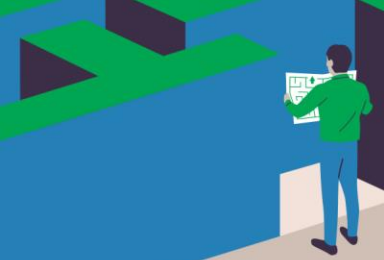




The Way Back Support Service

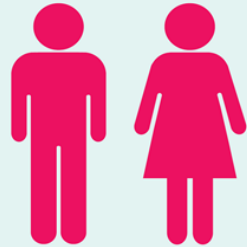
The Way Back Support Service

An innovative suicide prevention program targeting people discharged from hospital after trying to take their own lives.

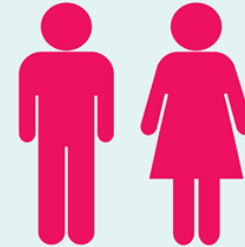


The Way Back Support Service

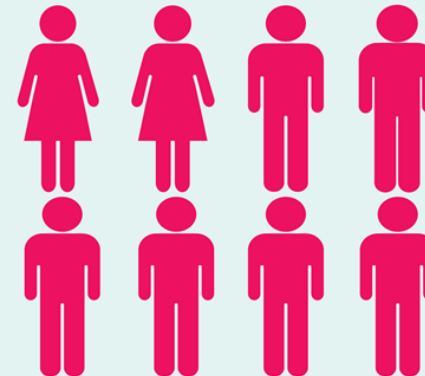
AROUND
2 MILLION PEOPLE
IN AUSTRALIA
LIVE WITH
ANXIETY

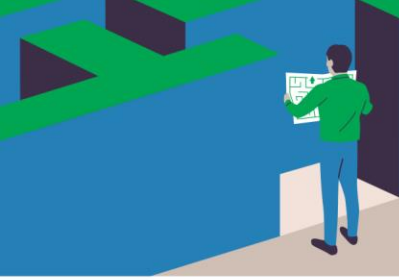


AROUND
1 MILLION PEOPLE
IN AUSTRALIA
LIVE WITH
DEPRESSION



NEARLY
8 AUSTRALIANS
DIE BY SUICIDE EVERY DAY
6 OF WHOM ARE MEN





Suicide in Australia

- 200 Australians attempt suicide each day, 8 will die
- 3,128 lives lost in 2017 (up from 2,866 in 2016)
- Suicide leading cause of death in Australians aged 15-44
- Males, LGBTQIA+, Aboriginal and Torres Strait Islanders at higher risk

Source: 2017 Causes of Death, Australia data (ABS 2018)



The Way Back Support Service

The case for follow up care



The Way Back Support Service

“I was sent home from hospital a week later to the exact same situation which led me to be suicidal in the first place, nothing was any different. They ask you at the hospital if you have any support or assistance at home when you leave. If you say no, nothing really changes, so I don’t know why they ask.”

Jasmine from South Australia, A Contributing Life, NMHC 2012



The case for follow-up care

- Previous suicide attempt strong predictor for further suicidal behaviour
- Research shows **15-25%** of people who have attempted suicide **will re-attempt** over following several years, **5-10% will die**
- **50%** of people who attempt suicide **refuse recommended treatment**, **60%** drop out after one session
- Recent Australian study showed coordinated assertive aftercare has potential to **reduce suicide attempts by up to 19.8%**
- Evidence supports client-led, community-based care as effective suicide prevention



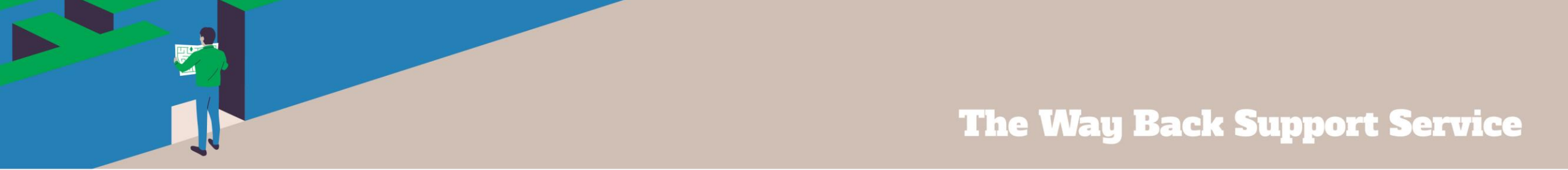
The Way Back Support Service

The Way Back Support Service concept and model



The Way Back Model

- Target people presenting to hospital after suicide attempt
- Non-clinical support for up to 3 months
- Person-focused and individually tailored
- Support individuals to stay safe and connect with services during critical risk period
- Unmet need for service
- Cost effective and provides economic benefits.



Client intake criteria

Primary intake: person who attempted suicide

A non-fatal, self-directed, potentially injurious behaviour with any intent to die as a result of the behaviour. A suicide attempt may or may not result in injury.

Secondary intake: person experiencing suicidal crisis

Distressed and experiencing suicidal ideation (with or without expressed intent to die) and who in the absence of assertive follow up to assist them and engage with other long term support services is vulnerable to risk of suicide increasing.



Risk management & escalation

- Risk always present, must be mitigated
- Certain factors/behaviours indicate increased risk

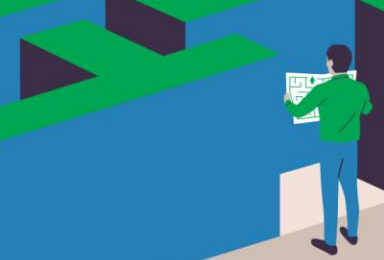
Escalation occurs when:

- Support Coordinator observes imminent risk or constellation of known risk factors
- Client, other services, family members, carers or support persons inform Support Coordinator of imminent risk
- Risk indicators become apparent through case discussion with Operations Manager or External Supervisor.



Darwin (2014-2015) evaluation

- Independent evaluation of Darwin pilot by Ernst and Young found concept valid, model well-received, could be scaled nationally
- High referrals (122), high participation (71% became clients), high engagement (73% attended planned appointments)
- Female 60%, Male 40%, 14% Aboriginal or Torres Strait Islander
- Anecdotal evidence:
 - Trial reduced Royal Darwin Hospital attendances for repeat suicide attempts
 - Support Coordinators met clients' needs and expectations
 - Clients valued and appreciated person-centered model of care
 - Clients improved self-reported wellbeing (K10)



Today's sites

1. Hunter: Movember, Beyond Blue, **NSW Government**
2. Canberra: **ACT Government**
3. Geelong: **Victorian Government** under the HOPE initiative
4. Wagga Wagga, Deniliquin, Griffith, Young: Murrumbidgee PHN
5. Redcliffe: Brisbane North PHN
6. Department of Veterans' Affairs in Brisbane
7. Lismore, Tweed Heads: North Coast NSW PHN
8. Casey: South Eastern Melbourne PHN



The Way Back Support Service

2018 Budget Measure

- **\$37.6M** over 4 years 2018/19 – 2021/22:
 - **\$27.1M** for PHNs to commission The Way Back model (+ State/Territory contributions)
 - **\$5.0M** for national infrastructure
 - **\$5.5M** for PHN/LHN capacity building, rural/regional loading, implementation project management, evaluation



- **Additional \$5M** contributed by Beyond Blue
- Up to 26 new sites supporting up to 25,000 people over 4 years, incremental roll out



The Way Back Support Service

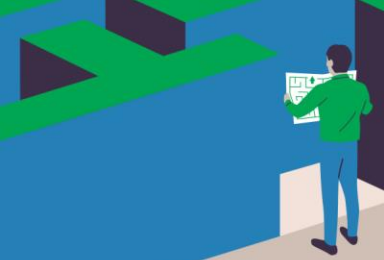
2,208 referrals to date
Approximately 0.5% reported suicide rate amongst those referred



The Way Back - Redcliffe

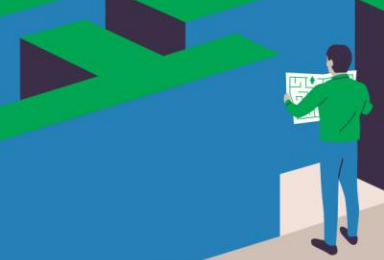
- The Way Back program as a response to Brisbane North PHN's 2016/17 procurement for suicide prevention services as identified in their regional plan.
- In addition, the service design included a short term counselling service component to respond to the shortage of counselling services in the region.
- Staffing structure includes - Service Manager, Clinical Advisor, Support Coordinators and Counsellors.
- Partnership includes Australian Institute for Suicide Research and Prevention (AISRAP)
 - Screening Tool for Assessing Risk of Suicide (STARS)
 - Evaluation – currently underway



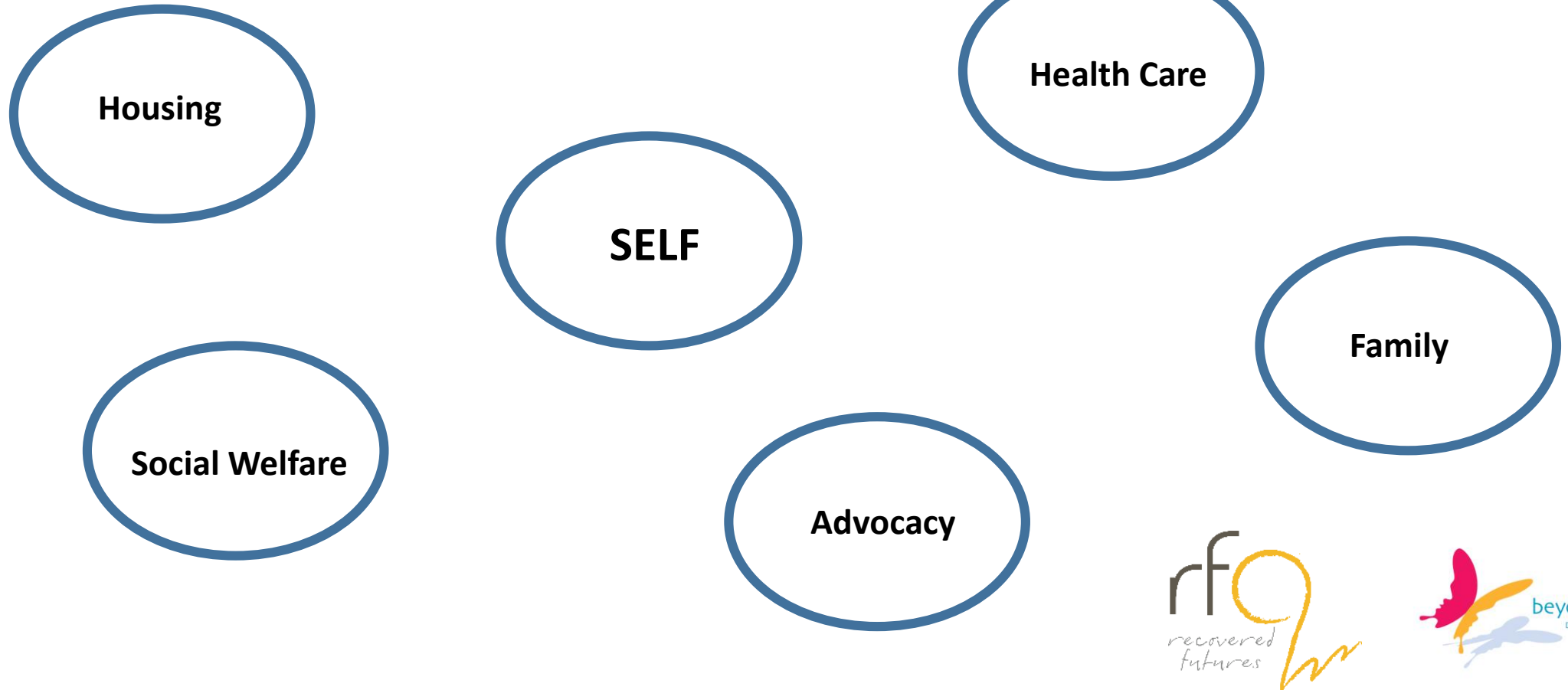


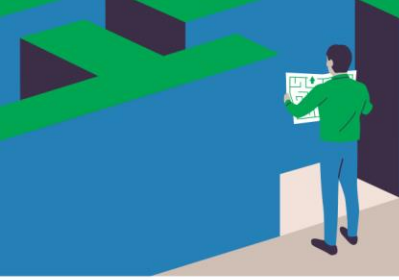
The Way Back – Redcliffe Stats

- **157** referrals since October 2017
- Referrals are received from the Redcliffe Hospital:
 - RCACT – Redcliffe-Caboolture Acute Care Team
 - CYHMA – Child and Youth Mental Health Services
 - CL - Consultant Psychiatrist Liaison Team
 - ED - Emergency Department
- **53%** of referrals - people who have attempted suicide.
- **61%** Female, **39%** Male
- **68%** engagement rate
- **0%** reported suicide rate amongst those referred



The Way Back – Redcliffe - Case Review





The Way Back – Redcliffe – Clinical Governance



The significant challenge is developing relationships where there is trust in our capability to manage risk, were we go beyond using the terminology of clinical vs. non clinical.



The Way Back – Redcliffe – Clinical Governance

The significant challenge is developing relationships where there is trust in our capability to manage risk, be proactive and assertive in our care of the people and to demonstrate systematic processes that monitor outcomes and quality.

Whilst we importantly a “non clinical service” our clinical governance practices comprise *of systematic processes that monitor outcomes and quality* :

- Documented processes – Operational manual which includes escalation pathways, communication pathways, incident management etc.
- Evidence based wholistic assessment tool specific for screening risk of suicide (STARS)
- Regular case review processes, clinical supervision and workplace supervision
- Specific training for staff and appropriately trained staff in role.
- Outcomes and data reporting to the steering committee and community reference group
- Benchmark of assertive follow-up in first week after discharge from Hospital.
- Communication with referrers and primary care at engagement, during and at completion of service.
- Internal auditing



The Way Back Support Service

The Way Back – Redcliffe – Feedback

"The service and its people saved my life and I can't think of one thing they could do better"

"My sessions at the way back service have been incredibly helpful to me. The easy going atmosphere keeps me at ease and makes it a little easier to discuss uncomfortable topics."

"They treated me well, they were there even when I didn't have an appointment and gave me hope. They made sure I stayed on track of what I needed to do. They made sure I knew they cared"

"They went above and beyond any group I've ever been with"

