



# CROSSROADS TO COMMUNITY WELLBEING

## Action Plan Report and Future Directions 2021



VICTORIA POLICE



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## Acknowledgements

### Crossroads to Community Wellbeing working group membership

Victoria Police  
Whittlesea Community Legal Centre  
Eastern Melbourne PHN  
DPV Health  
City of Whittlesea  
IndianCare Inc.  
Brotherhood of St Laurence  
Neami National  
The Orange Door  
Dr Manjula O'Connor  
Australasian Centre for Human Rights and Health  
Department of Families, Fairness and Housing

### Stakeholders and organisations who have provided advice and information

Berry Street Victoria  
Department of Health and Human Services  
In Touch  
Northern Community Legal Centre  
Whittlesea Community Connections  
Victorian Multicultural Commission  
Victorian Department of Health



We acknowledge and pay our respects to the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them.

We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Eastern Melbourne PHN values inclusion and diversity and is committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.

## Executive Summary

This paper shares the outcomes, lessons learned and future directions of the Crossroads to Community Wellbeing Action Plan 2020, for prospective endeavours to prevent, and respond to, suicide and family violence in CALD communities.

The purpose of reviewing the Crossroads to Community Wellbeing Action Plan 2020 is that the Place Based Suicide Prevention Trials, which has provided the subject matter expertise, coordination and secretariat support for the Crossroads working group, will be concluding in June 2022.

The Crossroads working group was formed by stakeholders in the City of Whittlesea to respond to a potential cluster of South Asian women in the City of Whittlesea who had taken their own life. The working group agreed to gather intelligence and research to determine if this was a cluster of suicides, if the women were South Asian, the precipitating factors, and what systemic issues may have been contributing. The Crossroads working group has led this investigation and the development and implementation of a systems approach to prevent suicide in the South Asian community living in the City of Whittlesea.

The local intelligence gathered by the Crossroads working group suggested that South Asian migrant women in the City of Whittlesea experience unique forms of family violence, including social isolation, dowry, visa and financial abuse. Often women are not receiving treatment for mental health issues and suicidality. There are complex barriers for both women and the service providers to identifying and recognising these issues and seeking appropriate help. Compounding these barriers is a lack of adequate, integrated

social and human services in the City of Whittlesea and specifically services that are culturally and linguistically appropriate and nuanced.

The Coroner's investigation into the suspected cluster concluded there were six suicides of women who migrated from South Asian countries over the period of 2018 to 2019 compared to one relevant death in the period 2009 to 2015. The Coroner determined this was a cluster of suicides of South Asian women.

In determining the precipitating factors that lead each of the women to take their own life the Coroner was "unable to find the precise factors" (Coroners Court of Victoria, 2020). However, through the investigation of the deaths, there are common themes in relation to mental health and suicidality, financial vulnerability, social isolation and family violence.

Where a cluster of deaths by suicide, or in some instances, even a single case, is a clear marker of suffering in a community, the approach trailed by Crossroads, in our use of the Coroner's Court as a forum to seek change, could be considered a model. It would involve the following steps:

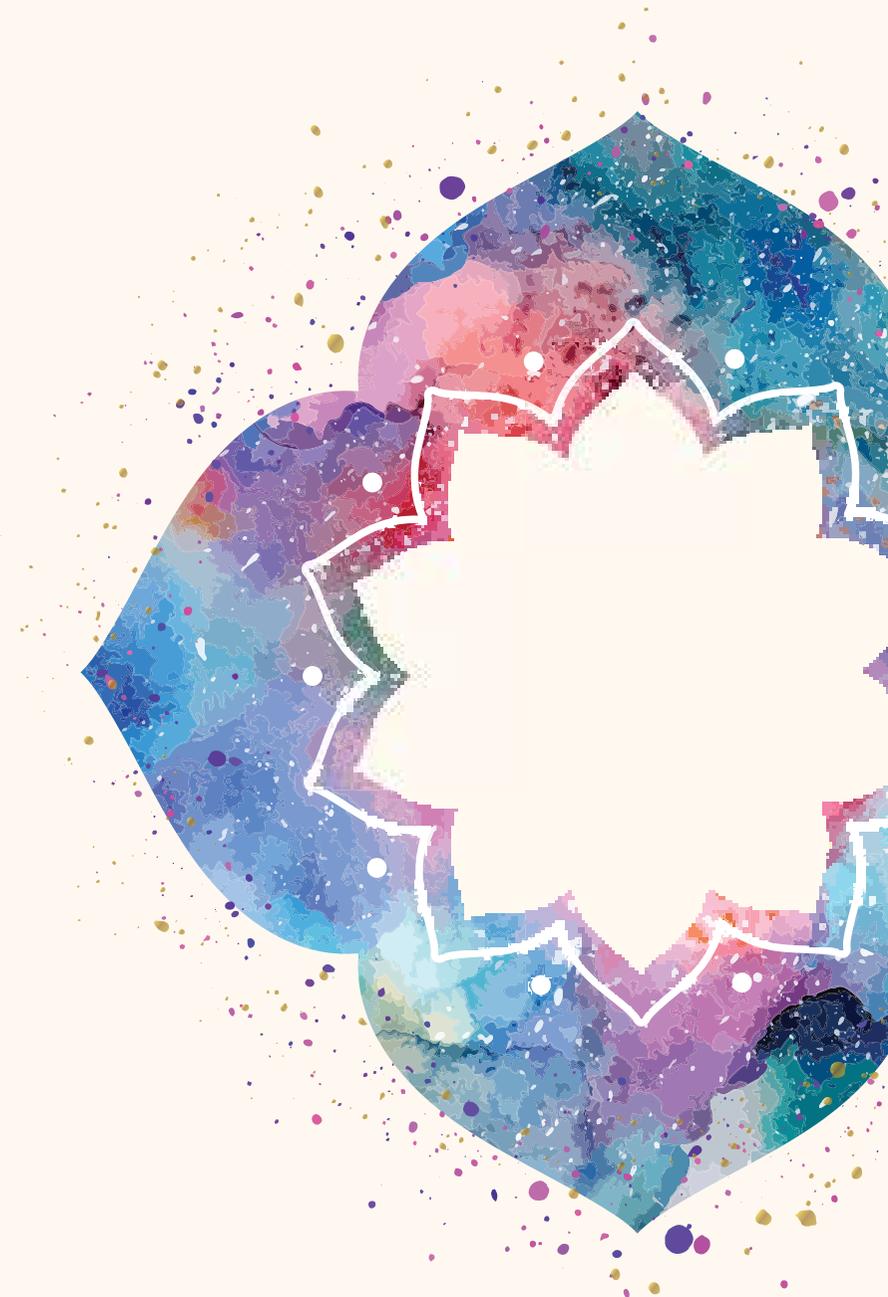
- i. convening an effective secretariat with subject matter expertise;
- ii. seeking the help of a lawyer with knowledge of Coroner's Court proceedings who may take carriage of inquiries, prepare and lodge court applications, liaise with the secretariat and group members and appear in court where necessary;
- iii. coordinating the input of local groups and stakeholders who

are experts in community affairs in the locality where the deaths occurred and identify the variety of causes of those deaths and concrete solutions to prevent similar deaths;

- iv. invoking the S72 recommendation powers pursuant to the Coroner's Act, to best promote those solutions.

With respect to suicide deaths which appear to offer a pattern, it is suggested that this model best combines local and specific expertise on the ground, with a forum capable of accepting and considering that expertise, and translating it into effective orders, activating responses at the highest levels of government, and to liaise with the local services to prevent similar deaths and preserve lives.

From the initial identification of this suicide cluster, the work undertaken by Crossroads to Community Wellbeing working group, has enabled a locally tailored, culturally appropriate, suicide prevention and postvention response and significant system changes to be implemented.



## Need help?

Thinking and reading about suicide can be distressing.

If you need help, please access the support you need. No one needs to face their problems alone.

**If you or someone you are with is in immediate danger, please call triple zero (000).**

### **National 24/7 crisis services**

Lifeline	13 11 14	<a href="http://www.lifeline.org.au">www.lifeline.org.au</a>
Suicide Call Back Service	1300 659 467	<a href="http://www.suicide.callbackservice.org.au">www.suicide.callbackservice.org.au</a>
MensLine Australia	1300 78 99 78	<a href="http://www.mensline.org.au">www.mensline.org.au</a>
Beyond Blue Support Service	1300 224 636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
SANE Australia Helpline	1800 187 263	<a href="http://www.sane.org">www.sane.org</a>
1800 Respect	1800 737 732	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>

### **Support after a suicide services (bereavement support)**

LifeConnect: suicide prevention and support after suicide	1300 052 590	<a href="http://www.neaminational.org.au/our-services/suicide-prevention/lifeconnect">www.neaminational.org.au/our-services/suicide-prevention/lifeconnect</a>
Australian Centre for Grief and Bereavement	(03) 9265 2100	<a href="http://www.grief.org.au">www.grief.org.au</a>

### **Culturally specific organisations and charities**

IndianCare	(03) 83128805	<a href="http://www.indiancare.org.au">www.indiancare.org.au</a>
Oorja Foundation	Not available by phone	<a href="http://www.oorjafoundation.org.au">www.oorjafoundation.org.au</a>
Harman Foundation Helpline	1800 11 66 75	<a href="http://www.harmanfoundation.org.au">www.harmanfoundation.org.au</a>



## Safe language

Certain ways of talking about suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamorous or as an option for dealing with problems. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language.

It is preferable to avoid detailing method of suicide, however, we acknowledge that at times it may be necessary to determine patterns and interventions. (Mindframe, 2019)

Don't say	Do say	Why?
'failed suicide', 'unsuccessful suicide' or 'suicide bid'	'non-fatal attempt' or 'made an attempt on their life'	To avoid presenting suicide as a desired outcome or glamourising a suicide attempt
'successful suicide'	'took their own life', died by suicide' or 'ended their own life'	To avoid presenting suicide as a desired outcome
'committed' or 'commit suicide'	'died by suicide' or 'death by suicide'	To avoid association between suicide and crime or sin
'suicide epidemic'	'increasing rates' or 'higher rates'	To avoid sensationalism and inaccuracy

## Glossary

Abbreviation	Description
ACHRH	Australasian Centre for Human Rights and Health
BSL	Brotherhood of St Laurence
CALD	Culturally and Linguistically Diverse
CAG	Community Advisory Group
CCV	Coroners Court of Victoria
CPU	Coroners Prevention Unit
DFFH	Department of Families, Fairness, and Housing
DHHS	Department of Health and Human Services
EMPHN	Eastern Melbourne Primary Health Network
FVIU	Family Violence Investigation Units
LGA	Local Government Area
NCLC	Northern Community Legal Centre
PHN	Primary Health Network
SaSC	Stronger and Safer Community Project
VMC	Victorian Multicultural Commission
VSR	Victorian Suicide Register
WCC	Whittlesea Community Connections Incorporated
WCF	Whittlesea Community Futures
WCFVP	Whittlesea Community Family Violence Project
WCLS	Whittlesea Community Legal Service
WHO	World Health Organisation

## Introduction

The Crossroads to Community Wellbeing Action Plan 2020 (The Action Plan) was developed to guide the collective efforts to understand, prevent and reduce suicide in the South Asian community in the City of Whittlesea.

The Action Plan was guided by the work of the Crossroads to Community Wellbeing working group (Crossroads) which was established in December 2018 to respond to an emerging concern that there was a possible cluster of suicides amongst women from the South Asian community. The working group, and the development of The Plan, was led by the Eastern Melbourne PHN in its role as co-ordinator of the Place-based suicide prevention trial in the City of Whittlesea.

The Action Plan provided an analysis of the presenting issue, policy context, socio-demographic information about the City of Whittlesea, an evidence informed model of suicide prevention, and high level strategic actions that capture the actions of Crossroads, related projects, and opportunities for future work.

Working collectively to guide future suicide prevention efforts, the Action Plan utilised an evidence based approach to integrated suicide prevention; the LifeSpan framework by BlackDog Institute (2017). The actions were structured according to the strategies and principles of LifeSpan (BlackDog Institute, 2017) and include both actions undertaken by the Crossroads working group itself, projects and services delivered by the organisations represented within Crossroads as well as ideas for new projects and systemic changes.

The purpose of this paper is to report on the outcomes, lessons learned and indicate future directions to integrate the learnings into existing and future work.



## Coroners Investigation

One of the foundational actions undertaken was to formally request the Coroners Court of Victoria investigate the deaths in order to determine the following: if these deaths did indicate a cluster; if there were commonalities between the reasons for suicide; and if the women were all from South Asian countries of origin.

The Coroners Prevention Unit (CPU) identified four suspected suicides of South Asian women in the City of Whittlesea in 2018, compared to one relevant death for the period 2009 to 2015 (Coroners Court of Victoria, 2020). Additionally, the CPU identified a further two possibly relevant deaths that occurred in 2019 (Coroners Court of Victoria, 2020). This brings the total number of suspected suicides of South Asian women in the City of Whittlesea for the period 2018 to 2019 to six (Coroners Court of Victoria, 2020). The Coroner determined this met the Centres for Disease Control and Prevention's definition of a suicide cluster (Coroners Court of Victoria, 2020).

In determining the precipitating factors that led each of the women to take their own life the Coroner was "unable to find the precise factors" (Coroners Court of Victoria, 2020). However, through the investigation of the deaths, there are common themes in relation to mental health and suicidality, financial vulnerability, social isolation and family violence.

The Coroners reports into the women identified as Ms TP, Ms YN, Ms MH and Ms WX (Coroners Court of Victoria, 2020) made formal comment that the Crossroads working group "is well placed to progress the necessary research and planning required to inform

future work, including further inquiries into the broader issues faced by South Asian women in the City of Whittlesea that do not form part of the coronial jurisdiction" (Coroners Court of Victoria, 2020).

In line with evidence based suicide prevention, the Coroners reports noted that future work required initiatives from a number of government departments and that "the Department of Health and Human Services ought to identify opportunities to improve South Asian women's access to and engagement with support services" (Coroners Court of Victoria, 2020). The Coroner made recommendations that Victoria Police "investigate the deaths of women from culturally and linguistically diverse backgrounds in the Whittlesea area: to consider the relevance of any family violence issues and potential common themes in these deaths, including inter alia social isolation and family violence, which may, in turn, assist in suicide prevention" (Coroners Court of Victoria, 2020).

## Key outcomes of the Action Plan

When The Action Plan was formalised in 2020, a number of actions were already underway and/or completed as part of the process to identify the causal or precipitating factors that may have led the women to take their own life and thus target prevention efforts. From this foundational work, prevention projects have been realised and funded through family violence prevention grants and two projects were commissioned by EMPHN utilising the DHHS place based suicide prevention funds. The tables in the Appendices detail the outcomes of each Action Area and provide lessons learned relevant to those actions.

Throughout 2020 and 2021, the COVID-19 pandemic has affected the capacity of sectors to deliver the services, programs and projects that were planned or underway. It is not in the scope of this paper to report in detail on those impacts; however, where relevant to the outcome of the Action, commentary has been included.

Key outcomes of this collective work to respond to the cluster and prevent further suicides in the South Asian community in the City of Whittlesea includes:

- The Coroners Court of Victoria now uses a proxy CALD indicator of country of birth obtained from the Register of Births, Deaths and Marriages. Data in the Victorian Suicide Register (VSR) is now matched to country of birth in the Register of Births, Deaths and Marriages to measure CALD identity. This mechanism is crude because it cannot account for how a deceased individual self-identified in terms of culture or ethnicity.
- In collaboration with Neami National, the Brotherhood of St Laurence (BSL) delivered tailored sessions on suicide prevention and mental health workshops for South Asian community advisory group and grassroots communities.
- LifeConnect delivered a webinar for GPs and medical professionals in collaboration with Dr Manjula O'Connor.
- Crossroads working group engaged a cultural diversity expert who undertook consultations with women and culturally diverse practitioners who generously shared their insights. The unpublished report by Tasneem Chopra OAM, titled 'Broken Bangles': Navigating the trauma of South Asian victims and survivors of family violence in the City of Whittlesea informed commissioning of responsive projects.
- Identification of the need for The Orange Door (TOD) to work collaboratively with local council and community organisations to establish and build its capacity to deliver a culturally responsive family violence and child wellbeing service in the local area.
- Ethnic Media project to prevent family violence in CALD communities pivoted towards the South Asian community due to the Crossroads collaboration. This project included translated materials into Hindu and Punjabi.
- A Media and Communication Agreement was developed and agreed upon by all stakeholders. This included the creation of a targeted social media campaign to promote help seeking in the South Asian community in Whittlesea after the Coroners recommendations and media articles were published.

- Mutual Relational Respect Workshops: Australasian Centre for Human Rights and Health (ACHRH) provided support to deliver three workshops on Mutual Relational Respect, which has covered practical issues of gender inequalities and family violence among multicultural communities.
- ACHRH was successful in its grant application to undertake the Sneh Theatre Project, which seeks to prevent family violence in the South Asian communities in the cities of Whittlesea and Hume.
- EMPHN commissioned Whittlesea Community Connections to deliver a pilot program for South Asian women in the City of Whittlesea to work towards their Victorian Drivers Licence. This program will support at-risk culturally and linguistically diverse (CALD) communities to be more independent, reduce social isolation, and improve the ability to access both formal and informal support networks.
- EMPHN commissioned Multicultural Centre for Women's Health to deliver a locally tailored Beyond Cultural Competency workplace training for local health and community services in Whittlesea, to enhance multicultural awareness and multicultural accessibility to services.
- LifeConnect delivered suicide prevention training to various health and community organisations in the City of Whittlesea in FY 2020-2021 including City of Whittlesea staff, Victoria Police, Interpreters, Whittlesea Community Connections, DPV Health, community leaders, employment services, youth and family services.
- Executive Director, North East Melbourne Area, Department of Families, Fairness and Housing (DFFH), formerly part of DHHS, continues to be an active participant in the Crossroads Working Group (the Working Group) in response to the Coroners recommendation that the Department "identify opportunities to improve South Asian women's access to and engagement with support services".

## Future Directions

### Policy context updated

In order to situate the opportunities for future suicide prevention with South Asian communities, in City of Whittlesea, a review was undertaken of the current National and Victorian suicide prevention recommendations and emerging policy. The relevant recommendations from the Final Report of the National Suicide Prevention Adviser (NSPA Final Advice), Productivity Commission into Mental Health's Final Report (November 2020) and the Interim (November 2020) and Final (March 2021) Reports of the Royal Commission into Victoria's Mental Health System (RCVMHS) have been summarised in the Appendices. It is advised to review these reports in future decision making, including the policy directions that address the social determinants of health, as they are contributors to an effective system-wide approach to suicide prevention.

The areas where there is direct alignment include; establishing suicide prevention local alert systems, workforce and community capability, LGA based community collectives and targeted approaches for populations disproportionately affected by suicide.

There are further opportunities within the RCVMHS recommendations and the Final Advice to advocate for a lens of CALD appropriate service delivery such as in the distress intervention, aftercare, and postvention and bereavement space.

### Local place-based future directions

The Crossroads working group, established in late 2018, has implemented a culturally responsive suicide pre and postvention response to the South Asian suicide cluster. The dedicated working group will conclude in late 2021 with this paper providing a record and legacy of the work undertaken. The future directions for this working group are to; integrate the lessons learned and subject matter expertise into new networks/working groups and the implementation of the new Victorian mental health reforms.

One of the emerging opportunities for Crossroads members is a new working group 'Partnering with The Orange Door Epping'. Whittlesea Community Futures (WCF) is establishing this working group to support the establishment phase of the Epping Orange Door Access Point. The priorities of the group are to maximize opportunities to integrate the Epping Orange Door Access Point into the local service system and support the service to be responsive and accessible to the local communities, including culturally and linguistically diverse communities and local Aboriginal and Torres Strait Islander communities.

The second opportunity is for working group members to contribute to the Sneh Theatre project and steering committee. This project, by Australasian Centre for Human Rights and Health (ACHRH), seeks to prevent family violence in the South Asian communities in the cities of Whittlesea and Hume. ACHRH has begun project planning and community performances will start in 2022.

The third opportunity is the Whittlesea CALD Communities Family Violence Project (WCFVP) Stage 2, funded through DFFH Supporting Multicultural and Faith Communities to Prevent Family Violence: 2021 Grant Program. The project will coordinate a partnership of key internal and external stakeholders, in a whole of community approach, to deliver information and education in relation to the prevention of family violence.

## Recommendations

The recommendations of the report by Tasneem Chopra OAM , titled 'Broken Bangles': Navigating the trauma of South Asian (SA) victims and survivors of family violence in the City of Whittlesea, can be summarised as follows;

### 1. Service providers

- Need to recognise the essential role of cultural expertise in determining crisis service access and fit.
  - o Funding for Advisory groups, women's and men's groups led by SA Community development officers, engaging community where they feel comfortable
  - o Funded roles for community leaders rather than volunteer
    - o Opportunity for EMPHN
  - o GP capacity building - Recognise and respond to Family violence, mental health and suicide in South Asian women
  - o Recognise and respond to suicide- target GPs in City of Whittlesea
- Targeted cultural competence training for service providers
- Funded legal supports including social work (Northern Community Legal Centre model/project)
- The Orange Door access point- accessible, appropriate, awareness of existence.

### 2. Community

- Capacity building for community via community groups both women's and men's (including young people) in Neighbourhood houses.
  - o Legal literacy
  - o Mental health
  - o Suicide prevention
  - o Family violence
  - o General services available
- Health and wellbeing opportunities
- Providing opportunities for social connection

### 3. Longer term advocacy for change

- GP Medicare model does not enable more complex work addressing Family Violence, suicide and mental health
- Victoria Police - advocacy for change in tenure for experienced officers to be retained.

“ Following the known impacts of Family Violence during COVID I do hope these recommendations go some way in formal funding towards culturally lead responses, co-designed with South Asian practitioners and that the cultural competence training of key service providers like Orange Door and Victoria Police are prioritised. The deficit of these key competencies is costly to the system in the long term and more importantly, detrimental to the wellbeing of residents in the short term. ”

- Tasneem Chopra OAM.

## Conclusion

Where a cluster of deaths by suicide, or in some instances, even a single case, is a clear marker of suffering in a community, the approach trailed by Crossroads, in our use of the Coroner's Court as a forum to seek change, could be considered a model. It would involve the following steps:

- i. convening an effective secretariat with subject matter expertise;
- ii. seeking the help of a lawyer with knowledge of Coroner's Court proceedings who may take carriage of inquiries, prepare and lodge court applications, liaise with the secretariat and group members and appear in court where necessary;
- iii. coordinating the input of local groups and stakeholders who are experts in community affairs in the locality where the deaths occurred and identify the variety of causes of those deaths and concrete solutions to prevent similar deaths;
- iv. invoking the S72 recommendation powers pursuant to the Coroner's Act, to best promote those solutions.

With respect to suicide deaths which appear to offer a pattern, it is suggested that this model best combines local and specific expertise on the ground, with a forum capable of accepting and considering that expertise, and translating it into effective orders, activating responses at the highest levels of government, and to liaise with the local services to prevent similar deaths and preserve lives.

In terms of the Place-based suicide prevention trial in City of Whittlesea, the work undertaken by Eastern Melbourne PHN (EMPHN) to lead the Crossroads to Community Wellbeing working group, resulted in significant learnings about how to investigate and respond to a cluster of suicides. Having a lead coordinator enabled a continuity of focus and secretariat functions to be undertaken. The strength of linking in the Place based suicide prevention trial in Whittlesea to lead this work has enabled the Crossroads working group to be strongly informed by evidence-based practice on suicide prevention and support after suicide.

The benefits of providing a Place-based, culturally appropriate response has enabled; the engagement of a cross section of relevant and local services, strong commitment and buy-in from local services, localised cultural knowledge and the voice of community members to be heard.

The formulation of the Action Plan, utilising the LifeSpan framework by BlackDog Institute, has provided a blueprint for how this evidence based framework may be adapted for local suicide prevention work, particularly in tailoring for Culturally and Linguistically Diverse (CALD) communities. Further, the successful implementation of the systems approach demonstrates the importance of a joint cross sector service and community led response.

It is notable that the Coroners Court of Victoria now uses a proxy CALD indicator of country of birth obtained from the Register of

Births, Deaths and Marriages. Data in the Victorian Suicide Register (VSR) is now matched to country of birth in the Register of Births, Deaths and Marriages to measure CALD identity. This mechanism is crude because it cannot account for how a deceased individual self-identified in terms of culture or ethnicity. However, Crossroads believes this is an important change to monitoring and surveillance, and may provide an earlier warning for when a CALD community or cohort is requiring tailored prevention programs.

From the initial identification of this suicide cluster, the work undertaken by Crossroads to Community Wellbeing working group, has enabled a locally tailored, culturally appropriate, suicide prevention and postvention response and significant system changes to be implemented.

“ The Crossroads to Community Wellbeing Working group has provided a great platform for community service organizations, specialist services, and family violence prevention support to co-design the strategies and plan for suicide prevention among South Asian Communities in Whittlesea. The Crossroads to group has not only provided technical support, guidance and opportunity to collaborate but also given a platform to share our learning and experiences and, most importantly, sharing about the community’s issues and needs to inform local policies, plan and strategies.

- Madhuri Maskey ”

## References

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## Appendix A

“LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis” (BlackDog, 2017).

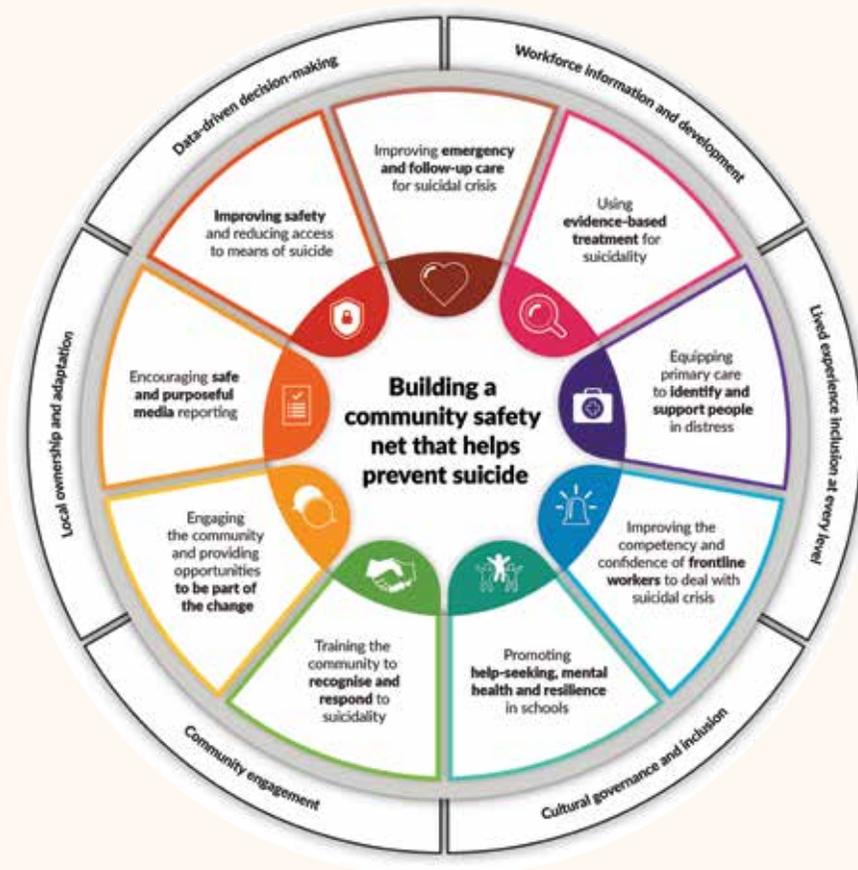


Figure 1: LifeSpan: an evidence-based, integrated approach to suicide prevention (2017). Black Dog Institute, Sydney

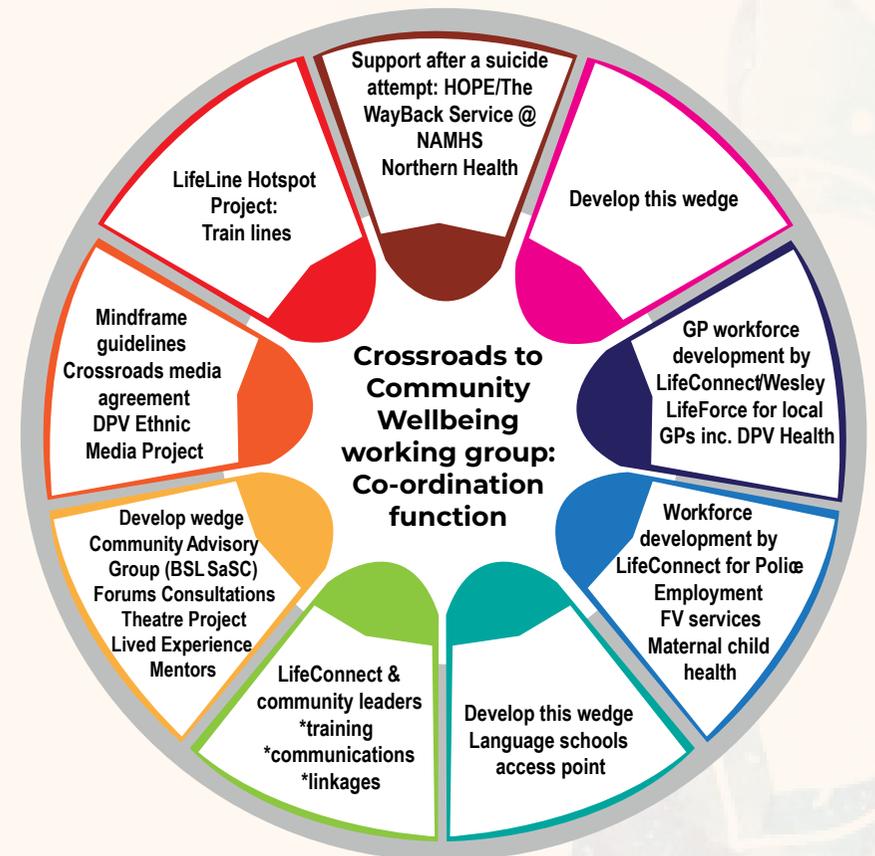


Figure 2: Overview of Crossroads adaptation of LifeSpan framework

## Action Area 1. Coordination



The aim of the Coordination component is to provide a coordinated response with local knowledge and suicide prevention expertise to ensure there is a dedicated resource to guide, implement and ensure the actions are integrated with the local community and service providers.

What	Action	Outcome
1.1 Action Plan	✓ Develop Action Plan. Synthesise research, evidence-based models, demographic information and stakeholder consultations to draft action plan. Working group members to ratify.	Crossroads webpage developed and hosted by EMPHN, containing the finalised Action Plan and associated documents for example, Terms of Reference and media articles.
1.2 Crossroads to Wellbeing Working Group	✓ Ongoing co-ordination to implement the action plan.	EMPHN has continued to provide secretariat and co-ordination support for the Crossroads working group and Action Plan
1.3 Coroners inquest	<p>✓ Submission of request to the Coroners Court of Victoria to receive the Coronial briefs into the four suicide deaths, the coroner's findings and a public inquest into the deaths.</p> <p>✓ Round Table convened by the Coroner with Crossroads Working Group.</p>	<ul style="list-style-type: none"> <li>• Whittlesea Community Legal Service (WCLS) applicant to Coroners Court</li> <li>• Round Table participation of Crossroads stakeholders</li> <li>• Findings and Recommendations handed down Sept 2020 and published on Victorian Coroners Court website.</li> </ul>
1.4 Advocacy plan	✓ Council to develop advocacy brief and letter in collaboration with Crossroads Working Group.	<ul style="list-style-type: none"> <li>• Whittlesea Council met with Crossroads Working group to discuss scope and potential avenues of advocacy.</li> <li>• Advocacy priorities in relation to family violence include: <b>Commitment 1.</b> Provide ongoing funding for Orange Door Access Point to be established in the City of Whittlesea</li> </ul>

What	Action	Outcome
1.4 Advocacy plan	✓ Council to develop advocacy brief and letter in collaboration with Crossroads Working Group.	<p><b>Commitment 2.</b> Ongoing investment for increased family violence counselling and crisis support in the City of Whittlesea.</p> <p><b>Commitment 3.</b> Investment in responsive programs to prevent family violence in the City of Whittlesea, targeting groups identified at high risk.</p> <ul style="list-style-type: none"> <li>• Key areas for advocacy focus agreed are: <ul style="list-style-type: none"> <li>• Cultural competency in mainstream agencies</li> <li>• Data collection - ensuring intake and services utilisation data reflect ethnicity</li> <li>• Orange Door Model co-design opportunity</li> </ul> </li> </ul>
1.5 Networks and Linkages	✓ The 2020 Action Plan planned to identify and develop education and networking for Providers and Community covering the intersection of cultural competence + mental health + family violence.	<p>In 2021, EMPHN commissioned Multicultural Centre for Women’s Health (MCWH) to deliver a tailored suite of cultural competency training for Crossroads members’ organisations.</p> <ul style="list-style-type: none"> <li>• A range of partner organisations attended with between 20-23 participants attending over the five sessions.</li> <li>• The evaluation report, due December 2021, will inform future training possibilities and considerations on how and to whom to deliver this type of training.</li> </ul>

## Action 2 - Stakeholders' insights and lessons learned

### Whittlesea Legal Service

From the legal perspective, where a cluster of deaths by suicide, or in some instances, even a single case, is a clear marker of suffering in a community, the approach trailed by us, in our use of the Coroner's Court as a forum to seek change, could be considered a model. It would involve the following steps:

- (a) convening an effective secretariat;
- (b) seeking the help of a lawyer with knowledge of Coroner's Court proceedings who may take carriage of inquiries, prepare and lodge court applications, liaise with the secretariat and group members and appear in court where necessary;
- (c) coordinating the input of local groups who are experts in community affairs in the locality where the deaths occurred and identify the variety of causes of those deaths and concrete solutions to prevent similar deaths;
- (d) invoking the S72 recommendation powers pursuant to the Coroner's Act, to best promote those solutions.

With respect to suicide deaths which appear to offer a pattern, it is suggested that this model best combines local and particular expertise on the ground, with a forum capable of accepting and considering that expertise, and translating it into effective orders, activating responses at the highest levels of government, to liaise with the local services to prevent similar deaths and preserve lives.

### Brotherhood of St Laurence (BSL)

The Crossroads to Community Wellbeing Working group has provided a great platform for community service organizations, specialist services, and family violence prevention support to co-design the strategies and plan for suicide prevention among South Asian Communities in Whittlesea. The Crossroads group has not only provided technical support, guidance and opportunity to collaborate but also given BSL a platform to share our learning and experiences and most importantly sharing about the community's issues and needs to inform local policies, plan and strategies.

### DPV Health

Being a member of the Crossroads Network allowed for great networking opportunities with key stakeholders in the suicide prevention and family violence sector. Meetings were well structured and always informative, allowing everyone to have an opportunity to discuss what they are working on, key learnings and provide insights into lived experience as a South Asian community member (those who identified). Being a member of the network provided great insights into the views, thoughts, and issues that South Asian community members have and face. Barriers were identified but, as a group, solutions were always discussed and plans for improvement were always suggested.

### **Dr Manjula O’Conner Australasian Centre for Human Rights and Health (ACHRH)**

Crossroads provided an interactive platform to engage with a range of multidisciplinary experts around the issue of prevention of suicide among new immigrants from South Asia in Whittlesea region.

### **Department of Families, Fairness and Housing (DFFH)**

- Having a lead coordination point such as the EMPHN has enabled:
  - o continuity of focus, secretariat/back of house functions to be undertaken
- Strength of providing a Place based, culturally relevant response has enabled:
  - o The engagement of a cross section of relevant and local services,
  - o Voice of community members to be heard
  - o Strong cultural knowledge on working group
  - o Strong commitment and buy-in from local services, seniority and consistent participation of working group members
- Strength of linking Place based suicide prevention trial in Whittlesea, has enabled the Working Group to be strongly informed by Evidence based practice
- Importance of a joint cross sector service and community led response

### **The Orange Door**

- Identified and recognised need for The Orange Door (TOD) to consult with and work collaboratively with community organisations whom have established engagement with South Asian communities. This will enable TOD to build its capacity to deliver a culturally responsive family violence and child wellbeing service.
- TOD to work in partnership with CoW in establishing stakeholder working group to influence and provide input into the implementation / operationalisation of TOD Epping site.
- Recognised importance of TOD Epping site to be a welcoming, inviting, culturally safe and accessible environment for members of the South Asian community. Plans to consult with local community and engage a community artist to use art to create a culturally welcoming space.

## Action Area 2. Local Ownership and Adaption



What	Action	Outcome
2.1 Systemic visa issues	<ul style="list-style-type: none"> <li>× To be explored: Advocate for migration 'Letter to partner visa applicant' to be translated and sent to visa applicant to ensure aware of rights and Australian law.</li> </ul>	Systemic visa issues was deemed to be out of scope of this project. It is worth noting this potential action as part of a broader systemic issue, which could be addressed by future endeavours
2.2 Increase women's awareness of immigration and visa rights	<ul style="list-style-type: none"> <li>✓ Invite Northern Community Legal Centre's (NCLC) project titled 'Abused and Abandoned: Family Violence in the Australian Indian Community'. Completed</li> <li>✓ Explore project outcomes to inform potential models</li> </ul>	<p>The Crossroads working group learned from from the Northern Community Legal Centre's (NCLC) project titled 'Abused and Abandoned: Family Violence in the Australian Indian Community' of a potential model to seek funding to implement.</p> <p><a href="https://www.northernclc.org.au/indian-womens-fv">https://www.northernclc.org.au/indian-womens-fv</a></p>
2.3 CALD appropriate suicide prevention	<ul style="list-style-type: none"> <li>✓ Capacity build suicide prevention provider (Neami National) to understand culturally specific issues relating to the South Asian community in relation to suicide prevention. Ensuring CALD lens to suicide prevention by engaging with community leaders.</li> </ul>	<ul style="list-style-type: none"> <li>• LifeConnect provided a staff member to attend the Crossroads working group enabling a deeper, and more nuanced, cultural understanding of the precipitating factors leading to suicide and the stakeholders they could work with to deliver the suicide prevention training.</li> <li>• Neami and BSL's project Safer and Stronger Communities facilitated discussion with the South Asian Women's group.</li> </ul>

## Action Area 3. Training the community to recognise and respond to suicidality



What	Action	Outcome
<p><b>3.1</b> Suicide Prevention capacity building including awareness of LifeConnect's bereavement service</p>	<ul style="list-style-type: none"> <li>✓ Engage and build understanding with community leaders about mental health, suicide and wellbeing.</li> <li>✓ Training sessions, adapted with input from community leaders to;                             <ul style="list-style-type: none"> <li>• recognise and respond to suicidality</li> <li>• know what to say when a suicide has occurred and</li> <li>• know supports are available.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Delivered CALD tailored Wellbeing sessions in 2020                             <ul style="list-style-type: none"> <li>• Getting Through Tough Times: a Nepalese community event</li> <li>• Introduction to Mindfulness-Whittlesea Welcome Expo</li> <li>• Supporting people impacted by suicide and the Interpreter role</li> </ul> </li> <li>• In collaboration with Neami National, BSL delivered sessions on suicide prevention and mental health workshops for community advisory group and grassroots communities. In consultation with the communities, Neami National customised the sessions and successfully delivered it embedding cultural context into the sessions. The session has helped communities to address increasing mental health issues (with COVID-19) and access support and services.</li> </ul>
<p><b>3.2</b> Development of suicide prevention communication materials including;</p> <ul style="list-style-type: none"> <li>• Tailored translated brochures and suicide prevention information</li> <li>• Promotion of Help Lines.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Communication plan including key messages addressing stigma and help seeking.</li> <li>✓ Development of South Asian specific/in language suicide prevention, wellbeing and mental health information.</li> </ul>	<ul style="list-style-type: none"> <li>• Media and Communication Agreement developed and agreed upon by all stakeholders. This included the creation of a social media campaign to promote help seeking as described in Action Area 5.</li> <li>• Ethnic Media project, as outlined in Action Area 5, pivoted towards the South Asian community due to the Crossroads collaboration. This project included translated materials.</li> </ul>

What	Action	Outcome
<b>3.2</b> Development of suicide prevention communication materials including: <ul style="list-style-type: none"> <li>• Tailored translated brochures and suicide prevention information</li> <li>• Promotion of Help Lines.</li> </ul>	x Dissemination of brochures including promotion of help lines	<ul style="list-style-type: none"> <li>• It became apparent that the need for translated materials specific to suicide was no longer a priority for this cohort as current efforts moved towards preventing family violence.</li> </ul>
<b>3.3</b> Community linkages with CALD sensitive GPs, psychiatrists and mental health services.	This was an exploratory action to: <ul style="list-style-type: none"> <li>• Support development of community to</li> <li>x know where to seek help.</li> <li>• Identify Providers and support for.</li> <li>x community</li> </ul>	Lessons Learned: <ul style="list-style-type: none"> <li>• When commissioning the Road to Driving Program, EMPHN embedded into the program design to provide support to women to link with service system.</li> </ul>

## Action 3 - Stakeholder Insights and lessons learned

**LifeConnect-** Providing culturally responsive services to diverse communities poses challenges reflecting the uniqueness of each community's socio-cultural context. LifeConnect program facilitators found a holistic approach to supporting the Whittlesea South Asian community yielded positive outcomes, particularly the inclusion of a workforce capacity building strategy.

Within community workshops, participants expressed the desire to obtain practical tools and strategies to manage stress and sought a more directive, advice giving approach from the service. In contrast, the facilitators had taken a person-centred, strengths-based approach and would have benefited from a more extensive community consultation process to deepen their understanding of the community's expectations. Subsequent adjustments to program development have led to successful outcomes in support of CALD communities within and beyond the Whittlesea region. Fluctuating COVID-19 restrictions provided a further challenge to developing relationships with the community, whose members expressed a strong preference for meeting in person.

## Action Area 4. Engaging the community and providing opportunities to be part of the change



What	Action	Outcomes
4.1 Community Advisory Groups (CAG)	<ul style="list-style-type: none"> <li>✓ Continue the CAG from Safer and Stronger Community project at Brotherhood of St Laurence (BSL SaSC). Membership consists of local South Asian community members.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular meetings and capacity building continued in 2021. See below text box for insights.</li> <li>• The Place-based community led prevention work of SaSC has increased the community's understanding of gender equality, respectful relationships, family violence, mental health and suicidal ideation.</li> </ul>
4.2 Training community leaders	<ul style="list-style-type: none"> <li>✓ Safer and Healthier Community Connectors- general community leadership program</li> <li>✓ Legal information session at the BSL SaSC Community Advisory Group (CAG)</li> <li>✓ Mock Court sessions with LaTrobe University, Whittlesea Community Legal Service and BSL SaSC women's group.</li> </ul>	<ul style="list-style-type: none"> <li>• DPV Health Community Connectors is a free community leadership program for emerging leaders with a passion for building their skills and the health knowledge in their community.</li> <li>• Two sessions on Family Violence Law and Legal Aid Services were organized with support from the Whittlesea Community Legal Services. Helped community members, including community leaders, to understand how family violence constitutes in Australian law and how to access legal aid services. CAG and community members appreciated workshops.</li> <li>• ACHRH provided content expertise and support to deliver three workshops on Mutual Relational Respect, covering practical issues of gender inequalities and family violence among multicultural communities.</li> </ul>

What	Action	Outcomes
<b>4.3 Stakeholder Forum</b>	<ul style="list-style-type: none"> <li>✗ Convene forum of key stakeholders including Indian and South Asian, Family Violence, local and state Government, suicide prevention organisations to share, collaborate and plan way forward.</li> </ul>	<ul style="list-style-type: none"> <li>• Explored with DHHS and Victorian Multicultural Commission (VMC) the potential for a stakeholder forum.</li> <li>• This action has not progressed due to COVID priorities and need for additional funding of this forum.</li> <li>• Retain this action for future engagement work.</li> </ul>
<b>4.4 Participatory Theatre</b>	<ul style="list-style-type: none"> <li>✓ Seek funding for Community Theatre project: Exploring domestic violence and social distress in Australian-Indian migrants through community theatre.</li> </ul>	<ul style="list-style-type: none"> <li>• ACHRH was successful in its application for the 2021 Grant Program - Supporting Multicultural and Faith Communities to Prevent Family Violence to undertake the Sneh Theatre Project, which seeks to prevent family violence in the South Asian communities in the cities of Whittlesea and Hume. The Steering Committee will work with members of Crossroads.</li> <li>• ACHRH has begun project planning and community performances will start in 2022.</li> </ul>
<b>4.5 Lived Experience mentors</b>	<ul style="list-style-type: none"> <li>✓ Action to explore the idea of mentors and how to operationalise.</li> </ul>	<ul style="list-style-type: none"> <li>• EMPHN commissioned the Road to Driving program that includes bi-lingual South Asian mentors as driving instructors.</li> <li>• Council have employed bi-lingual community development workers to facilitate supported playgroups.</li> </ul>
<b>4.6 Women's Health and Wellbeing sessions</b>	<ul style="list-style-type: none"> <li>✗ This action was about linking in with Women's Health in the North (WHIN) offering Sexual Reproductive Health sessions i.e. SexEd101.</li> </ul>	<ul style="list-style-type: none"> <li>• Retain this action for future engagement work.</li> </ul>
<b>4.7 Increase female participation in activities</b>	<ul style="list-style-type: none"> <li>✓ Action to explore this idea             <ul style="list-style-type: none"> <li>• Sports</li> <li>• School camps</li> <li>• Recreation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The 'Female Inclusion in Sport' project is a partnership between DPV Health and the CoW who provide local sporting clubs grants of up to \$3,000 to increase the number of women and girls in sporting clubs in Whittlesea. This project aims to break down the barriers, which prevent higher female participation in local clubs, giving clubs a financial boost to get more women and girls involved.</li> </ul>

## Action 4 - Stakeholder Insights and lessons learned

### **Australasian Centre for Human Rights and Health (ACHRH) (Dr Manjula O'Conner)**

Sneh Theatre: (Sneh: Sanskrit for affection) The question whether the suicide cluster was related to family violence and how best to tackle it? When the immigrant women suffer mental illness, do they know where to go for help? It was felt that solutions must be found from within the strengths of the culture. Based on the previous experience, the ACHRH representative proposed community participation theatre would be the most acceptable method to explore these questions and find solutions. The community will come together under the guidance of a theatre director, cultural consultants and experts to produce skits produced by the community, for the community.

The aim is to understand more deeply the gender-based drivers of family violence, how that leads to perpetration, and to shift the dynamics. The next issue to be explored would be 'What happens when there are barriers to help, and is not sought?' and 'What impacts it would have on children and the victim', and 'How to increase knowledge around where help is available'? It was great to have the Crossroads group support in getting the successful grant to begin Sneh Theatre (Dr O'Connor).

### **Brother hood of St Laurence (BSL) Stronger and Safer community (SaSC) project:**

One of the strategies utilised in the delivery of SaSC Project is engaging community leaders to build their capacity to translate gender equality, Family Violence prevention strategies and information to the communities for their empowerment, and influence them to engage in prevention activities. For this, we formed and established community advisory groups in the selected communities with equal number of 6 women and 6 men leaders.

The Place-based community led prevention work of SaSC has increased the community's understanding of gender equality, respectful relationships, family violence, mental health and suicidal ideation. There has also been an increase in understanding how to recognise family violence, mental health, suicidal ideation and knowledge regarding how to access relevant support and services. Engagement of these communities has also been able to adapt to the demands and changes imposed through the current COVID-19 pandemic.

**DPV Health-** I have only been to two Crossroads meetings, which have both been extremely well facilitated and provided excellent networking opportunities. The meetings have encouraged a process of sharing relevant information and enabled raising the profile of DPVH population health projects. The Crossroads group is an authentic collaboration with a common purpose.

## Action Area 5. Encouraging safe and purposeful media reporting



What	Action	Outcomes
5.1 Crossroads Media & Communications Agreement	✓ Agreement finalised documenting the high level plan to ensure safe and purposeful media reporting.	<ul style="list-style-type: none"> <li>EMPHN drafted the Agreement and finalised with endorsement of all working group members. Hosted on EMPHN website, Crossroads page</li> <li>The Agreement documents the stakeholders, key messages, risk strategy and a high level plan for media and communication as Crossroads working group.</li> </ul>
5.2 Community radio	✓ Utilise Whittlesea Council's radio slot for communication to community.	Whittlesea Council's radio slot provided an opportunity for the BSL SaSC project to share about the initiatives for preventing suicide and family violence among South Asian Communities living in Whittlesea. Key points included the importance of place-based community led prevention activities and its achievements in term of empowering communities with information and knowledge about identifying risk of suicide and family violence.
5.3 Ethnic Media Project by DPV Health	✓ Ethnic Media Project will look at developing community tailored resources that will inform and educate women on 4 different topics.	<ul style="list-style-type: none"> <li>DPV Health project lead. Title of Video: Let's Bring Change Together. Translated into Punjabi &amp; Hindi.</li> <li>Stakeholders from Crossroads including BSL SaSC project engaged with the Ethnic Media Project led by DPV Health to produce cultural relevant family violence audio and visual messages targeting to South Asian Communities in Hume and Whittlesea. The CAG from the BSL SaSC project actively participated including role-play in the video. Filming is complete and we are waiting for the final product of this amazing project.</li> </ul>

What	Action	Outcomes												
<p>5.3 Ethnic Media Project by DPV Health (cont.)</p>	<p>✓ Ethnic Media Project will look at developing community tailored resources that will inform and educate women on 4 different topics.</p>	<ul style="list-style-type: none"> <li>DPV will create a specific landing page on the website dedicated to the Ethnic media project. This page will specifically list background info on the project, the final video and have a dedicated section with an extensive list of support services available and programs available (all support services, not just DPV specific).</li> </ul>												
<p>5.4 Develop tailored social media messages for help seeking and positive health promotion</p> 	<p>✓ Boosted social media posts to be distributed to mitigate risk to community when Coroner's findings released and potential media interest.</p>	<ul style="list-style-type: none"> <li>EMPHN designed posts and campaign plan in consultation with Crossroads working group.</li> <li>Boosted social media campaign (September 2020) on Instagram and Facebook when Coroner's findings handed down targeted to South Asian community to promote help seeking and checking on friends and family.</li> </ul> <table border="1" data-bbox="1294 671 2112 834"> <thead> <tr> <th>Post</th> <th>Paid reach</th> <th>Organic reach</th> <th>Clicks to learn more</th> </tr> </thead> <tbody> <tr> <td>Better off with you</td> <td>3,737</td> <td>326</td> <td>45</td> </tr> <tr> <td>Are you worried...?</td> <td>17,774</td> <td>338</td> <td>146</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Posts were targeted via location and interests; location within a radius of the Whittlesea area, interests of language and religion.</li> <li>Reach by gender: Facebook - 72% female, 26% male. Instagram - 79% female, 21% male</li> <li>Overall, a successful campaign that proved the benefit of boosted posts. The far greater number of hits for the post addressing concern about someone else was noted. This does not mean it was necessarily the more impactful and will lead to more people seeking help than the other message, however it may indicate that it is easier to consider difficulties removed from self. Additionally, the 'Better off with you' (a suicide prevention sector campaign) message may have been less clear in its intent.</li> </ul>	Post	Paid reach	Organic reach	Clicks to learn more	Better off with you	3,737	326	45	Are you worried...?	17,774	338	146
Post	Paid reach	Organic reach	Clicks to learn more											
Better off with you	3,737	326	45											
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## Action 5 - Stakeholder Insights and lessons learned

### Eastern Melbourne PHN

Media and Communication Agreement: With the public release of the Coroners investigation and subsequent media attention, it was imperative to communicate safely about the cluster of suicides. At the time, there was also heightened concern about suicide rates possibly increasing due to the COVID-19 pandemic. In the role of coordinator of the suicide prevention trials, EMPHN recognised that media communications could pose a risk to the community, organisations, agencies, funders and various levels of government. It was also recognised that publicly communicating about the suicide may enhance the work and objectives of the Crossroads working group and bring the attention to the broader community and government. Writing an agreement meant the working group agreed to upholding the guidelines, safe language and key messages for safe reporting and any risk mitigations that needed to be considered and actioned.

### DPV Health

Through the development of the Ethnic Media Project, being a member of the Crossroads Network has enabled continuous support and advocacy for the project. A gap was identified, through the network, that there was a lack of in-language resources available for community members that was accessible, informative, and culturally appropriate. Using a co-design approach is integral and an important aspect to ensure that information, resources, projects, or workshops will raise awareness, create change, and have an impact on the target audience. Community input from the very beginning is also important, engaging community members from planning to implementation to evaluation.

## Action Area 6. Improving safety and reducing access to means of suicide



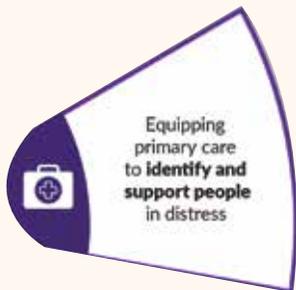
What	Action	Outcomes
6.1 LifeLine Hotspot project	<ul style="list-style-type: none"> <li>✓ Commonwealth Department of Health grant to Lifeline Australia, aimed at increasing capacity and reach of 'Hotspot' Crisis Support Service, and increase Lifeline's capacity to promote help-seeking messages at 'Hotspot' locations.</li> </ul>	<p>This action was included due to the method of suicide being relevant for the suicide prevention work of Crossroads. Lifeline was the lead of the project and, although membership of the project group included EMPHN and LifeConnect, no specific actions for the Whittlesea hotspot area were realised in the scope of this project.</p>

## Action Area 7. Improving emergency and follow up care for suicidal crisis



What	Action	Outcomes
<b>7.1</b> HOPE program at Northern Area Mental Health Service (NAMHS) - Epping	✓ Establish blended HOPE and The Way Back model and service delivery with NAMHS.	<ul style="list-style-type: none"> <li>Beyond Blue and the PHNs have partnered with the Victorian Government to assist in the delivery of the blended HOPE and The Way Back model within their PHN regions.</li> <li>EMPHN will translate the learnings from the Crossroads work into the accessibility and delivery of the program for CALD cohorts.</li> </ul>

## Action Area 8. Equipping primary care to identify and support people in distress



What	Action	Outcomes
<b>8.1</b> Capacity building training to local GPs	✓ Target local GPs and practices to recognise and respond to suicidality including CALD specific indicators of distress.	<p>LifeConnect delivered a webinar for GPs &amp; medical professionals in collaboration with Dr Manjula O'Connor</p> <ul style="list-style-type: none"> <li>Titled <i>Suicide Prevention in Context - responding to risk in Australia's South Asian communities</i></li> <li>Attendee (GP): 'I found the talks very informative and learned a lot.'</li> </ul>

### Action 5 - Stakeholder Insights and lessons learned

Engaging with GPs and providing professional development (PD) is challenging due to the business model of general practice and the plethora of offerings. GP attendance was lower than anticipated, possibly due to increased workload of GPs for Covid vaccination rollout. Retain this action for future engagement work noting North Western Melbourne PHN's webinar on Family Violence for general practice and primary care (Nov 2021).

## Action Area 9. Improving competency and confidence of frontline workers



What	Action	Outcome
<p><b>9.1</b> Capacity building training for frontline workers</p> <ul style="list-style-type: none"> <li>• Police</li> <li>• Employment services</li> <li>• Family violence services</li> <li>• Maternal and Child Health Nurses</li> </ul>	<p>✓ Target local services and providers to recognise and respond to suicidality including CALD specific indicators of distress.</p>	<ul style="list-style-type: none"> <li>• LifeConnect delivered training to various health and community organisations in the City of Whittlesea in FY 2020-2021 including City of Whittlesea staff, Victoria Police, Interpreters, Whittlesea Community Connections, DPV Health, community leaders, employment services, youth and family services.</li> <li>• EMPHN commissioned Beyond Cultural Competency Training delivered by Multicultural Centre for Women’s Health. The purpose was to provide cultural competency training to stakeholders in the City of Whittlesea as part of the EMPHN place-based suicide prevention trials. This training program supported mainstream organisations and professionals to understand, engage with and provide the framework to determine how to ensure more accessible services to people from a Culturally and Linguistically Diverse (CALD) community, specifically the South Asian community.</li> </ul>

## Action Area 10. Data driven decision making



What	Action	Outcome
<p><b>10.1</b> CALD data to be collected by Coroner.</p>	<p>✓ Advocate for collection and inclusion in suicide audit reports of information about cultural identity and/or country of origin.</p>	<p>The Coroners Court of Victoria (CCV) now uses a proxy CALD indicator of country of birth obtained from the Register of Births, Deaths and Marriages. Data in the Victorian Suicide Register (VSR) is now matched to country of birth in the Register of Births, Deaths and Marriages to measure CALD identity. This mechanism is crude because it cannot account for how a deceased individual self-identified in terms of culture or ethnicity.</p>
<p><b>10.2</b> Victoria Police (Northern Division) collecting CALD background information when documenting family violence and suicide.</p>	<p>× Collecting CALD background information when documenting family violence and suicide. Additional information will be gathered regarding any concerns around suicide and social isolation and controlling behaviours.</p>	<p>Victoria Police offered two rationalisations for declining to accede to the Coroners' recommendations that Vic Pol Family Violence Intervention Unit (FVIU), investigate suspected suicide deaths in Whittlesea, where there is evidence that either family violence or social isolation or both, are factors.</p> <ol style="list-style-type: none"> <li>i. The role of FVIU's should evolve to meet the needs of the State of Victoria as a whole, not the particular needs of the City of Whittlesea;</li> <li>ii. There would be a lapse of time prior to it becoming clear that FV or Social Isolation are factors, and communication difficulties are foreshadowed between the CIU investigating officer and the FVIU.</li> </ol>

## Action 10 - Stakeholder Insights and lessons learned

### Whittlesea Community Legal Service (WCLS)

The Coroner's Act 2008 makes it mandatory for the Coroner's Court to publish the response of a 'public authority or entity', such as Victoria Police.

Excerpt: S.72 Coroner's Act 2008

- (4) A written response to the coroner by a public statutory authority or entity must specify a statement of action (if any) that has, is or will be taken in relation to the recommendations made by the coroner.
- (5) The coroner must—
  - a) publish the response of a public authority or entity on the Internet.
  - b) provide a copy of the response to any person—
    - (i) who has advised the principal registrar that they have an interest in the subject of the recommendations; and
    - (ii) who the principal registrar considers to have a sufficient interest in the subject of the recommendations.

## Appendix B

### Comparison of Suicide prevention reforms 2021

Category	Royal Commission Mental Health Service (RCVMHS): Interim and Final Reports	Productivity Commission into Mental Health: Final Report	National Suicide Prevention Advisors Final Advice	Budget 2021-22 (\$m: million) C: Commonwealth V: Victorian
Data	<p><b>Establishing suicide prevention local alert systems</b> For suicide prevention and response local alert systems to be established across Victoria by the Suicide Prevention and Response Office in collaboration with relevant stakeholders. These systems will bring local stakeholders and service providers together to use real time data to trigger and develop a tailored, comprehensive service response when there has been a suspected suicide cluster or elevated rates of suicide attempts. Local stakeholders and service providers could include teachers, health and mental health and wellbeing professionals, police, ambulance, local media and community leaders.</p>	<p><b>Action 24.1 Strategy to improve data usability</b> Governments should develop a strategy to improve data usability in mental health and suicide prevention</p>	<p><b>Advice #3 Data and evidence to drive outcomes</b> Establish a suicide register and mechanisms for the routine collection and timely sharing of data on suicide, suicide attempts and self-harm. Regular national surveys to determine the population prevalence</p>	<p><b>C:</b> \$117.2 m to establish a comprehensive Evidence-base to support real time monitoring and data for our mental health and suicide prevention systems, including through the National Suicide and Self-Harm Monitoring System.</p>

Continued >

Category	Royal Commission Mental Health Service (RCVMHS): Interim and Final Reports	Productivity Commission into Mental Health: Final Report	National Suicide Prevention Advisors Final Advice	Budget 2021-22 (\$m: million) C: Commonwealth V: Victorian
<b>Training and capacity building</b>	<p><b>Final Report Rec. 27. Facilitating suicide prevention and response initiatives</b>  <b>Rec 27.1</b>            a. Provide training in appropriate responses for members of workforces likely to come into contact with people experiencing suicidal behaviour            b. Provide free, online evidence-informed ‘community gatekeeper training’ for Victorians to develop suicide awareness and prevention skills  <b>Rec. 27.1d</b> Facilitating Victorian industries and businesses to invest in evidence-informed workplace suicide prevention and response programs, with an initial focus on forming partnerships with high-risk industries.</p>	<p><b>Action 16.1 National Mental Health Workforce Strategy</b>            The forthcoming National Mental Health Workforce Strategy and the National Medical Workforce Strategy should enable a person-centred mental health system. This work should also inform the workforce development program being undertaken for the National Mental Health <b>and Suicide Prevention Plan.</b></p> <p><b>Action 16.3 Improve mental health training for medical practitioners</b></p>	<p><b>#4. Workforce and community capability</b></p> <ul style="list-style-type: none"> <li>• Resource contemporary and evidence based training for clinical and other health staff.</li> <li>• Implement contemporary compassion based training for frontline workers that enable them to respond to distress</li> <li>• National Office of Suicide Prevention work with all jurisdictions and relevant stakeholders to lead the development of a national suicide prevention workforce strategy.</li> </ul>	
<b>Community Collectives-general (not specific to suicide prevention)</b>	<p><b>LGA based Community Collectives (RCVMHS Rec 15)</b></p> <ul style="list-style-type: none"> <li>• establish and recurrently resource ‘community collectives’ for mental health and wellbeing in each local government area.</li> <li>• support each community collective to bring together a diversity of local leaders and community members to guide and lead efforts to promote social connection and inclusion in Victorian communities.</li> <li>• test and develop a range of initiatives that support community participation, inclusion and connection.</li> </ul>			

Category	Royal Commission Mental Health Service (RCVMHS): Interim and Final Reports	Productivity Commission into Mental Health: Final Report	National Suicide Prevention Advisors Final Advice	Budget 2021-22 (\$m: million) C: Commonwealth V: Victorian
<b>Diversity general (not specific to suicide prevention)</b>	<p><b>Working in partnership with and improving accessibility for diverse communities (RCVMHS Rec 34)</b></p> <ul style="list-style-type: none"> <li>• Collects, analyses and reports on data on the mental health and wellbeing of Victoria's diverse communities for planning and funding purposes and to improve transparency in mental health and wellbeing outcomes for diverse communities;</li> <li>• Ensures that Victorians, regardless of first or preferred language, hearing, literacy or neurocognitive ability, have access to appropriate mental health and wellbeing information and means of communication throughout the mental health and wellbeing system;</li> <li>• Enables Victoria's diverse communities and community-led organisations to:</li> <li>• Design and deliver mental health and wellbeing information and awareness campaigns; and assist their communities to navigate the mental health and wellbeing system.</li> </ul>			
<b>Service Delivery</b>	<p><b>Adult and Older Adult Local Mental Health and Wellbeing Service (RCVMHS Rec 3 (2 b))</b> First tranche will include site located in City of Whittlesea</p>			

Continued >

Category	Royal Commission Mental Health Service (RCVMHS): Interim and Final Reports	Productivity Commission into Mental Health: Final Report	National Suicide Prevention Advisors Final Advice	Budget 2021-22 (\$m: million) C: Commonwealth V: Victorian
Service Delivery	Final Report Rec. 27.3 Develop an intensive 14-day support program for adults who are experiencing psychological distress, modelled on Scotland's Distress Brief Intervention program.	Action 24.11 All new mental health programs or interventions should be first trialled as pilot programs, before they can be progressively scaled up.	<b>Rec. 5: Responding earlier to distress</b> Develop, implement and evaluate a scalable early distress intervention for people experiencing: <ul style="list-style-type: none"> <li>• intimate relationship distress;</li> <li>• employment or workplace distress;</li> <li>• financial distress; and</li> <li>• isolation and loneliness.</li> </ul>	C: \$22.5 m to establish a National Distress Intervention trial program which will reach people earlier in crisis where it first manifests and provide immediate support V: \$5.1 m (over three years) to develop and trial an intensive 14-day support program for adults who are experiencing psychological distress

	<p><b>Interim Report: Rec. 3 (HOPE Program expansion: Aftercare)</b> Expand follow-up care and support for people after a suicide attempt by recurrently funding all area mental health services to offer the Hospital Outreach Post-suicidal after Engagement (HOPE) program.</p>	<p><b>Action 9.1: Aftercare</b> The Australian, State and Territory Governments should offer effective aftercare to anyone who presents to a hospital, GP or community mental health service following a suicide attempt.</p> <ul style="list-style-type: none"> <li>• Effective aftercare should be directly provided or the consumer referred to support.</li> <li>• Effective aftercare should be provided before people are discharged or leave a service, with proactive follow up support within the first day, week and three months of discharge.</li> <li>• Aftercare should include culturally capable support.</li> </ul>	<p><b>Rec. 6: Connecting people to compassionate services and supports</b></p> <ul style="list-style-type: none"> <li>• Aftercare services for anyone who has attempted suicide or experienced a suicidal crisis.</li> </ul>	<p>C: In partnership with states and territories, to provide: \$158.6 m for universal aftercare services for every Australian discharged from hospital following a suicide attempt. Includes \$9.8 million to trial broader referral pathways \$22.0 m to provide national suicide postvention services which help those bereaved or impacted by suicide V: \$173 m for suicide prevention and response – to continue support for Aftercare - HOPE sites</p>
	<p><b>Postvention bereavement support</b> Through a partnership with the Commonwealth Government, all children, young people and adults that have been bereaved by suicide are automatically referred to postvention bereavement support.</p>		<p><b>Rec. 6: Connecting people to compassionate services and supports</b></p> <ul style="list-style-type: none"> <li>• Timely and compassionate including bereavement and postvention responses</li> </ul>	<p>C: In partnership with states and territories, to provide \$22.0 m for national suicide postvention services which help those bereaved or impacted by suicide V: No funding for postvention bereavement support</p>

