

Mind Australia Limited

Draft Tasmanian Suicide Prevention Strategy 2023-2027

October 2022

About Mind Australia

Mind Australia Limited (Mind) is one of the largest providers of community-managed psychosocial services in Australia with a range of residential, mobile outreach, centre-based and online services. We have been providing support to people, and their families, friends and carers for more than 40 years.

In the 2020-21 financial year, we provided individualised, evidence-based and recovery-focused support to more than 11,000 people experiencing mental health and wellbeing concerns, including disabilities arising from those concerns – otherwise known as psychosocial disabilities.

We are one of the leading specialist community housing providers in Australia for people experiencing psychosocial disability, and a registered NDIS provider – entrusted to deliver federal and state government funded services across Australia. We are one of the largest providers of NDIS funded supported independent living for people with a psychosocial disability in Australia.

We value lived experience and diversity and many of our staff identify as having a lived experience of mental ill health. Mind significantly invests in research about mental health recovery and psychosocial disability and shares this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and mental health professionals.

Introduction

At Mind, we support people to find help, hope and purpose in their own lives by providing person-centred recovery support to those who are experiencing mental ill-health. This includes support for people experiencing suicidal ideation or who may be at-risk of suicide.

We welcome the opportunity to comment on the Tasmanian Government's Draft Suicide Prevention Strategy.

General Comments

We are strong advocates for co-design and lived experience leadership in our own services, and are pleased to see the draft strategy has a commitment to designing and implementing approaches based on lived experience knowledge. We are also encouraged by the acknowledgment that suicide prevention and response requires a whole-of-community, whole-of-service-system, and whole-of-government response. Although, we believe there is more to be done to address the social determinants which contribute to suicide risk. This is especially the case for diverse communities, including LGBTQIA+, those experiencing housing insecurity and/or homelessness, and people with a psychosocial disability.

The strategy should support targeted approaches, and enable service systems to work together to provide integrated evidence-based interventions in the community to support people. This system must include psychosocial support in the community.

Psychosocial supports can include supports which assist in managing daily living needs, gaining or maintaining a tenancy, or developing the social skills to build community connection and relationships. These can be offered in the community to help people recover, and as alternatives to the Emergency Department. We have experience providing a range of peer-led services which support people in distress. We provide an innovative LGBTQIA+ Aftercare program which is led by a team who are members of the LGBTQIA+ community.

We want to see holistic support for mental health and suicide prevention in the community, including peer-led support like the kind provided in Crisis Support Spaces (based on the Safe Haven Café model) and in our South Australian Connect pilot program.

Whether or not the strategy achieves its vision will depend on the implementation plans that we understand are yet to be developed. We encourage the Government to be aspirational in its aims, and articulate clear targets and goals, with monitoring and accountability.

Response to Guiding Questions

1. Do you agree with the general vision, priority areas, and actions of the strategy?

The general vision, priority areas, and actions of the strategy are laudable. However, the Strategy could be more aspirational by including clearer targets and aims it seeks to achieve.

2. Are the proposed actions sufficient to achieve the vision?

The strategy could be made more robust through strengthening actions for the proposed targeted approach, and articulating what this looks like for a broader range of at-risk groups. We encourage the Government to use evidence to inform service delivery, so that approaches make a real difference for Tasmanian's at risk of suicide.

Given the data presented in the document regarding suicide amongst men and those living outside of Hobart, we suggest there is a strengthened focus on prevention with a particular emphasis on services

in isolated communities. This recognises that people at risk of suicide may not necessarily seek help from mental health services.

3. Are there any other actions you can suggest to achieve the vision of the strategy?

Lived Experience service development could be strengthened in the strategy. Whilst Action 1.1 provides for supporting people with lived experience to contribute to priority setting, program design and suicide prevention leadership, it says little regarding how the Tasmanian Government will enable and support co-design of services.

Action 1.2 provides for further enhancing the capacity of communities to implement suicide prevention action plans, including evaluating current community and place-based action plans across the Primary Health Network and TSPCN to develop a common framework and shared evaluation measures for ongoing work. We encourage the Tasmanian Government to review commissioning practices and structures when undertaking this evaluation, with the purpose of ensuring commissioning is consistent and transparent, and allows non-government organisations to deliver the intended services.

4. How well does the TSPS reflect the experiences and needs of your community?

We believe the Strategy could do more to articulate the experiences and needs of those experiencing housing insecurity and/or homelessness. We know psychological distress, financial hardship and insecure housing go hand-in-hand. We argue that for those who are most severely impacted by mental illness, including during periods of rehabilitation and recovery after extended bouts of illness or suicidal distress, access to safe and appropriate housing can be understood through the lens of health. This offers a different way to view possible suicide prevention and response options. To support wellbeing, we need an income support system which allows people to meet their basic needs, as well as access to safe, secure and supported housing.

We make these points to recommend the Tasmanian Government view addressing the social determinants of health as essential to its suicide prevention and response agenda. Addressing these areas has great potential for improving mental health and having a positive impact on wellbeing. Brackertz (2020) also suggests it is likely interventions which ameliorate protracted financial stress associated with housing may address some of the risk factors associated with suicide.¹

5. Do you think that the action areas will have a sufficient impact on service provision?

The aims of the strategy are commendable, however, to determine whether the action areas will have sufficient impact on service provision we feel it is necessary to see implementation plans and associated funding agreements.

We are supportive of increasing the availability of service models which support psychosocial needs and care coordination. We hope this will translate into a greater quantum of funding available for psychosocial support services, so that they can provide much-needed support to Tasmanians.

6. What could be included in the TSPS that has not already been included?

The Strategy is fairly silent on LGBTQIA+ community needs, and this should be strengthened given the vulnerability of the community to stigma and discrimination, along with risk of suicide. Mind delivers

¹ Brackertz, N. (2020). The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours: a review of the evidence, Evidence Check prepared by AHURI for the National Suicide Prevention Adviser and the National Suicide Prevention Taskforce, commissioned through the Suicide Prevention Research Fund, managed by Suicide Prevention Australia, Australian Housing and Urban Research Institute Limited, Melbourne.

LGBTQIA+ Aftercare services – a model which we would be pleased to present to the Tasmanian Government and which we have outlined in greater detail below.

Mind's LGBTQIA+ Aftercare Service (Victoria)

Mind operates an aftercare program offering support to people who are LGBTQIA+ and are having thoughts or intentions of suicide.

All staff in the Aftercare team are part of the LGBTQIA+ community.

The Aftercare team consists of mental health peer support workers and allied health workers who are knowledgeable about LGBTQIA+ identities and the issues and challenges faced by the community. Aftercare offers recovery-focused short-term (up to 3 months) practical outreach and counselling-based support to help individuals, their chosen family members and other important people in their life, to find inclusive and affirming care and strategies for moving forward. There is no fee to access the Aftercare program.

A summary of results from an evaluation² of the Aftercare program pilot is below:

- Providing suicide support reduced active suicidal ideation in the vast majority of participants, as well as improved mental health and wellbeing. It also helped clients build their resilience and capacity to manage suicidal ideation.
- There were no client deaths during Aftercare service provision.
- Clients experienced collectively over 1000 instances of support, including peer work sessions, group sessions, and clinical psychology and psychotherapy.
- A key success of the program was found to be the role of peer practitioners who were able to provide support and foster a safe and affirming space, leading to Aftercare clients experiencing a sense of community, reduced isolation, increased self-advocacy skills and political empowerment.
- Clients spoke about the power of being able to access a service that was identity affirming and validated their experiences of minority stress.
- Exit referrals were frequently difficult to organise given most organisations and long term options for care, such as private psychologists, had significant waitlists.
- The Aftercare Circle (drop-in groups program) was therefore critical to provide ongoing support at the end of the three-month service period.

The program was also found to be responsive to the needs of clients and the external environment, with suggestion the program could have greater impact if it was delivered over a longer period.

Further, Peer-Led approaches should be considered in the strategy, especially as the Government seeks to broaden its approach and connect people to supports in the community. We know that people often present to the emergency department (ED) due to a lack of alternative entry points to support in the community.

Our Connect SA pilot program had great success and its evaluation showed that a Peer-Led approach had many benefits for people presenting to crisis services for support, with the most common reasons for presentation being suicidal ideation and suicide attempt. Connect effectively operated as an

² Impact Co (2022). *LGBTIQ+ Suicide Prevention Trial. Mind Australia – Aftercare Program: Evaluation Report*. Accessed by: <https://nwmpnhn.org.au/resource/nwmpnhn-lgbtqi-aftercare-evaluation-report/>

alternative to ED, diverting people from clinical settings and providing an alternative approach to support.

Mind Australia's Connect Peer-Led Service (South Australia)

Mind Australia's Connect Peer-Led service was a proof-of-concept pilot program for people experiencing mental health and wellbeing issues which require intensive supports. The program provided 12 weeks of peer support to people in crisis who presented and/or were admitted to emergency departments, hospitals or other urgent care settings.

Direct referrals were received from clinical and crisis settings, with contact and service arrangements occurring in the same day or within 24 hours of receiving a referral. This allowed people to leave clinical and crisis settings with a connection to additional support.

Connect provided people with tailored support, shaped by each person's experiences, wants and needs. Peer principles of holding space, purposeful disclosure, mutuality, power sharing, and the centring of healing and recovery were consistently applied. Where relevant, people were also connected to other supports that addressed life areas which intersected with mental health and wellbeing.

An evaluation of Connect³ suggested that people valued the peer-led approach, and felt their progress was directly related to support being provided in a peer way. Experiences across a range of measured life areas improved for both consumers and carers who accessed the program.

Connect demonstrated that peer workers in mental health care and crisis settings supported reduction of emergency and hospital presentations, and showed that peer models work and contribute to better outcomes for consumers and carers.

It is clear that clinical, non-clinical, governments, and NGOs can work together to address barriers to accessing care.

The Connect and Aftercare programs both address a service gap in mental health by providing an alternative to the Emergency Department, delivering holistic support in the community, and addressing some of the social determinants which impact on mental health. Peer-led services represent a response that walks alongside people when they're in crisis.

7. What do you think success looks like for the TSPS?

Tasmanian's have access to support when and where they need it, from a service appropriate to their needs and which provides them with support they need to re-connect with the community and live the life of their choosing.

8. Are there any other comments you would like to add?

N/A

³ LELAN. (2022). *Walking the Journey Together, From the Start: A lived experience-led developmental evaluation of the Connect peer service in Adelaide's north*. Prepared by the Lived Experience Leadership & Advocacy Network (LELAN) for Mind Australia.

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and their families, friends
and carers for over 40 years.



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