UPPER MURRAY PROTOCOL: SUICIDE POSTVENTION PLAN

Contents:

Acknowledgements

This document, the *Upper Murray Suicide Postvention Protocol: Suicide Postvention Plan 2021* has been developed by and reflects the work, contributions, and participation of many key organisations across the region, committed to suicide postvention and prevention work.

This collaborative and multi-organisational postvention work began in October 2020, and covers an area known as the Upper Murray spanning the Victoria/New South Wales border.

Organisations making the commitment:

- Corryong Health
- Albury Wodonga Health Mental Health
- Anglican Church, Corryong
- Ambassadors of Jesus
- Victoria Police
- Headspace Albury Wodonga
- Corryong College
- Sacred Heart Primary School, Corryong
- Snowy Hydro
- Corryong Neighbourhood House
- Tallangatta Health
- Walwa Bush Nursing Centre
- Ambulance Victoria
- NSW Department for Education and Training
- Bushfire Recovery Victoria
- Murray Primary Health Network

Participants of the Upper Murray Protocol would like to acknowledge and thank contributors of the Northern Mallee Suicide Postvention Communication Protocol, Benalla Protocol Suicide Postvention Plan, and Murrumbidgee PHN Communications and Response Protocol for sharing their resources.

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1. Background

There is growing evidence that people exposed to suicide have a three-fold increased risk of subsequent suicide themselves (*Hill, Robinson, et al., 2020*), and that the concept of postvention is ultimately the act of prevention (*Andriessen & Krysinska, 2012; Andriessen et al., 2019*).

Postvention is a term used to describe a range of timely, coordinated, and appropriate activities following a suicide event, that are designed to provide support to loss survivors and to prevent suicide contagion, or social transmission. Postvention is a vital part of the continuum of prevention, early intervention, and treatment.

The Upper Murray Suicide Postvention Plan has been developed through an identified need based on community lived experience and peer-reviewed literature. This Plan adopts the definition of postvention as:

all those activities developed by, with, and for those bereaved by suicide, to facilitate recovery and to prevent adverse outcomes including suicidal behaviour in those affected by suicide (Palmer, Inder, Shave, & Bushnell, 2018).

Under this definition it is noted that people and communities supported through postvention are not only bereaved family or friends, but support extending to all whose life is changed because of the loss. This can include (but not limited to) witnesses, first responders, healthcare providers, sporting clubs, school communities, community groups, employers, workplaces, and colleagues.

The concept of postvention is often applied to the time immediately following a suicide event. However, the provision of postvention activities on anniversaries can be beneficial in some circumstances, which is important for the community to consider.

2. Purpose of the Upper Murray Suicide Postvention Plan

As with any death in small communities, but particularly in a case of death by suicide, news can travel rapidly through informal channels. The strong community and social networks in rural areas leads to people more likely knowing one another or being acquainted and connected in some way. These overlapping networks can be helpful as people reach out to one another for support, but also challenging as it may mean a higher percentage of people in the community are affected more deeply than in larger less connected communities.

The purpose of the Upper Murray Suicide Postvention Plan is to provide structure and guidance for a response within the community following a suicide event, with a focus on **both bereavement support and suicide prevention**. This document also provides an outline of how the Postvention Plan is enacted and coordination of responses managed.

The intent of the Plan is to:

- support a coordinated and effective response following a death by suicide, suspected death by suicide or suicide attempt
- reduce social transmission of suicidal behaviour, and other lasting impacts within the community, through identification of vulnerable individuals or groups, and facilitation of support for people bereaved and/or those whose life has changed or been impacted
- help identify and map emergent suicide trends; and

- identify and progress areas to strengthen local system responses (postvention and prevention) to prevent suicide in an ongoing way.

Based on feedback provided by individuals with lived experience it has been recommended that the term "suicide contagion" be replaced with the more accurate phrase "the social transmission of suicidal behaviour." (*Hawton et al., 2020; Public Health England, 2019*).

The Upper Murray Suicide Postvention Plan has two aims:

- To ensure a coordinated and effective response to death by suicide, suspected death by suicide, or suicide attempt; and
- To improve community understanding and capacity to minimise the risk of social transmission of suicidal behaviour following a suicide event.

3. Involvement of People who have experienced suicide bereavement

People with lived experience of death by suicide, including (but not limited to) people who have been personally bereaved, are in a unique position to contribute to the development of a postvention plan by providing insights from their experiences and what might be useful strategies to include in the Plan. For example, approaches that worked, what did not help during their recovery.

Consideration for invitation could be people who have:

- Supported a friend, family member, or colleague through a suicidal crisis
- Lost a loved one to suicide
- Attempted suicide; or
- Experienced suicidal thoughts or behaviours.

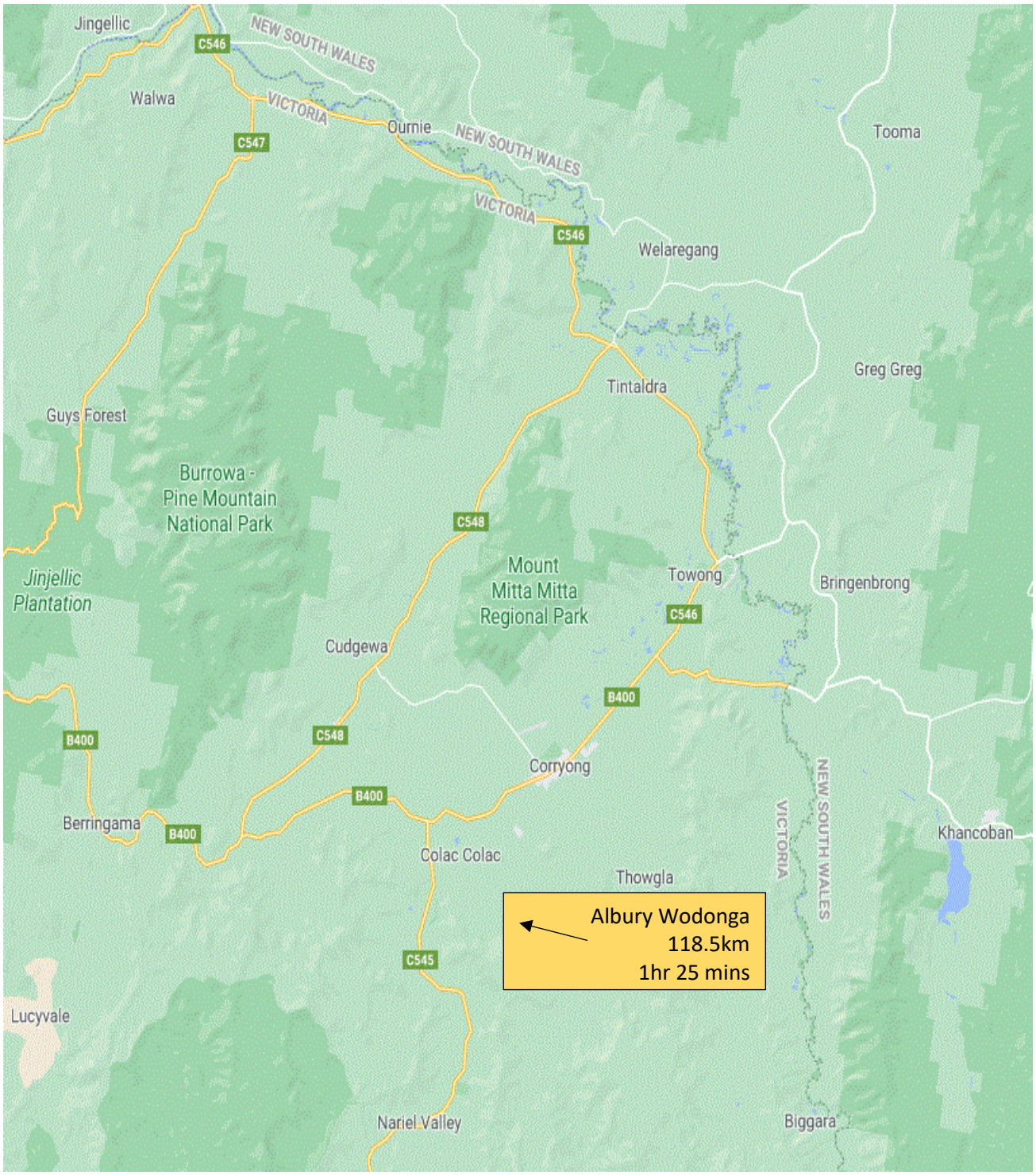
The development of the Upper Murray Suicide Postvention Plan could involve people with lived experience in the following ways:

- Planning personal support
- Agency leadership
- Postvention Plan enactment; and
- Evaluation of enactment in collaboration with the Local Response Group.

Some of the families who have experienced bereavement have been working with the Local Response Group and we thank you for your input.

4. Upper Murray Catchment Target Populations

The Upper Murray Suicide Postvention Plan includes residents of communities covered in the map below, and people who choose to study, work, visit and play within the area generally referred to as *Upper Murray*.



5. Upper Murray Local Response Group

The Upper Murray Local Response Group (LRG) is responsible for providing a coordinated and effective response to an event of death by suicide, suspected death by suicide and suicide attempts through the enactment of the Postvention Plan. The LRG will be coordinated by Corryong Health and is made up of representatives from key local organisations. The LRG will convene following an event to enact the Plan.

Local Response Group Membership

To enable a collaborative and multi-organisational response, a core group of agencies will form the Upper Murray LRG, and each member should have a clear understanding of their organisation or service's role in postvention membership is representatives from:

- Corryong Health
- Victoria Police
- Ambulance Victoria
- Corryong Ministers Association
- Education providers (primary and secondary schools); and
- Albury Wodonga Health.

A representative from Corryong Health will Chair the LRG and be the single point of contact during postvention activities. Each of the core organisations should share their representative's contact information with Corryong Health to enable efficiency of communication, and to ensure continuity of engagement if there is staff turnover.

Corryong Ministers Association and education providers will each nominate one representative to attend LRG meetings depending on circumstances of the event.

Participating organisations' representatives must have the authority to share information and make decisions within the LRG to achieve the purpose of efficiently and safely enacting the Postvention Plan.

Depending on the circumstances **"guest" individuals or organisations** may be invited to attend an LRG for optimum information sharing and activation of the postvention plan. It is the responsibility of the LRG Chair to invite guests, identified on a case-by-case basis, and brief them on the purpose of their involvement, their role, and obligations. Guests may be present for whole or part of a meeting, or only for an appropriate time to ensure privacy and confidentiality of sensitive information is maintained.

Guests may include:

- General practitioners
- Allied health practitioners, hospital staff
- Senior school staff, or other education staff; and
- Other organisations or individuals, as appropriate to particular circumstances.

Convening the Local Response Group

The LRG convenes when police or local health authorities in Victoria or NSW notify the Upper Murray LRG Chair of a death by suicide, suspected death by suicide or suicide attempt within the Upper Murray catchment target populations. The LRG Chair will issue an invitation to representatives from

the core organisations to meet, discuss strategies, and activate the Plan for a collaborative postvention response.

While the LRG has a core membership, each or any LRG meeting may consist of different organisations to reflect the circumstances, and/or demographics of the person at the centre of the event, as determined by the LRG Chair.

It may be appropriate for the LRG to consider identifying an appropriate person to reach out to the bereaved family to discuss funeral arrangements or a memorial service (in a way that minimises glamorising suicide or the death). For example, a minister from the family's local church, the person who may be conducting the service, or a first responder who may have built rapport with the family.

It is the responsibility of the LRG Chair (or nominated representative) to address any media inquiries.

Criteria for Convening the Local Response Group

After receiving initial advice regarding a death by suicide, suspected death by suicide or suicide attempt, the LRG Chair, at his/her discretion, will convene a meeting of the LRG.

Criteria for the LRG convening includes:

- Any death, or suspected death, by suicide within the community
- A serious attempt at suicide
- Death by suicide of a person with a known connection to the community.

Local Response Group Information

Information collected and shared within the LRG may be submitted in writing or presented verbally, and include:

- Personal, sensitive, or private health information, including recent or past health service interactions
- whether the person identified as Aboriginal and Torres Strait Islander, LGBTQIA+, or from a culturally and linguistically diverse background
- Method and location of death or suicide attempt
- how the next of kin wish to refer to the death
- Known behaviours, characteristics, situational risk factors, vulnerabilities that may inform postvention or prevention activities
- Identification of relevant witnesses, first responders, general practitioners
- Identification of the person's next of kin, relatives, work colleagues, friendship networks, membership of community groups or clubs who may need support or assist with postvention and prevention activities.

Culturally and Linguistically Diverse (CALD) People

Some CALD populations have unique identities and experiences of mental health and suicide due to multicultural differences, trauma and experiences of discrimination and stigma, influence of social networks and family and acculturation difficulties (*Bowden, McCoy, & Reavley, 2019*). Where the death by suicide, suspected death by suicide or suicide attempt involves a person from a CALD background, the LRG Chair will ensure a representative from the Albury Wodonga Ethnic Community Council (AWECC) is consulted and provides advice. Where required, translator services can be accessed through Victorian Interpreter and Translator Services (VITS): https://www.multiculturalcommission.vic.gov.au/victorian-interpreting-and-translating-service-vits-language-loop-board

StandBy has available suicide-related resources in different languages: https://standbysupport.com.au/

Children and Adolescents

Where the death by suicide, suspected death by suicide or suicide attempt involves a child or adolescent, the LRG Chair will ensure a representative (as appropriate) from the following group is consulted and/or invited to attend the LRG meeting:

- headspace Albury Wodonga
- headspace schools
- Albury Wodonga Health Child and Youth Mental Health Service
- Department of Education and Training
- Catholic Education Office
- Independent schools
- Corryong Neighbourhood Centre.

Aboriginal and Torres Strait Islander Peoples

Where a death by suicide, suspected death by suicide, or suicide attempt involves a person who identifies as Aboriginal or Torres Strait Islander, the LRG Chair will ensure a representative from the relevant Aboriginal Controlled Community Health Organisation Victoria (ACCHO) or Aboriginal Community Controlled Health Service NSW (ACCHS) is consulted, attends, or provides guidance before the Plan is enacted. An invitation to participate should also be extended to the Aboriginal Family Liaison Officer from the Coroner's Court of Victoria through which involvement of the National Indigenous Critical Response Service (NICRS) may be facilitated if required. The LRG for Aboriginal or Torres Strait Islander people should avoid using the first name of the deceased.

ACCHOs & ACCHS for northeast Victoria and southern NSW

Albury Wodonga Aboriginal Health Service
664 Daniel Street
Glenroy, Albury NSW

Mungabareena
21 Hovell Street
Wodonga Vic

Murrumbidgee Local Health District
Aboriginal Health Services

Brungle Aboriginal Health Service
Cnr Bray and Adams Streets, Brungle NSW
PO Box 707 Tumut, NSW 2720

Tumbarumba Multi-Purpose Service
Mitchell Street
Tumbarumba, NSW

Coroners Court

Coroners Court responsibilities and proceedings are very similar in both Victoria and NSW. Coroners are responsible for making enquiries where the cause of death is unknown. Investigations are conducted on behalf of the Coroner by a Coroner's Officer. The Coroner's Court is different to other courts because there are no formal allegations or accusations and no power to blame anyone directly for the death. The process is one of investigation rather than a trial with contested opponents. The Coroner will hear evidence from witnesses who attend at court and may be read witness statements from witnesses who are not present.

In NSW, the role of a coroner is both judicial and investigative, and coronial proceedings are defined to include inquests into deaths and fire inquiries.

Coronial inquests can be held a few weeks or a few years after the death. However, the main inquest hearing should normally take place within six months or as soon as possible after the death has been reported to the coroner's office. If the situation is complicated it may take longer. Legal representatives will have the chance to address the Coroner before a decision or conclusion is reached. Inquest hearings can last anything from 15 minutes to several days.

Inquests are held in open court, which means that any member of the public may attend, as well as the media. Witnesses (for example a doctor, police officer or eyewitnesses) may be asked to attend to give evidence. The coroner decides who to call.

The Coroners Court of Victoria has support programs to assist people through a coronial process.

Family Support Program

- Advocate for, and support families throughout the coronial process
- Provide a trauma and culturally informed response to families presenting in distress and crisis
- Provide families with bereavement support, education, and referral to external services
- Support court staff with specialist insight into the family perspective
- Educate and engage with external services and stakeholders.

Family Liaison Team

- Support families through the coronial process
- Explain the process
- Provide regular updates to family members
- Provide warm referrals to external support services
- Assist families submit information
- Support families to apply for, and view coronial documents including photos
- Advocate on behalf of the family
- Provide in-court support.

Families or support workers can contact by emailing FLO@courts.vic.gov.au and we will respond within 48 hours.

Koori Engagement Unit

Led by the Koori Engagement Family Coordinator the Court provides a service to better meet the needs of Aboriginal and Torres Strait Islander Communities. The role enables the Indigenous community to have a culturally safe place that facilities cultural protocols and supports the required sorry business components for Aboriginal families.

The Koori unit ensures that:

- Every Aboriginal passing is recorded, and family is engaged with the Court through care of the deceased
- The Court practices cultural best practices to support cultural protocols and guidelines
- Families are managed and supported through the process in a cultural and responsive way.

Local Response Group Deactivation, Debrief and Evaluation

The LRG will make a formal decision to deactivate the Postvention Plan once it has been determined that follow-up activities and support options have been implemented, and the LRG is no longer required. Self-care is critical when working in suicide postvention or prevention. A debrief for LRG members should be arranged as soon as possible following deactivation.

After the postvention response, the LRG should meet to evaluate the effectiveness of the response, talk over what went well, and what could have been done to make other efforts go more smoothly. A summary of activities and an evaluation report should be prepared and presented to the L R G membership. The report will assist reviewing and updating the Plan as necessary to reflect lessons learned. Major changes to the Plan should be made public, so that the community has reasonable expectations for what will happen after a suicide event.

6. Privacy and Confidentiality

During an LRG meeting and any activities undertaken in relation to it, all personal or sensitive information must be protected and dealt with in accordance with all applicable privacy legislation and statutory obligations. A key role of the LRG Chair and members is to determine who *'needs to know'*. At the commencement of each LRG meeting members present may be asked to sign a Confidentiality Deed, consistent with the Corryong Health Privacy, Confidentiality & Security Policy (Attachment 2).

Key principles guiding information management include:

- All LRG members, and other key stakeholders, shall treat personal, health and sensitive information of deceased persons and their relatives with respect
- Information and documentation will be kept in secure locations and all participants share responsibility to consider an appropriate environment for opening records (in line with Corryong Health Privacy Policy)
- Collection, use or disclosure of personal information is generally permitted in situations where the entity reasonably believes that the collection, use, or disclosure is necessary to lessen or prevent a serious threat to the life, health, or safety of any person, or to public health or safety
- Collection, use and disclosure of personal information is generally permitted in health-related situations when:
    - the information is necessary to provide a health service to an individual
    - the collection is necessary for research, compilation, or analysis of statistics relevant to public health or safety
    - it is necessary to lessen or prevent a serious threat to the life, health or safety of people who are a genetic relative of the first person
    - the collection is for management or monitoring of a health service and that purpose cannot be served by information that is de-identified, or it is impracticable to obtain the person's consent.

In law enforcement sharing of personal or sensitive information is permitted for the purposes of community policing or in relation to any other law enforcement agency's functions or activities.

7. Suicide Prevention and Community Response Planning

Information from the LRG may be used to identify and map emergent trends within the community, or to identify and progress areas to strengthen local systems and services for suicide prevention and enhance community response planning in an ongoing way. This may be done by shared learning and information from the LRG with agencies that hold responsibility for strategic suicide prevention and community response planning across the region. These agencies include:

- Albury Wodonga Health
- Corryong Health
- Victorian Department of Health
- Victorian Department of Families, Fairness and Housing
- Victoria Police
- NSW Police
- Murrumbidgee Local Health District
- Murray PHN
- Murrumbidgee PHN
- Towong Shire
- Snowy Valleys Council (NSW).

Where relevant, lessons learned may be shared with other regions or relevant agencies.

Identifying Emerging Suicide Clusters

Prompt identification of emerging suicide clusters and rapid response can prevent further deaths. Therefore identification of deaths in which suicide is the likely cause must take place at the earliest possible stage, without awaiting coroners' verdicts *(Public Health England, 2019).*

Suicide clusters are generally of two types:

- **mass clusters** are considered media-related phenomena where deaths occur during a restricted period following, or linked to, the broadcasting or publishing of actual or fictional deaths by suicide; and
- **point clusters** which involve multiple deaths that occur closer in time or place than would normally be expected.

Other factors associated with clusters:

- Exposure to sudden, multiple, and unexpected accidental deaths in the community. For example, multi-fatal car accident
- Exposure to particularly violent methods of suicide. For example, railway line deaths
- In the absence of social links between cluster members, community or population risk factors may be important drivers. For example, sudden increase in unemployment or significant barriers to accessing healthcare services
- Youth deaths by suicide more commonly occur as part of a cluster than in adults.

The key components of a suicide cluster response, derived from UK experiences *(Public Health England, 2019*) are:

- establishing mechanisms for local real time surveillance of suicide attempts through analysis of emergency department and ambulance data

- sharing information between relevant agencies to ensure consistency of response

• ensuring responsible media reporting and understanding of how safe communication contributes to prevention, and establishing whole population wellbeing and suicide prevention awareness

• offering bereavement support to people bereaved or affected by suicide

• identifying prevention opportunities to reduce risk of further deaths; and

• monitoring and assessing the impact of the response (what has been learned) to inform future planning.

Suicide Cluster Management

If information suggests the emergence of a suicide cluster in the Upper Murray, the LRG through the Chair will take the following actions:

- Notify the Victorian Department of Health (DHS)
- Convene the LRG for strategic suicide prevention and community response planning. Guest invitations will be necessary, but at a minimum, representation should include police, DHHS, Corryong Health, Albury Wodonga Health, Corryong Ministers Association, Standby Murray, and headspace Albury Wodonga and headspace BeYou in the event of youth involvement
- Consider the need for engagement of external expertise to assist with planning and responses
- integrate local knowledge, ensure that organisations who may be affected, or who may be responsible for provision of support (GPs, Standby Murray) are informed about concerns of an emerging cluster, striking a balance between the need to share information, and containing the risk of raising anxiety and fear
- Key people in the region should be contacted and encouraged to monitor communities for any concerning behaviours, communication, or social media posts.

Mitigating Population Health Impacts

Postvention mitigates impacts for individuals and communities affected by suicide, but it also has benefits at a population health level. Postvention activities at a population health level includes:

- development of support and resources for suicide bereavement through support groups, online resources, national suicide survivor days
- awareness raising through education or workshops
- education and activities to reduce stigma and encourage help seeking behaviour; and
- implementation of media guidelines locally for reporting of suicide.

Population health postvention should be supported by organisations affiliated with the Upper Murray Suicide Postvention Plan, and the wider community.

Community Education

It is the role of the LRG to advocate with and educate local and regional news services to uphold the relevant guidelines for communicating appropriately and safely in relation to sensitive topics such as suicide.

8. Guidelines for Communications and Reporting Suicide

Mindframe, which is funded by the Australian Government under the National Suicide Prevention Leadership and Support Program has developed guidelines communications and media reporting relating to suicide. These Australian guidelines are recognised as world leading and cover social media and public speaking. The media has an important role to play in influencing social attitudes to suicide

and potentially the actions of vulnerable people. Research has demonstrated that the way suicide is reported is significant, with some styles of reporting linked to increased rates of death by suicide.

https://www.mindframe.org.au/guidelines

https://www.mindframe.org.au/suicide/communicating-about-suicide

Mindframe Guidelines for Communicating and Reporting about Suicide

Discussing Suicide within Communities and Online

What we say and how we interact matters when it comes to suicide. It is very important to speak safely about suicide as this helps prevent emotional triggers and, in some cases, actual attempts or death. When discussing suicide, it is important to consider both the explicit (stated, exact, external) messages and tacit (understood without being expressed directly, internal) messages being communicated.

Public posts on social media that can be seen by lots of people are not the ideal form of communication. When a death is discussed by people who are not closely connected, speculation and misinformation can spread quickly, and people who are vulnerable or thinking about suicide can be adversely affected by hearing about the details of another person's death. Sharing memories posts (for example, automated posts using your pictures from a few years ago) can also be a major trigger for some people. Postvention online should look for opportunities to provide accurate information and links to support services. These may include:

Conversations Matter

Mindframe Social Media Guidelines

ChatSafe Guide for Communities using social media following the suicide of a young person and to help prevent suicide clusters

ChatSafe Guide for Young People communicating safely online about suicide

General Considerations

General consideration needs to be given as to how to manage well-intention but misdirected efforts to support the bereaved, such as unsolicited support in preparing for the funeral. Consideration may extend to financial impacts of the death upon the family. At all points the needs of the bereaved family and friends need to be central to decision-making.

Guidelines for Memorials or Events

After a death by suicide many people feel the need to construct meaning or 'do something' to make sense of the situation, or to commemorate their loved one. This is a very natural and understandable response.

Memorials may include community events or pages set up on social media to remember the person who has died. Memorials can be a chance for people to mourn as a group and seek support. Annual events or activities have been described as helpful and a valid way of coming together to express grief.

For people or organisations holding events or memorials it is important to think about possible unintended impacts. This includes thinking carefully about the use of images, stories and ceremonies, and the ways in which these may influence people who participate. It is particularly important to

ensure messaging does not inadvertently glamorise the death, as it can be expected that if the person who has died by suicide is praised or glorified then there will be an increased tendency for others to identify with them and to judge suicide as an appropriate solution to their own problems (*Haw et al., 2013*).

In some settings, such as schools, public memorials might be discouraged.

Where possible, people organising events or memorials should work with professionals to discuss location, how information is managed, and how people who become distressed will be supported.

Motivations for holding events or memorials generally spring from one of two motivations:

- to commemorate a loved one; and
- to prevent further suicide within a community.

These two aims are often intertwined by those who are bereaved, but in practice the types of activities that may be appropriate for commemoration may not be safe nor effective for suicide prevention. Organisers should be clear about their primary purpose for an event or memorial after suicide, and people within the community who are able to influence should consider how they can both support the bereaved and assist postvention efforts.

Memorial pages on social media should:

- avoid any details about the death
- include messages about where people can get help
- take care not to give the impression that death was a positive outcome for the person, which includes avoiding language that suggests the person 'is in a better place', or that anyone will be 'seeing them again soon'
- avoid glamourous or graphic photographs
- remove any inappropriate comments that are offensive, rude, or disrespectful to the deceased, their relatives or others posting on the page
- report any concerning comments made by contributors to a relevant authority or health service.

The 'In Memoriam' section on the Beyond Blue website is a space for family and friends to honour a loved one who has died. Beyondblue monitors the pages to ensure concerning content is addressed.

Other links that may be helpful:

Headspace_Memorials and important events after suicide

Chatsafe Guide for Online Memorials

Guidance for Reaching High Priority Groups

Communicating public health messages on topics such as suicide prevention, help seeking and/or postvention supports can be difficult for a community to approach. The following resources may assist in achieving effective postvention communication with high priority groups in the Upper Murray.

Young People

Orygen Centre for Youth Mental Health (Melbourne) through their #chatsafe project found that Instagram and Snapchat were the most effective social media platforms for reaching young people 16-24 years. Information on how to best construct messaging for this age group can be found in:

ChatSafe Guide for Communities using social media following the suicide of a young person and to help prevent suicide clusters

Consideration may be given to encouraging a young person to ask a family member/support person to accompany them to appointments with health professionals to support engagement and follow-up support. Where there are concerns about the rights of parents, legal guidelines may be helpful references.

https://children.wcha.asn.au/publications/charter-rights-children-and-young-people-healthcare-services-australia

Aboriginal and Torres Strait Islander Peoples

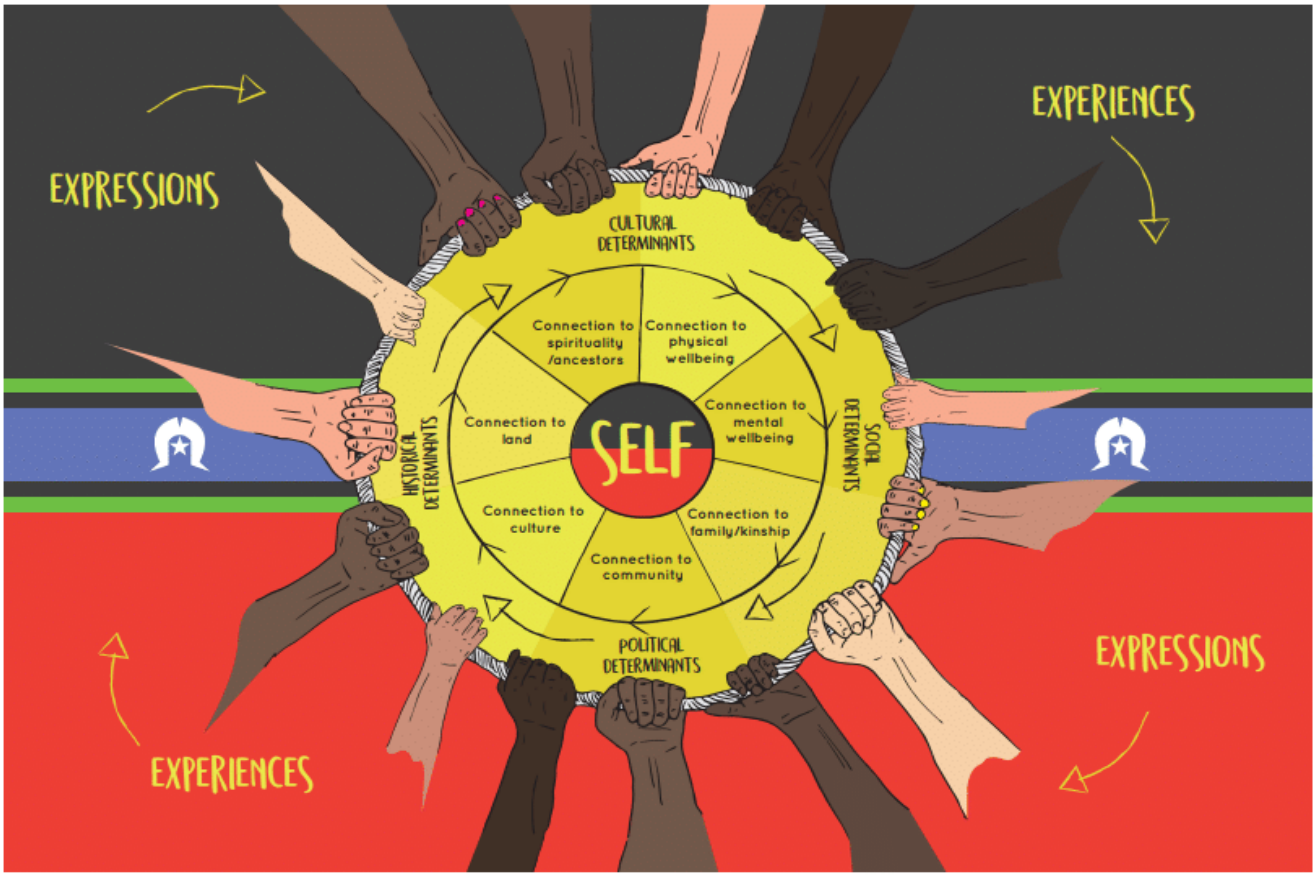
For Aboriginal and Torres Strait Islander Australians, good health is more than just the absence of disease or illness. It is a holistic concept that includes physical, social, emotional, cultural, spiritual, and ecological wellbeing, for both the individual and the community. This concept of health emphasises the connectedness between these factors and recognises the impact that social and cultural determinants have on health.

https://www.aihw.gov.au/getmedia/110ef308-c848-4537-b0e7-6d8c53589194/aihw-aus-221-chapter-6-2.pdf.aspx

Information on how to best construct messaging for Aboriginal and Torres Strait Islander peoples can be found in the Australian Government's Department of Prime Minister and Cabinet guidelines for effectively communicating with Aboriginal and Torres Strait Islander Audiences. Key to this guideline is the acknowledgement that every indigenous community has its own local protocols which should dictate the communications approach. Aboriginal controlled organisations and/or Elders should lead where possible.

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

Cultural Domains of Social and Emotional Wellbeing Members of the Australian Indigenous Psychologists Association (AIPA) have endeavoured to link some of the areas of social and emotional wellbeing in a way that has utility for mental health practitioners. The graphic below shows some of the domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of social and emotional wellbeing, from an Aboriginal and Torres Strait Islanders' Perspective.



Gee, Dudgeon, Schultz, Hart & Kelly, 2013 on behalf of the Australian Indigenous Psychologists Association.
Adapted by Jacob Komesaroff from original art by Tristan Schultz, RelativeCreative

"The Aboriginal social and emotional wellbeing wheel considers the centre (self) as inseparable from culture, family and community. The wheel outlines that a healthy connection to mental wellbeing is vital to our overall strong sense of self. If one spoke in that wheel is not working, then the wheel doesn't function properly. We must remember that we have to practice self-care. It is important to look after yourself first, so that you can place yourself in a position to better help others. How one practices self-care is completely subjective. Some might read a book, go to the gym or indulge in a lubly feed. For me, going back on country and swimming in the Dhungala (Murray River) always leaves me feeling rejuvenated. But regardless, it's essential that however you practice self-care, it is done in a healthy and positive way".

Douglas Briggs, KYC Policy & Advocacy Officer.

LGBTQIA+

Sexual orientation varies and is not dependent on gender identity. Sexual orientation, gender identity, and gender expression, not to be confused with sexual activity or behaviour, are personal characteristics that everyone has. LGBTQIA+ is an umbrella term used to refer to the entire LGBTQI community. The acronym means lesbian, gay, bisexual, transgender, intersex, questioning or queer, and androgynous. Despite legal advancements and social changes, a great many LGBTQIA+ young people experience challenges in their everyday life, often a consequence of, or connected to, experiences of stigma, discrimination, and violence

The National Snapshot on Mental Health and Suicide Prevention Statistics for LGBTQI people (February 2020) highlight the particular vulnerabilities faced by this sector of the community. Compared to the

general population, LGBTQI people are more likely to attempt suicide in their lifetime, as illustrated by the following statistics:

- LGBTQI young people aged 16 to 27 are five times more likely to attempt suicide, and
- LGBTQI young people aged 16 to 24 have the highest psychological distress of all age groups.

https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1595492235/2020-Snapshot_mental_health_%281%29.pdf?1595492235

Reports such as "Writing Themselves In 4: Victoria" (Feb 2021, link below) outline a series of recommendations aimed at addressing inclusion and ensuring adequate service provision in mental health settings, educational environments and in other health and social care settings. Primary amongst these is:

> Tackling upstream determinants of poor health and wellbeing by addressing stigma and violence directed towards LGBTQA+ communities and by embracing and celebrating diversity in all its forms. Experiences of poor mental health within this group must always be understood within a context of prevailing homophobia, biphobia, transphobia, and other forms of stigma that are embedded in many parts of society. (p.54)

https://www.latrobe.edu.au/__data/assets/pdf_file/0005/1198967/Writing-Themselves-In-4-Victoria-report.pdf

Culturally and Linguistically Diverse People

An Australian case study (*Macnamara & Camit, 2017*) found three key ingredients of effective health communication targeting CALD communities:

- in-depth qualitative formative research
- a collaborative community-based approach, and
- cultural competency.

In lay terms, this means working with the impacted community, via an intermediary such as AWECC, and communicating in a way that is:

- culturally appropriate, ie.; informed by prevalent social and cultural norms
- utilising information pathways familiar and already in use, which may include via community or Faith leaders
- translated or rewritten, as appropriate; and
- always developed with members of the impacted community.

Other advice for clear communication with CALD communities includes:

- the use of pictograms or other visual cues
- the use of audio/visual resources rather than those that are text heavy
- images and voices represent the cultural group and content is sensitive to norms/values.

Men

The University of Western Sydney has produced a Guide to Effective Men's Health Messaging. Key points in the guide include:

- males tend towards indirect health-seeking behaviour and are inclined to view friends, partners, and other repositories as primary sources of health advice
- males are more likely to have a functional view of health, not seeking help until the problem is shown to clearly impact on physical function, does not resolve of its own accord or is not amenable to self-diagnosis or treatment; and

- men seem disposed to self-monitoring whereby they seek information from different sources before coming to an informed decision about whether to seek help and are more likely to express their emotions in terms of action.

The guide also includes useful advice for communicating such as:

- avoiding messages that 'blame and shame' or attempt to 'frighten'
- use respectful, non-judgemental, non-deficit language and graphics, including thoughtful and appropriate humour
- graphics should portray positive male images
- legitimise male health seeking by emphasising the relationship between good health and other aspects of life that are meaningful to men, e.g., partners, family, work, recreation, retirement
- target male attendance by appealing to partners and family, or through education or occupational structures, or groups or clubs, which legitimise illness prevention and health seeking among a peer group.

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Resources

A useful resource for involving individuals with lived experience has been produced by Michelle Banfield and colleagues at ANU for the Black Dog Institute:

https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/anu-lived-experience-framework.pdf

A resource for partnering with young people has also been developed by Orygen Centre for Youth Mental Health, Melbourne:

https://www.orygen.org.au/About/Youth-Engagement/Resources/YouthPartnershipToolkit.aspx

Plan and document review: Annual

Appendix 1 – Corryong Health Confidentiality Policy

Appendix 2 – Corryong Health Privacy Confidentiality & Security Policy

Appendix 3 – LRG Responsibilities & Functions