EVERYMIND

Life in Mind

1 October, 2017

Life in Mind Consultations

A summary of key findings

Contents

Background

Funded by the Australian Government under the National Suicide Prevention Leadership and Support Programme, **Everymind** is working under Activity 4 –"National Media and Communications Strategies" to develop a National Communication Strategy, known as *Life in Mind*.
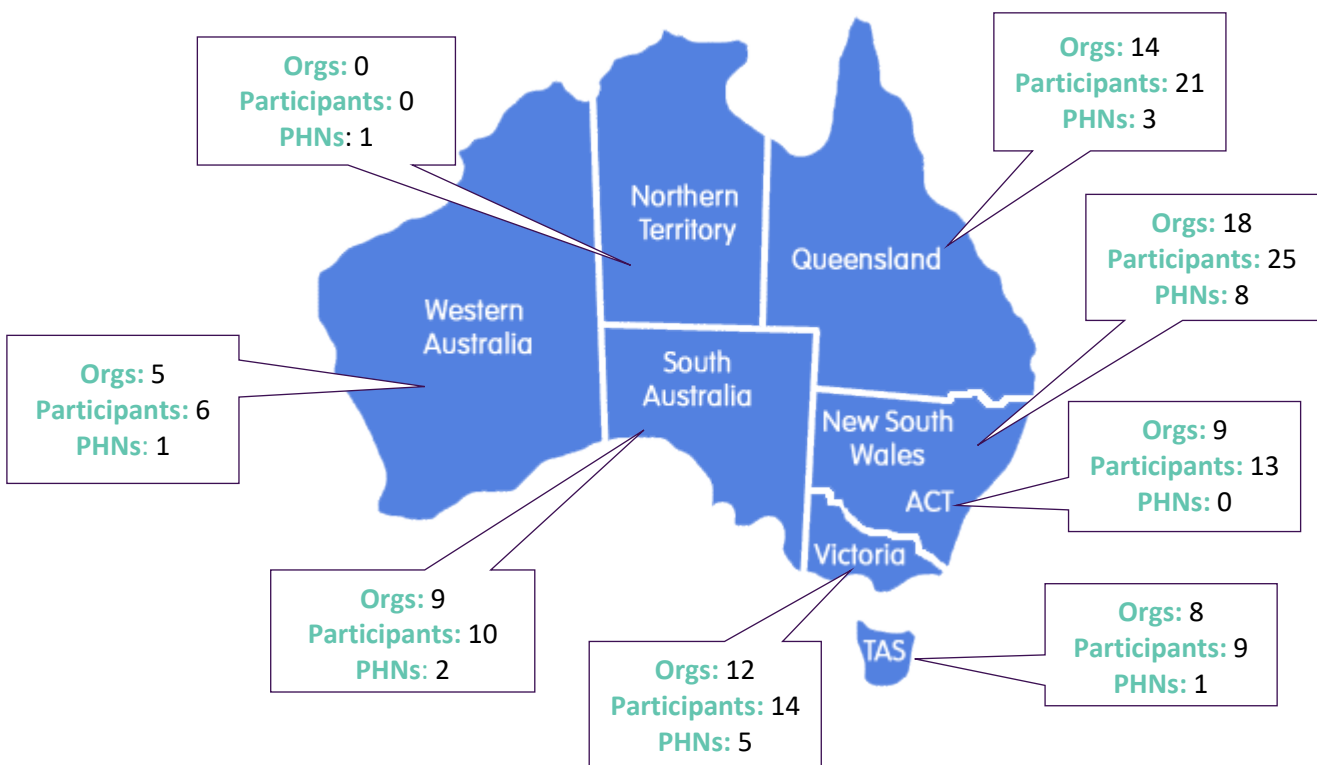
Key to *Life in Mind* is a comprehensive online portal that will connect organisations, programs, researchers and professionals working in suicide prevention in Australia, while supporting a coordinated, consistent national approach to suicide prevention.

The *Life in Mind* portal will link policy to practice, communities to help-seeking and practitioners to the evidence base, creating improved support for people to communicate about, and respond to, suicide and its impacts.

The National Mental Health and Suicide Prevention Communications Charter (the Charter) sets out standards for clear and consistent communication about mental health and wellbeing, mental illness and suicide prevention in Australia. An additional aim of *Life in Mind* is to operationalise the Charter, by promoting uptake by organisations and people involved in the promotion of mental health and wellbeing and the prevention of suicide in Australia.

National consultations

From June – August 2017, **98** participants from **75** suicide prevention-related organisations, plus **32** representatives from **20** Primary Health Networks (PHNs), took part in face-to-face and online consultations.

Map of Australia with consultation data by state/territory:

- **Orgs:** 0 **Participants:** 0 **PHNs:** 1 (Northern Territory)
- **Orgs:** 14 **Participants:** 21 **PHNs:** 3 (Queensland)
- **Orgs:** 18 **Participants:** 25 **PHNs:** 8 (New South Wales)
- **Orgs:** 5 **Participants:** 6 **PHNs:** 1 (Western Australia)
- **Orgs:** 9 **Participants:** 13 **PHNs:** 0 (ACT)
- **Orgs:** 9 **Participants:** 10 **PHNs:** 2 (South Australia)
- **Orgs:** 12 **Participants:** 14 **PHNs:** 5 (Victoria)
- **Orgs:** 8 **Participants:** 9 **PHNs:** 1 (Tasmania)

Overall, the consultations sought to gain information and understanding about:

- needs and priorities of organisations

- preferred content for the portal

- ways to support effective and safe knowledge exchange across sectors (locally, regionally and nationally)

- existing suicide prevention policies/strategies/frameworks/action plans, research, programs (primary, secondary and postvention approaches), services and resources that are evidence-based and best practice standards for communicating about suicide

- the Charter, including content review and ways to operationalise it.

Key findings from consultations

Key findings of the *Life in Mind* consultations have been divided into four categories:

1. **Communication:** current state, challenges, and opportunities for improvement

2. **The *Life in Mind* online portal:** content, features and design

3. **Fact sheets:** purpose, use, evidence-based development and sharing

4. **The National Mental Health and Suicide Prevention Charter:** awareness, understanding, use and operationalisation strategies.

1. Communication

Existing ways that resources and knowledge about suicide prevention are shared in Australia

Online communication tools such as websites (95%), social media (86%) and email newsletters (69%) were reported by participants as the most common methods for promoting the work of their organisations. Similarly, websites and online platforms (53%) were most frequently noted as an existing method for the sharing of knowledge and resources about suicide prevention in Australia, followed by conferences and workshops (40%), and face-to-face meetings, working groups or organisational networks (39%).

For PHNs, communication through online platforms (55%; particularly PHN websites/'base camps') and existing contacts/networking (55%) were equally rated as the most common existing methods for the sharing of knowledge and resources between PHNs across Australia.

Current sharing of information

Almost one third of participants rated the current sharing of information between suicide prevention organisations as poor (32%), while almost half rated it as neutral (47%) (see Figure 1). Likewise, almost one third of PHN representatives rated the current sharing of information between the 31 PHNs across Australia as poor (29%), with just over half selecting a rating of neutral (52%) (see Figure 2). The sharing of information between PHNs and suicide prevention organisations was rated as neutral (68%), followed by good (19%) (see Figure 3).

Current communication and sharing of information between suicide prevention organisations
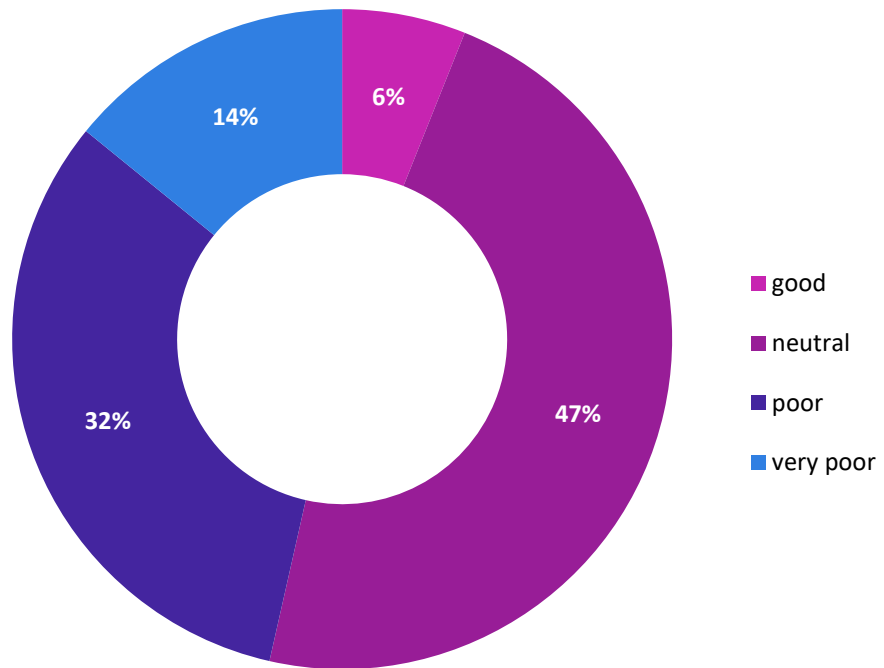

good
neutral
poor
very poor

Figure 1. Participant rating of the current sharing of information between suicide prevention organisations, programs, researchers and/or professionals

Current communication and sharing of information between the 31 PHNs across Australia

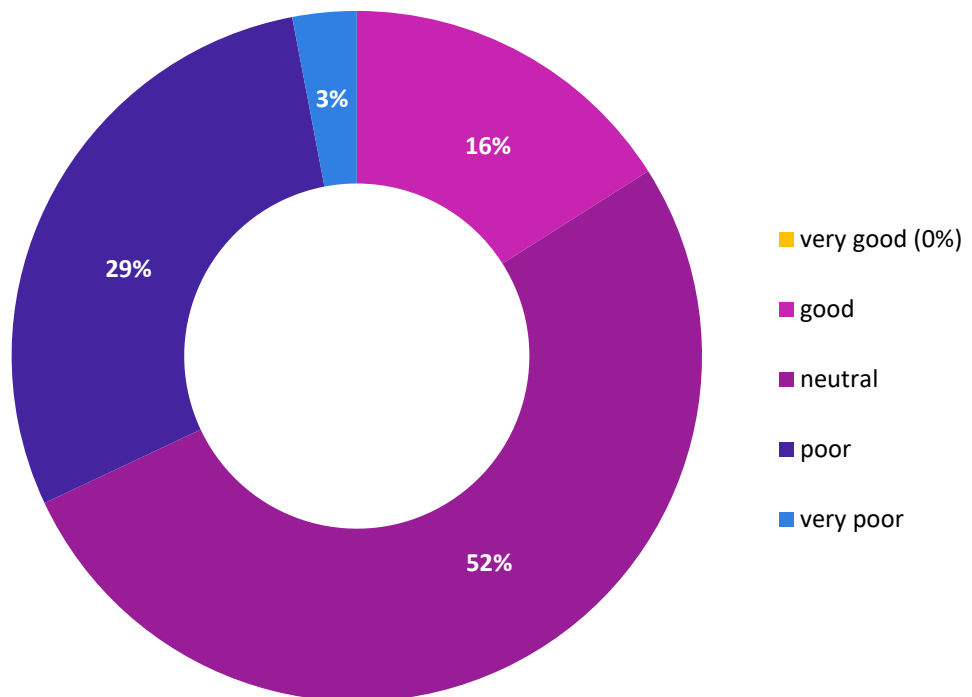very good (0%)
good
neutral
poor
very poor

Figure 2. PHN representatives rating of current sharing of information between the 31 PHNs across Australia

Current communication and sharing of information between suicide prevention organisations and PHNs across Australia
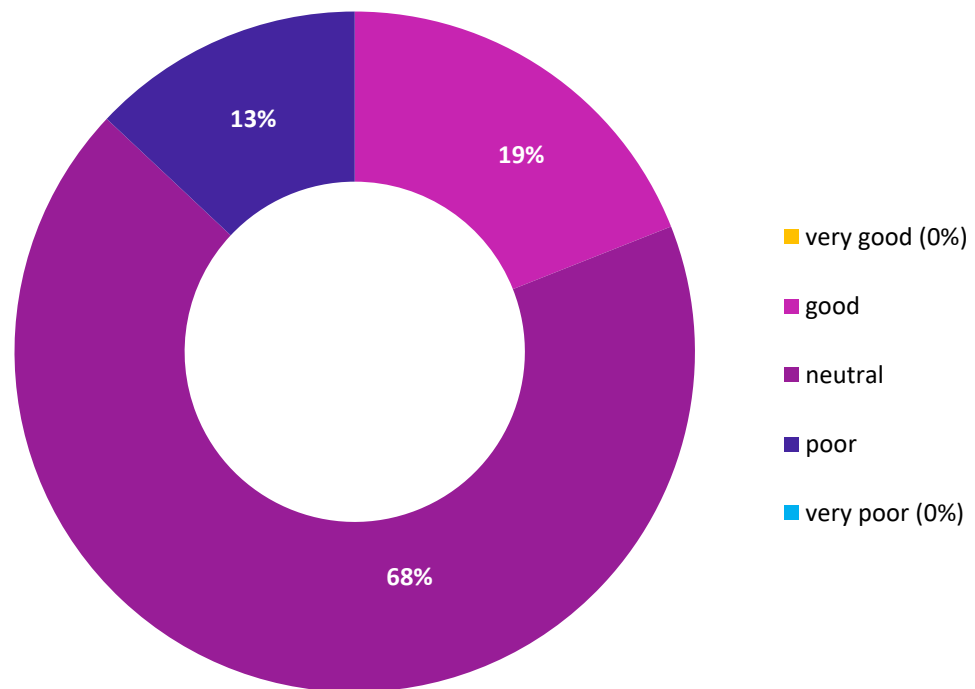

Figure 3. PHN representatives rating of current sharing of information between suicide prevention organisations and the PHNs across Australia

What is currently working?

- Face-to-face meetings are valued but difficult to coordinate.

- Accessing information through existing or growing working relationships.

- Promotion of partner organisations.

- The online PHN intranet has been helpful to the PHNs and needs to be promoted for increased communications.

The challenges to good communication and information sharing include:

- participants reported that they felt both organisational priorities and the current funding model promote competition but not collaboration and communication

- lack of coordination to facilitate communication.

- questions around what is good communication and the need to have nationally agreed standards of communication

- confusion as to who is the peak body for different areas of suicide prevention e.g. youth

- lack of access to information and knowing where to go for trusted/reliable and evidence-based information. The quality of the shared information being safe and trusted

- no central point for obtaining and sharing information, with organisations working in silos and larger organisations having a "biased" voice compared to smaller organisations

- PHNs felt there was a "piecemeal" approach to information shared, dependent on who/where you are. Access to information and data has been difficult, due to not knowing where to go for this.

Opportunities for improvement include:

- amplifying leadership

- mapping and improving awareness of what exists and is in progress, to support collaboration/partnerships

- developing a well-known platform for trusted, evidence-based information

- improving the profile of work conducted by non-government and smaller organisations

- increasing face-to-face meetings

- considering ways to share what hasn't worked

- supporting PHN access to information

- PHN representatives consistently identified the needs:

    1. to consolidate the sharing of information into one central point

    2. for up-to-date and credible data regarding suicide at a PHN, rather than state or national level.

2. The *Life in Mind* Online Portal

Duplication of work, research and resources

There was an overwhelming perception of duplication in suicide prevention work (87%), research (78%) and resources (89%). Participants were supportive of an online portal as a potential medium to reducing all three areas of duplication (work 63%, research 72%, and resources 80%). Identified challenges to reducing duplication included willingness of people and organisations use the portal as a central point for information sharing and collaboration.

Usefulness of the *Life in Mind* online portal

Overwhelmingly, participants and PHN representatives rated the concept of the *Life in Mind* portal as very to extremely useful.

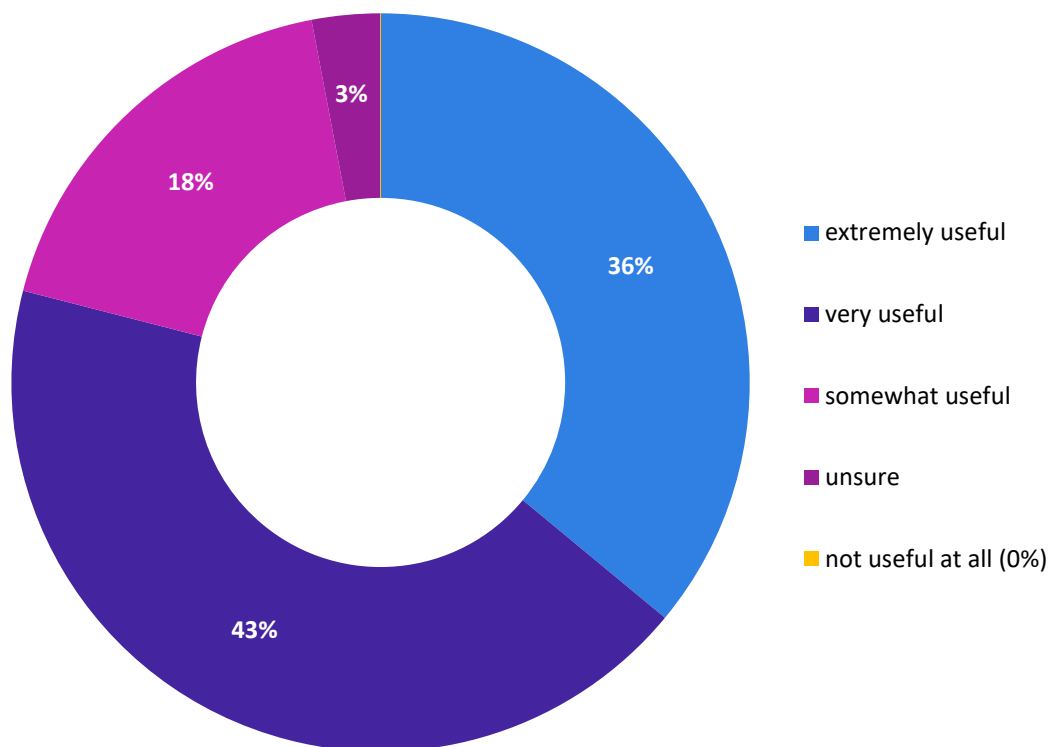**Perceived usefulness of a portal for organisations**

- extremely useful
- very useful
- somewhat useful
- unsure
- not useful at all (0%)

Figure 4. Participants rating of perceived usefulness of the Life in Mind portal for suicide prevention organisations
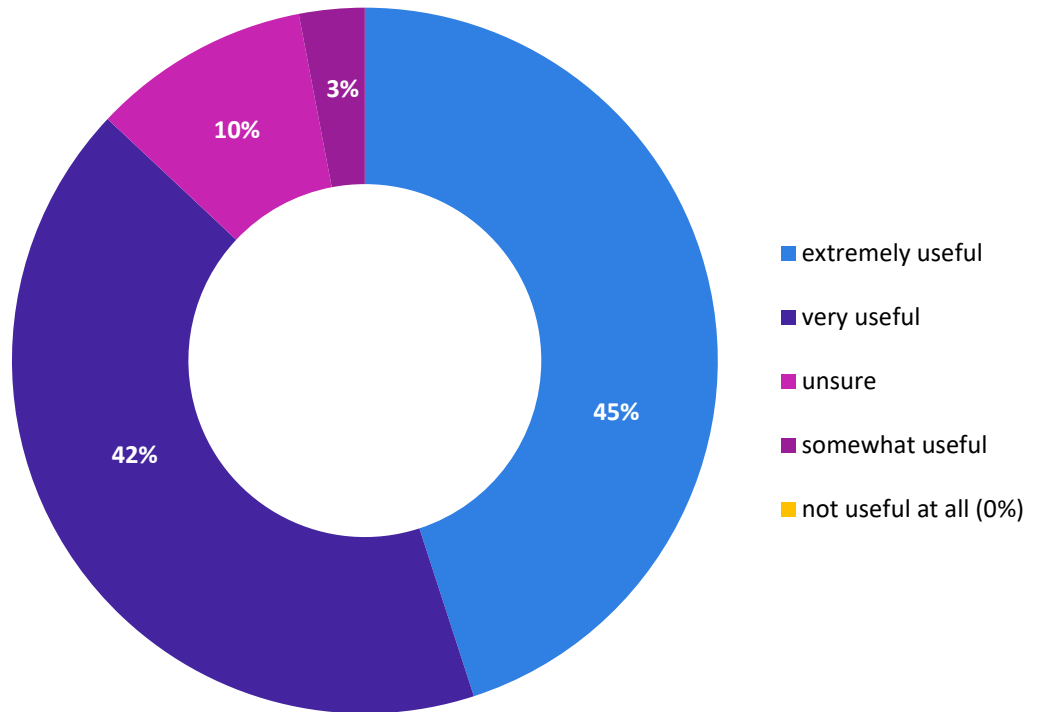
Perceived usefulness of a portal for PHNs

- extremely useful
- very useful
- unsure
- somewhat useful
- not useful at all (0%)

45%
42%
10%
3%

Figure 5. PHN representatives rating of perceived usefulness of the Life in Mind portal

Potential benefits of the portal as noted by participants and PHNs include:

- a uniform, appropriate and consistent approach to sharing of information

- a centralised point for accessing trusted, evidence-based information about services/programs/research and resources

- access to policies/practices/frameworks/opportunities for funding from single point

- the ability to Identify where duplication exists and better collaborate to fill gaps

- ability to improve awareness of programs across Australia, inclusive of initiatives for priority populations

- consistency of messaging

- a central database for contacts, a calendar of events and news

- a 'noticeboard' to collaborate on work

- reduced fragmentation between people, organisations and PHNs working in suicide prevention

- linked PHN commissioned services

- increased community capacity building and access to most relevant and recent data

- improved understanding of the practical application ('workable strategies') of suicide prevention research, programs and resources.

Organisations also felt that an events calendar would increase communication opportunities to tie in with others and be aware of when campaign launches/events would be.

Challenges to usefulness of the portal as identified by participants and PHNs include:

- suicide prevention is a "busy space" for a new platform to enter

- keeping the portal as "living" so it continues to be current/up-to-date into the future

- moderation of information to ensure hosted information is up-to-date, trusted and evidence-based

- who is the portal for? The large scope and sustainability of the portal

- competitive funding model.

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Portal content and updates

Participants identified the need for the portal to be updated on a regular basis, with e-newsletters as the most preferred way for organisations to be informed of these updates.

Preferred content examples included:

- a repository for evidence-based work, research, programs, resources, services and up-to-date data

- a calendar of events and news updates including national and state based events, conferences, forums and important dates

- links to other organisations and identification of their core business

- access and links to crisis and support services, research, programs, and resources (e.g. fact sheets, podcasts and webinars)

- links to national, state and local policies

- practical information to support translation of data and research into practice

- the opportunity for professional development and training, but not a priority area.

Content development

The *Life in Mind* team plans to work with the information collected on preferred content to develop an online portal to support the needs of, and increase collaboration and communication between, people and related organisations working in suicide prevention in Australia. As the consultations have provided a comprehensive range of preferred content, a staged approach will be utilised to prioritise development of various online portal features. Updates regarding content under development will be displayed on the *Life in Mind* portal to ensure stakeholders remain informed throughout this process.

3. Fact sheets

Usefulness of factsheets

Participants largely rated facts sheets for both professionals (38%) and service users (38%) as very useful, followed by somewhat useful (professionals 31%; service users 29%).

PHN representatives largely rated fact sheets as somewhat useful (36%) for professionals and very useful (31%) for services users.

Main purpose and use of fact sheets

- Just over half of participants noted that they currently used fact sheets, mainly on a needs basis.

- Lack of comprehensive or relevant content, and a preference to use other sources such as primary sources (e.g. research) were provided as the two most frequently reported reasons for not using fact sheets.
- The three main purposes of fact sheets were identified as: community education and awareness, referral of succinct information to others, and encouraging help seeking behaviours.
- Fact sheets were noted as helpful for communicating key messages and referral to services, however their usefulness was time-limited, due to infrequent updates. Online formats such as websites, podcasts and videos were identified as more effectively providing recent information, and therefore were felt as more valuable.
- The portal was noted as a potential platform for facilitating electronic sharing of fact sheets and wider resources, and also for highlighting opportunities for collaborative development and production of fact sheets.
- Finally, a need exists to develop fact sheets which refer to culturally appropriate services and healing services for different groups of Aboriginals and/or Torres Strait Islander people.

Fact sheets on the portal

Close to 40% of organisations had developed evidence-based fact sheets which were publically available, and 45% of all participants stated that if their organisation developed evidence-based fact sheets it would be beneficial to include these on the *Life in Mind* portal.

Three key preferences for the organisation of fact sheets on the portal were: by topic; by all suggested levels of categorisation (i.e. topic, target populations, and organisation/services); or through the inclusion of a search function.

4. The National Mental Health and Suicide Prevention Communications Charter (the Charter)

58% of participants were aware of the Charter and 50% had read/used the Charter. Consultations highlighted that for the Charter to have value and meaning to organisations, it needed to be reworked and updated with current content and data; have repetition and jargon removed; build in relevance to priority groups; and, shorten the 14-page document to have one to two pages of values with background supporting documents.

There were a range of ideas as to how to operationalise the Charter including:

- Signatories - National, state and local governments, all peak bodies, suicide prevention organisations, PHNs and Suicide Prevention Networks (SPNs);
- Have a "pledge" approach so as to increase uptake with email signatures and signs to represent that the organisation was a signatory of the Charter;
- Pair with or incorporate the Charter into existing organisational structures or frameworks such as standards of behaviour or code of conduct (e.g. the National Standards for Mental Health Services, NSW Health Code of Conduct).
- Form part of orientation and induction processes for organisations that needed to be updated.
- Incorporate the Charter into the National Mental Health Standards.

Next steps?

The *Life in Mind* team plans to work with this information to develop an online portal to support the needs of, and increase collaboration and communication, between people and related organisations working in suicide prevention in Australia. The consultations have provided comprehensive input into this process and will enable a staged approach for this to occur. We will work with stakeholders to ensure that duplication is minimised and that linkages to other projects are supported through the portal. The team will provide regular updates, and has developed and will continue to develop, partnership agreements with funded organisations to support a collaborative approach to this process.

Acknowledgements

Everymind is a leading national Institute dedicated to reducing mental ill-health, reducing suicide and improving wellbeing. For more information about **Everymind** please go to our website www.everymind.org.au

For more information about *Life in Mind*, please contact the Project Lead, Amanda McAtamney lifeinmind@hnehealth.nsw.gov.au or go to our online portal www.lifeinmindaustralia.com.au