Zero Suicide Australia	Sue Murray
Latrobe Regional Hospital Zero Suicide Approach	Owen Connelly and Tyson Hill
SPARO – Suicide Prevention and Response Strategy	Bailey Nation-Ingle
Looking forward	MaryTsiros
Panel Q & A	Facilitated by Misha Adair





Sensitive content

Lifeline

13 11 14

Suicide Call Back Service

1300 659 467

Beyond Blue

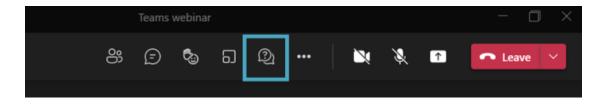
1300 22 4636





Before we start

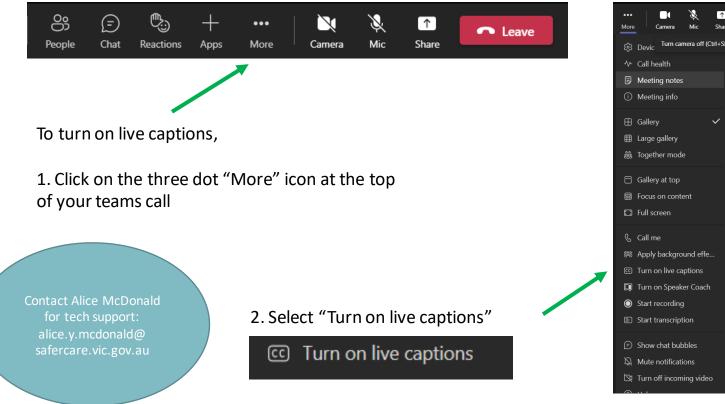
• Throughout the webinar you can ask questions by typing your question into the Q&A function.



- The presenters will do their best to answer your questions at the end of the presentation.
- This session will be recorded and made available on the SCV website.



How to access live captions





Camera

Project team



Anna Love

Chief Mental Health Nurse



Camilla Radia-George

Director Mental Health Improvement Program



Hannah Neven-Gorr

IHI Project Director, Asia Pacific



Margaret Aimer IHI Faculty



Project team



Amber O'Brien

Manager Mental Health Improvement Program



Mary Tsiros Project Lead, Lived Experience



Kellie Griffin

Project Lead, Clinical Fellow



Tan Nguyen Senior Project Officer



Misha Adair Senior Project Officer, Lived Experience **OFFICIAL**



Alice McDonald Project Officer



Safer Care Victoria

Outstanding healthcare for all Victorians. Always.

Professor Mike Roberts Chief Executive Officer Safer Care Victoria







We are Victoria's healthcare safety and improvement experts

We work with consumers, carers, clinical and non-clinical workforces to help health services deliver better, safer healthcare to Victorians



Our Values



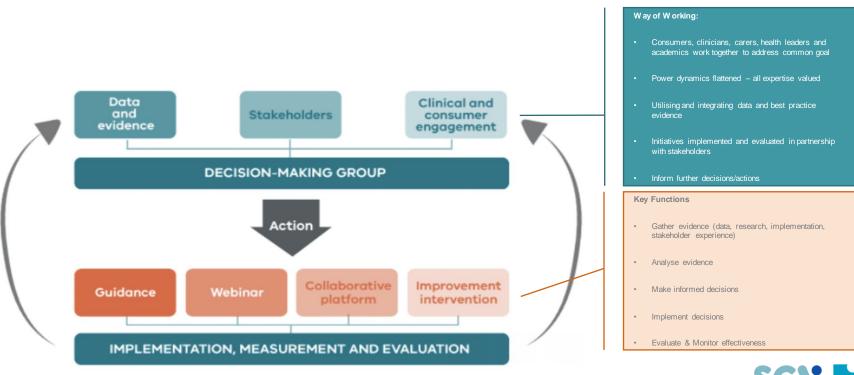


Our commitment to mental health

- Working closely with Office of the Chief Mental Health Nurse and with Chief Psychiatrist
- Established the Mental Health Improvement Program
- Supporting improvement work within the mental health sector



The SCV LHN Framework





Mental Health Learning Health Network

Contact: mentalhealthlhn@safercare.vic.gov.au



Question Poll



What level of engagement have you had with Safer Care Victoria?



Mental Health Improvement Program –

Safer Care Victoria

Camilla Radia-George

Director

Mental Health Improvement Program





Mental Health Improvement Program

Project focus areas:

- Safety for all: Towards Elimination of Restrictive Practices Breakthrough Series collaborative
- Improving sexual safety within Victorian mental health inpatient units
- Prevention of suicide and suicide attempts within Victorian mental health inpatient units
- Reducing compulsory treatment in Area Mental Health Community Services
- Equally well framework implementation
- Integration of frameworks
- Mental Health Nursing Clinical Supervision Framework implementation
- Safeward
- Establishment of a Learning Health Network



Mental Health Improvement Unit Safer Care Victoria

Quality improvement leadership and support for services

- Promote continuous improvement
- Provide system leadership on quality and safety
- Provide professional, clinical and practice leadership for mental health and wellbeing services
- Promote awareness and understanding of high-quality service delivery across the mental health and wellbeing system
- Codesign quality and safety
 improvement programs with people
 with lived experience
- Issue practice guidelines and frameworks

The Chief Mental Health Nurse moved to Safer Care Victoria to lead and support the Mental Health reform recommendations

Relationship focused on quality improvement and support

Department of Health

Mental Health and Wellbeing Division

Mental health and wellbeing strategy, policy and service performance accountability

- Set vision and strategy
- Use policy and funding arrangements to enable high-quality and safe services
- Use performance monitoring and accountability arrangements and Regional Mental Health and Wellbeing Boards to oversee quality and safety



Relationship focused on system oversight, complaints handling

Mental Health and Wellbeing

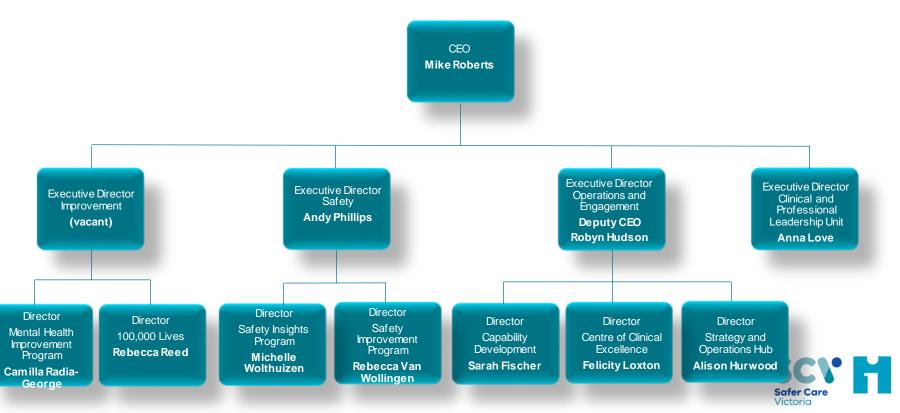
Commission

Monitor and report on system-wide

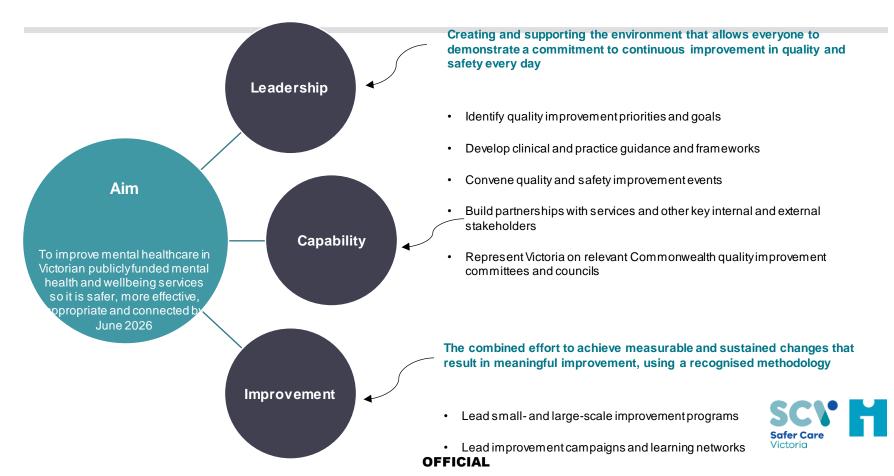
Victoria

Mental health and wellbeing service providers

SCV Leadership Team



Mental Health Improvement Program Framework

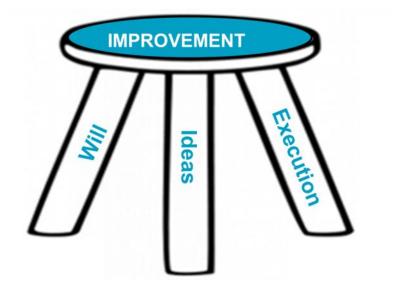


Institute for Healthcare Improvement (IHI) partnership

Why work with IHI?

- Need to develop sustainable local improvement science capability for leading large-scale improvement within SCV and the broader Victorian Health System
- Previous piece meal approach to improvement
- Access to international best practice
- Over the next 2.5 years (until December 2024), IHI will support SCV to achieve system-wide impacts

Will, Execution and Ideas





Ways of Working

Julie Anderson

Senior Consumer Adviser

Mental Health Improvement Program





Mental Health Improvement Program – how we work

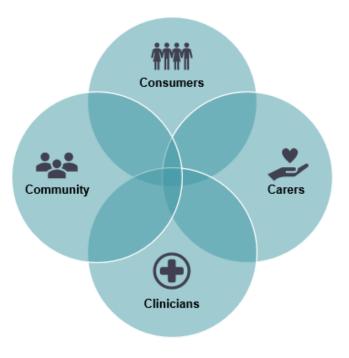
Lived Experience partnership:

- Lived Experience consumers and carers at the core of all reforms
- Roles embedded at all levels and in all our work
- Partnering with workforce, peak bodies, consumers and

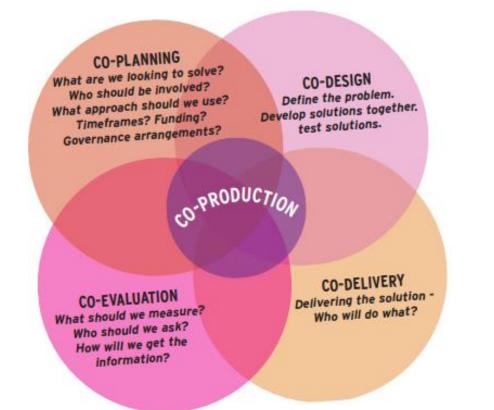
carers, broader Victorian community

Principals:

- Co-design
- No blame
- Power equalising
- All share all learn Safety for all



Co-production *Varied expertise working in partnership*

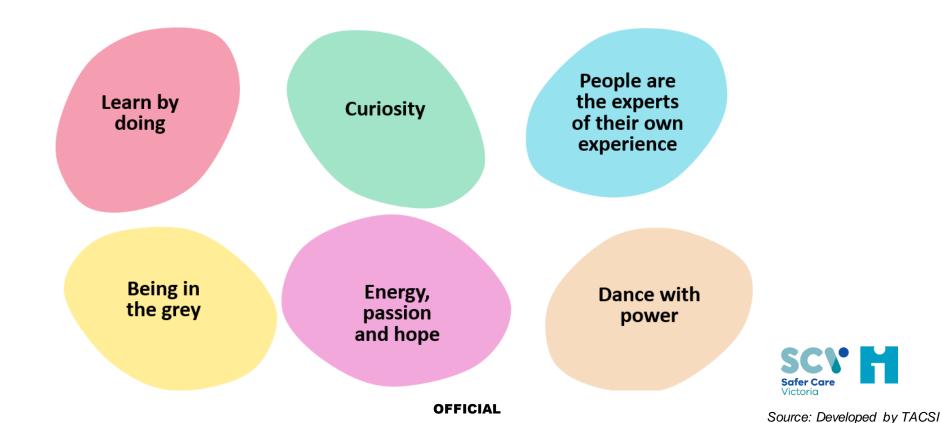




OFFICIAL

Source: Co-production: Cath Roper / Flick Grey / Emma Cadogan

Co-design How we work in this space



Anna Love

Chief Mental Health Nurse

Senior Sponsor





Question Poll



What best defines your role?



Retrospective

Zero Suicide Framework

The last 12 months

Mary Tsiros

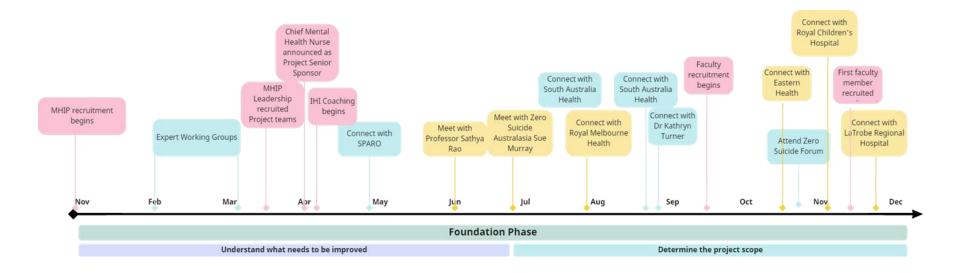
Project Lead

Mental Health Improvement Program



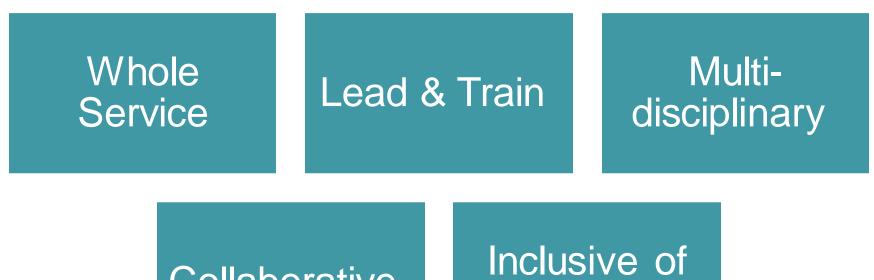


The last 12 months





Key learnings



Collaborative

Inclusive of self-harm



The Zero Suicide Framework

Tan Nguyen

Senior Project Officer

Mental Health Improvement Program





What is the Zero Suicide Framework (ZSF)?

- Developed and launched in the US from 2010-2013
- Evidence-based, systems approach to suicide prevention
- Implemented in over a thousand health systems





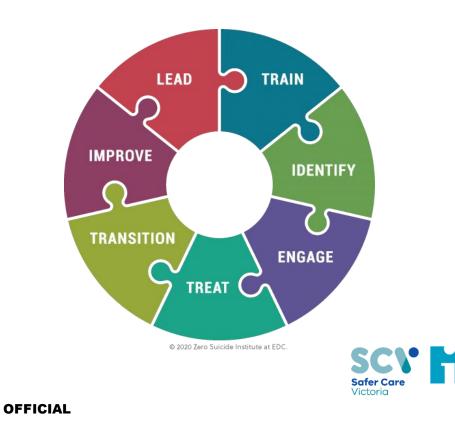
ZSF – Foundational Principles

- Core Values
- Systems Management
- Evidence-Based Clinical Care Practices

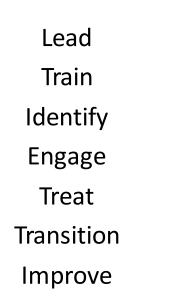


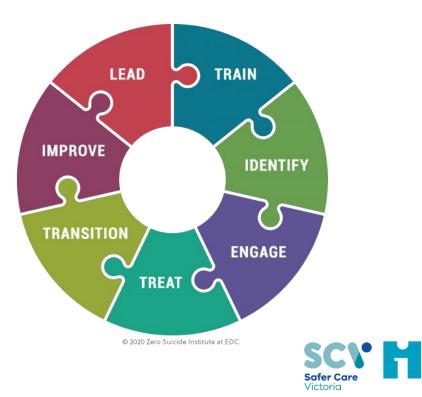
ZSF Elements

- Operationalise the foundational principles
- Core components of safe and effective suicide care



ZSF Elements





The Model for Improvement



Clinical Fellow

Mental Health Improvement Program





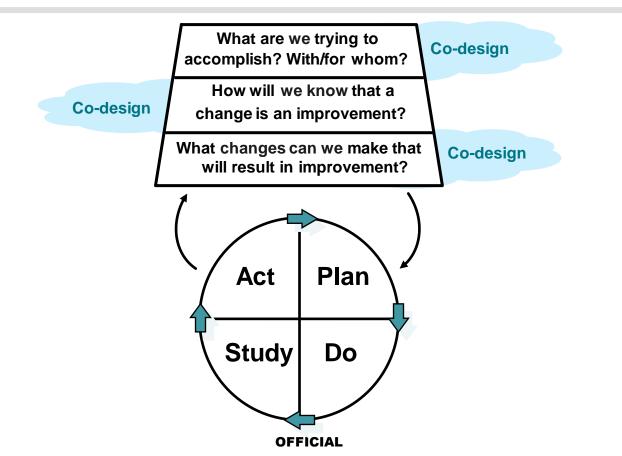
The Model for Improvement (MFI)

Testing and supporting change in **complex settings**

Co-design Small-scale testing Shared learning Sustainability



The Model for Improvement (MFI)





Supports



SCV Safer Care Victoria

Question Poll



What other supports would be of benefit?



Zero Suicide Framework in Australia

Sue Murray OAM Managing Director Zero Suicide Institute of Australasia





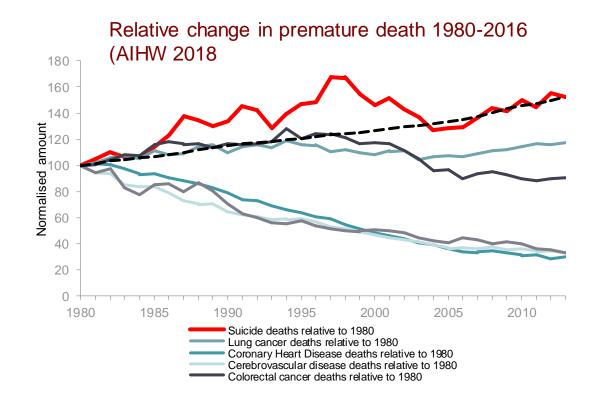


ZSH implementation in Australia





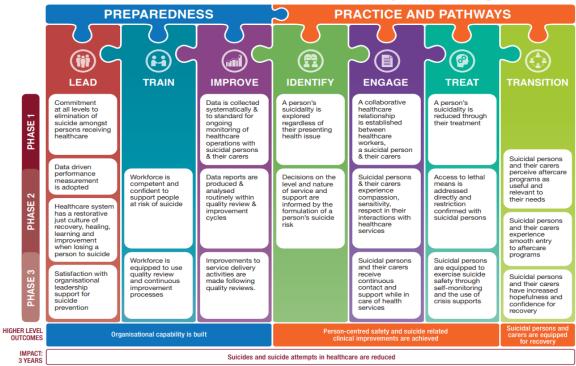
The case for change





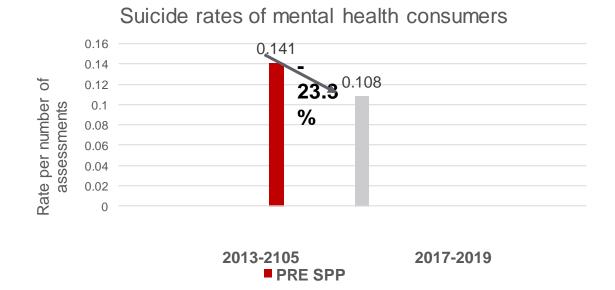
What is involved in implementation of ZSH

Zero Suicide Healthcare: Theory of Change





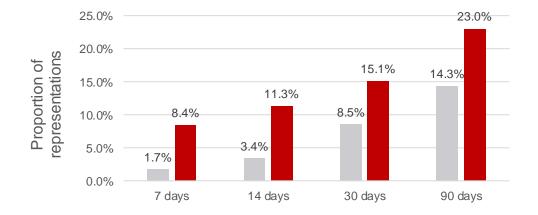
Gold Coast implementation of ZSH





Turner et al Approach to Suicide Prevention in a Mental Health Service using the Zero Suicide Framework Australian New Zealard Journal of Psychiatry.

Pathway reduced re-presentations



Placed on SPP

Re-presentations with a suicide attempt at 7, 14, 30 & 90 days by placement on the SPP

Stapelberg et al Efficacy of the Zero Suicide Framework in reducing recurrent suicide attempts: cross-sectional and time-to-recurrent-event analyses. British Journal of

Psychiatry



Gold Coast learning from implementation of ZSH

- Engage in conversation. Include lived expertise in all aspects
- Courage is needed to maintain focus
- The systems approach is as important as the clinical pathway
- A strong commitment to restorative just and learning culture is central to staff trust and commitment to change
- Maintain fidelity to the pathway but encourage innovation
- Avoid short term goal for suicide related outcomes
- Share learning and resources with other organisations and celebrate successes



A restorative, just and learning culture provides the foundation for implementing Zero Suicide Healthcare



Restorative, just culture is a culture of trust,

OFFICIAL

just culture has four

A restorative. just culture recognises who is impacted

Accountability is forward



Gold Coast benefits of restorative just culture

Gold Coast staff survey	2017	2019
Sense of blame	20.3%	16.5%
Fear of disciplinary action	34.9%	27.3%
Trust in the organisation to do the right thing	25.3%	40.3%
Incidents seen as opportunity to improve	43.2%	56.8%
Compassionate response to staff	54.9%	61.1%
Organisation offers resource support	42.2%	62.2%
Organisation has concern for wellbeing	39.3%	50.0%

Turner et al Restorative just culture significantly improves stakeholder inclusion, second victim experiences & quality of recommendations in incident responses. Journal of Hospital Administration; 2022, Vol. 11, No.2

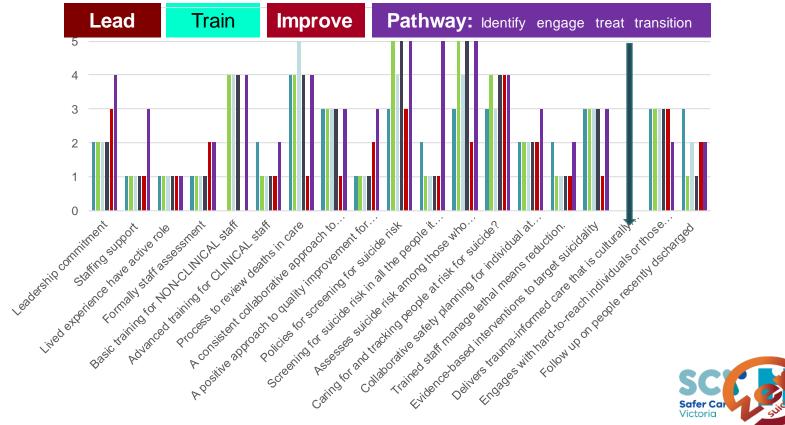


ZSH implementation in Australia





Organisational readiness survey of six regions in one state



Enabling Success

Existing implementation sites have followed a number of consistent principles to enable their success.

- visible and audible senior leadership commitment and long-term focus to implement a restorative safety culture for both staff and consumers alike.
- genuine acceptance of the core concept that suicides can be prevented
- genuine lived experience leadership and involvement in shaping what works for those who use the service
- \checkmark ownership by the implementing organisation



suem@zerosuicide.com.au

www.zerosuicide.com.au



Latrobe Regional Hospital

Owen Connelly ZS and HOPE Clinical Lead Latrobe Regional Hospital Tyson Hill Lived Experience Senior Latrobe Regional Hospital





ADOPTING ZS FRAMEWORK

LRH ZERO SUICIDE approach

Not just duct tape, string and persistence

Owen Connolly ZS and HOPE Clinical Lead SCV 15 December 2022 OConnolly@lrh.com.av

Zero Suicide

2016 a review of suicides indicated the need to;

- Develop a chain of care that is sustainable through the use of evidence based approaches integrated with policy, clinical tools, pathways, education, quality evaluation and suicide and self harm incident review
- To provide improved structures and training for clinicians and peer workers
- Complete organisation and workforce surveys
- To develop a structured approach for evaluation and identification of improvements
- Introduce Restorative Just Culture

Vision

Build a suicide safer system for all consumers and supports 24/7 by all clinicians and all teams

Policy Frameworks

- 5th National Mental health and Suicide Prevention Plan
- National Standards for Quality and Health Services
- National Suicide Prevention Adviser final advice
- National Bilateral agreement
- Victorian Suicide Prevention and Response Strategy
- Victorian Suicide Prevention Framework 2016-2025
- Delivering high-quality healthcare Victorian clinical governance framework-2017
- LRH Strategic Plan 2018-2022
- Zero Suicide Institute and Zero Suicide Institute Australasia
- Adopting ZS Framework

NSQHS Standards

5.31

The health service organisation has systems to support collaboration with patients, carers and families to:

- Identify when a patient is at risk of suicide or self-harm
- Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed

5.32

The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts

ZS Goals

- Use an evidence based Suicide Prevention Pathway (SPP)
- Improve Screening in ED and other by other referrers.
- Improve assessment approaches.
- Use a risk formulation approach that is not predictive
- Embed safety planning and lethal means interventions
- Improve carer and consumer engagement and support
- Follow up on missed contacts assertively.
- Develop and use a structured follow up approach across all teams
- Ensure care transition are safe and warm

Lead

- Zero Suicide Steering Committee
- ZS Charter, Implementation and action plans
- Organisation and workforce surveys
- Board and Executive
- Policy, protocols and guidelines
- ZS tools
- EMR and CMI
- ► RJC
- Project worker 6 months

Train

- Previously ASIST- Not fit for purpose
- Evidence based components, Shea, Semi structured interviews e.g. STARS, Pisani, Stanley and Brown Safety Planning, structured interventions
- ▶ NWMHS ASAP 2. QCMHL SRAM-ED, EARS and YEARS
- Suicide Prevention for MH Clinicians 2018-2019
- Safety and Suicide Intervention Training 2020
- Craft and Blast
- Bairnsdale ZS and HOPE Evaluation

Improve

Regional and suicide register data review 2016-2020

- Organisational survey 2017, 2018
- ► Workforce survey 2018
- Orygen Emergency Department Research Project
- Bairnsdale evaluation 2019-2020
- SSIT Review
- Self harm pathway to care
- Sentinel event, RCA, IDR process

Identify, Engage, treat, transition

The Suicide Prevention Pathway is the core of suicide safe care and the process anchor for it

Lived Experience

- Locking in ZS
- Suicide Prevention care are delivered by everyone 24/7
- How lived experience strengthens recovery
- Current and future role of LEW learnings

ACHIEVEMENTS

- ZS steering committee
- Board quality presentation executive support
- ZS Charter, implementation and action plan
- Suicide register
- Evidence based training packages
- Bairnsdale trial and evaluation
- Changes to assessment and management polices in the community to reflect SPP
- Updated evidence based safety plan
- EMR contains risk assessment, formulation and action drop downs

- In-depth review protocol improvements
- Clinical support team focus on evidence based service response planning and case review
- Delivery of HOPE and TWBSS programs
- Connections with Queensland Health, Gold Coast Hospital and Griffith University
- LRH ZS and HOPE liaison role
- Strong connections with regional SP planning. GMHA, GPHN
- Primary care education
- Gippsland Alcohol and Drugs Service Providers Alliance

CHALLENGES

- Bushfires
- Covid 19
- Changes to leadership across executive, management.
- HOPE programme confusing the focus
- Paper based documentation
- Data systems CMI and EMR don't talk to one another well
- Difficulties obtaining adequate focused local data to plan
- Mental health and wellbeing transformation

What can you do right now?

- Put it on the agenda and identify a leadership team
- Lock it into the strategic plan
- Complete an organisational review and ask if you are using evidence based process anchors
- Identify the policies and tools you can improve as part of usual business
- Require all MHS to utilise CMHL Engaging and Responding to suicide education
- Develop a local suicide register to investigate and identify trends for the purpose of quality improvement in service delivery.
- Identify and embed a suicide prevention pathway (SPP)
- Embed an active audit process based on SPP
- Make changes to your sentinel event reviews to meet best practice

Suicide Prevention and Response Strategy

Bailey Nation-Ingle

State Suicide Prevention and Response Adviser

Suicide Prevention and Response Office

Mental Health and Wellbeing Division

Department of Health



Suicide Prevention and Response Office

December 2022



Suicide prevention and response recommendations

Interim recommendation 3	•Expand follow-up care and support for people after a suicide attempt
9	•Develop 'safe spaces' and crisis respite facilities
26	•Governance arrangements for suicide prevention and response efforts
27	•Build on IR 3 to facilitate suicide prevention and response initiatives
31	•Supporting families, carers and supporters (statewide call-back service)
46	•Facilitate government-wide efforts, including the Suicide Prevention and Response Secretaries' Board Subcommittee
50	•Encourage national partnerships through the new National Mental Health and Suicide Prevention Agreement
53	•Facilitate the Mental Health and Wellbeing Commission to monitor incidence of suicides in healthcare settings

Progress to date



Expanded the HOPE program to 22 sites



Opened four new HOPE services for children and young people



Partnering with the Commonwealth on statewide postvention



Aboriginal Community-led codesign and suicide prevention



Co-designing Distress Brief Intervention service



Co-designing an **aftercare service** for **LGBTIQ+ community**



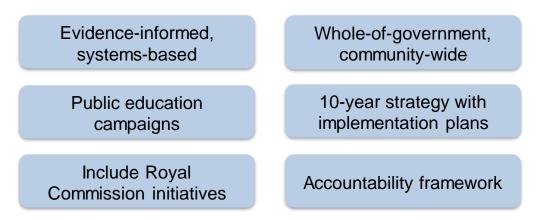
Co-designing and piloting a **peer call-back service**



Piloting 'gatekeeper' training in three LGAs and for LGBTIQ+ communities

Suicide Prevention and Response Strategy

Work with people with lived experience to coproduce, implement and monitor a new suicide prevention and response strategy for Victoria





Strategy timeline



Contact details

Suicide Prevention and Response Office Mental Health and Wellbeing Division Department of Health

suicide.prevention@health.vic.gov.au

Prospective

Zero Suicide Framework

The next 12 months

Mary Tsiros

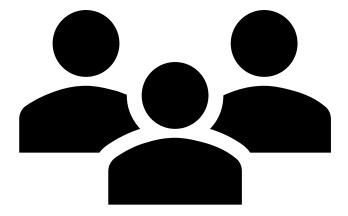
Project Lead

Mental Health Improvement Program





Who will partake in the initiative?



The Improvement Team

Project Lead

Data Lead

Lived Experience – consumer & carer

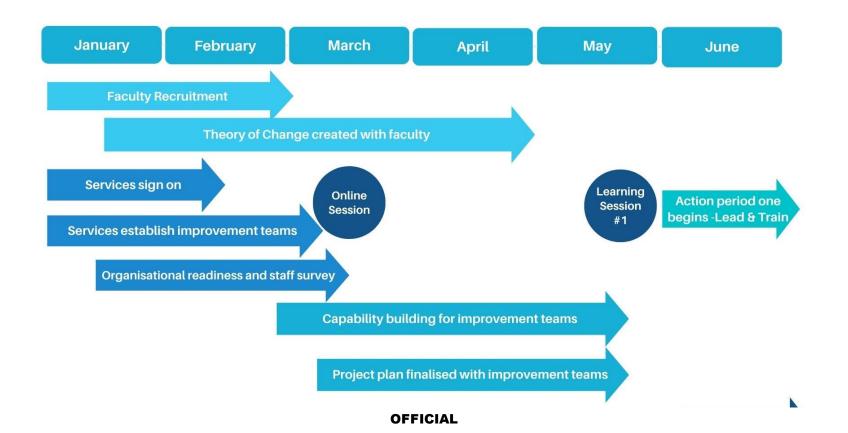
Service Leaders

Clinical & non-clinical staff

Executive Sponsor



The next 12 months



The next 12 months



Prepare for action period two -Identify, Engage, Treat

Who is the faculty?

Subject matter experts

Lived experience – consumer and carer

Diverse disciplines

Varied experiences

United



mentalhealthimprovement@safercare.vic.gov.au



Evaluation







Questions and discussion

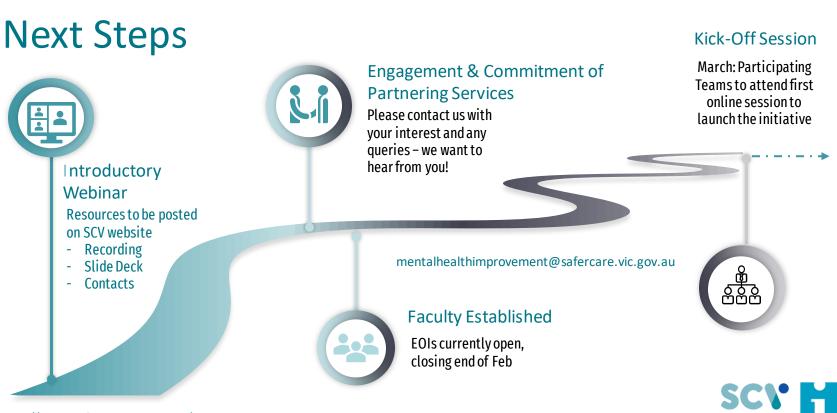
Misha Adair

Senior Project Officer, Lived Experience

Mental Health Improvement Program







https://www.safercare.vic.gov.au/LHN

OFFICIAL

Safer Care

Thank you

mentalhealthimprovement@safercare.vic.gov.au