



**Royal Commission into Victoria's Mental Health System:
Macedon Ranges Shire Council – Submission: 5 July 2019**

Mental Health - Role of Local Government:

Local Government has been largely overlooked as a partner in State Government efforts to improve mental health in our community. A number of key mental health initiatives rolled out in Victoria to date that have not engaged Local Government as a key partner from the outset have not realised their potential to impact communities, such as the Suicide Prevention trial and the Enrich program

While the agencies who have led these initiatives have clinical expertise and great networks within the mental health sector, they often don't achieve broad community reach because they don't have the tools that Local Government has:

- responsibility for developing the municipal health and wellbeing plan
- broad and deep reach across our communities (from delivering services to supporting clubs and engaging volunteers)
- community engagement skills and experience
- a wide range of public spaces for community to gather and socialise (from libraries and community halls to swimming pools and kindergartens)
- experience in partnership development (from regional emergency management coordination and health initiative implementation to our Neighbourhood House network and being a key partner in our Local Safety Committee) and
- a library of reports from consultations with the community on the key issues impacting them
- demonstrated expertise in advocating for local solutions for local issues.

A large part of Macedon Range's Shire Council effectiveness as a leader on mental health in our community is that Local Government is a long-term, trusted institution in Victoria, particularly in rural communities where Councils often provide services and support in the absence of other health and service providers.

How Council is advocating for, supporting and actioning mental health and suicide prevention needs of the Macedon Ranges community.

Programs/Initiatives:

Live4Life is an **innovative, evidence-based**, local community driven and Council led, response to youth suicide and mental illness. This model was developed by council in 2009 in response to an increase in youth suicide, anxiety, depression, non-suicidal self-injury and



distress amongst our young people. Council, in the absence of any other organisation addressing this emerging trend, allocated core funding to;

- Develop a school and community partnership to drive the model
- Increase the mental health literacy and knowledge of all year 8 and year 11 students, teachers, parents and community members
- Reduce youth suicide in rural communities
- Reduce barriers to seeking help for emerging or current mental health issues in young people
- Decrease stigma
- Increase awareness of local professional help
- build community capacity to address common mental health problems

Live4Life has since trained more than 18% of our community in mental health education. In 2017, Live4Life was awarded the Suicide Prevention Australia Life Award, Excellence in Suicide Prevention - Community Development, the first council in Australia to receive this honour. Many other awards and accolades continue to affirm council's approach with our young people and their communities.

Youth Mental Health First Aid training and Teen Mental Health First Aid training are components of the mental health awareness-raising work Council does through Live4Life. Youth Mental Health First Aid training is also delivered to the broader community (indicative of Council's **whole of community approach to mental health and wellbeing**) giving community members, parents, workers, social groups and clubs strategies to provide support to a young person or persons dealing with a mental health issue or crisis.

Council's Youth Development unit facilitates a number of youth related program activities from youth spaces and Music In The Sticks, to Youth Ambassadors. These programs **challenge social isolation by facilitating greater social connection** for young people, by helping them develop social and work ready skills, and friendships. Our youth spaces have included spaces specifically facilitating social connection for LGBTIQ young people and young people with an Autism Spectrum Disorder diagnosis.

Over 55's Project Connect is a Council-funded initiative that produces, facilitates and promotes a range of activities, events and products for people over 55 years that encourage social inclusion.

Council facilitates 'Smalltalk' a supported playgroup in Romsey and Woodend that encourages social connection between parents, carers and children.

Council is in the process of establishing the Macedon Ranges Elder Rights Network. The network aims to raise awareness of elder abuse as a means to preventing it and will be



comprised of community groups, organisations and individuals. Through the network, Council will deliver Older Person Mental Health First Aid training to raise awareness of, and address mental health issues impacting older people.

Partnerships

[Macedon Ranges Suicide Prevention Action Group \(MRSPAG\)](#) – was established in 2014 in response to a high prevalence of suicide within our community. It is made up of community members, some with lived experience, and representatives from local service providers who work together to prevent suicide in the Macedon Ranges. Council was the main driver in establishing this group and continues to play a key role.

The Macedon Ranges Local Safety Committee (LSC) – Council is a member of the LSC. The LSC was formed in 2002 by the Macedon Ranges police in response to crime related activity that impacted the safety and wellbeing of residents, workers and visitors to the community. It has since broadened its scope to include a variety of activities link with public safety and wellbeing of the Macedon Ranges. Its membership of 14 consists of representatives from local community and health organisations, secondary schools, Council, Victoria Police and our Local Member of Parliament, Mary-Anne Thomas.

Central Victorian Primary Care Partnership (PCP) – Council sits on the Central Victorian PCP governance group which partners with local government to deliver mental health and physical health strategies to the region.

North Western Melbourne Primary Health Network (PHN) – Council has partnered with the North Western Melbourne PHN on the place-based suicide prevention trial.

Plans/Strategic documents

All Local Governments are required to develop a Council Plan and a specific Health and Wellbeing Plan that focusses on addressing the highest priority issues for our communities. These strategic plans are an ideal vehicle to clearly articulate the issues our communities are experiencing in regards to mental health; and to design and build the partnerships and solutions required to respond effectively. Our Council Plan is a 10-year document that identifies mental health as a priority issue and lays out Council's strategic approaches to improving mental health in our community.

The range of Council strategic documents that underpin and/or directly enact mental health priorities for the shire include:

- Macedon Ranges Shire Council Plan 2017-2027
- Macedon Ranges Health and Wellbeing Plan (integrated in Council Plan)
- “Elevate” Macedon Ranges Shire Council Youth Strategy 2018-2028



- Macedon Ranges Shire Council Youth Mental Health Position Statement
- Macedon Ranges Positive Ageing Plan
- Macedon Ranges Shire Prevention of Violence Against Women in Emergencies Action Plan 2018-19
- Emergency Response to Suicide and Sudden Death Protocol – Sub Plan of the Macedon Ranges Municipal Emergency Management Plan (see attached)

Macedon Ranges Shire Council continues to play a lead role in bringing people from our community together to talk about mental health and suicide prevention.

In 2012 Council purchased data from the Australian Bureau of Statistics on the official number of suicide deaths between 1989 and 2010. Council obtained this data to consolidate the evidence base for Live4Life. This data showed that Macedon Ranges Shire was experiencing an increase in the number and prevalence of deaths by suicide; which was contrary to the Victorian and Australian trends where the number and prevalence of suicides was decreasing. These trends identified the need for a whole-of-community response.

Recent data obtained by Macedon Ranges Suicide Prevention Action Group from the NCIS on intentional self-harm deaths indicates suicide is still an issue, with Macedon Ranges at a 14.3 average age-sex-standardised suicide rate per 100,000. We also know experientially that even a single suicide in smaller, rural and remote communities can cause a significant ripple effect impacting mental health outcomes for, and mental health services in, the community.

Geography is also a factor that impacts the mental health of residents and access to mental health services in the shire. The shire's population is dispersed across nine townships, with secondary schools in Kyneton, Macedon, Woodend, Gisborne and Bullengarook. Health services are largely based in Gisborne and Kyneton, with limited services growing in Romsey. Expected population growth in Riddells Creek, Gisborne and Romsey will pose challenges for service delivery over the next decade. There is also a lack of public transport between townships which can increase social isolation (exacerbating individual mental health issues) and negatively impact access to health services. This is of particular concern for young people and older people in our community (with limited transport options and or mobility).

Access to these support services outside Monday to Friday 9-5pm is almost non-existent. Most of the support services are office-based. This increases the challenges our residents face when needing support.

Council's leadership on mental health and suicide prevention in the Macedon Ranges has a long term strategic underpinning that is embedded in the strategic documents listed earlier in this submission. These documents are the result of extensive consultation with



community members, community partners and broader community services. These consultations have informed the following overarching focus areas of our mental health and suicide prevention work and attendant recommendations.

How Victoria's Mental Health system can better support mental health and suicide prevention in the Macedon Ranges

Young People

Background: (See attached MRSC Youth Mental Health Position Statement)

Recommendations:

- Young people need **generalist youth workers** on the ground locally, outreaching to young people with flexible hours to build the relationship and strong connection to the young person. This is currently missing in our shire.
- Young people be recipients of **ongoing evidenced based primary prevention**, and youth mental health awareness programs – such as Live4Life – which build the confidence and capacity of young people and their community to seek and offer help when needed.
- **Young people be engaged as co-designers** in the design and delivery of Youth Mental Health, Alcohol and Other Drugs and Respectful Relationships education sessions.
- Young people need “**hurdle free” intake to mental health supports** and services. Intake that recognises and eliminates, process orientated gatekeeping as an inhibiting factor for young people when seeking help.
- Young people be engaged as **co-designers of mental health** support initiatives and systems being delivered into this shire.
- Young people living in Macedon Ranges need funders and service providers to recognise and address that mental health outcomes are negatively impacted by **the imposition of service provision boundaries**. These boundaries fragment communities that are fundamentally connected, split shires in half, and in some instances result in the nearest/timeliest mental health supports and services being rendered unavailable to the young people closest to them. Suicide and mental illness take no heed of boundaries and we need to factor this into our mental health service system.



- Young people living regionally need **place based services** – services that are in their own backyard and flexible and responsive to local need.
- Young people would benefit from greater investment in, and education of, school student wellbeing staff. School student wellbeing staff may be overburdened by student mental health needs and as such could need more support. More support would ensure that they, in turn, are able to **provide support to young people, with empathy and understanding**.
- Young people would benefit from, and should be included in, a **review of Primary Health Network capacity** to provide effective community development approaches which are shaped by, and responsive to, local lived experience.
- Young people living in **rural and remote areas need e-health and digital mental health supports** and platforms that have been trialled and tested in rural areas (young person centred and young person co-designed) to augment face to face service provision and to mitigate the impact of **geographic isolation** on access to services. However this should never replace face to face support
- Young people living in Macedon Ranges need services to recognise that they are **a diverse group of individuals** – with diverse abilities, diverse cultural identities and diverse sexual and gender identities – and for this understanding to be reflected in youth mental health service delivery.

Older People

Background:

Mental illness, is also a significant issue for older people in the Macedon Ranges. Many older people have lived most of their lives in a society where mental illness was stigmatised and people were just expected to “get over it” (in fact this stoicism is often highly valued, especially in the country) and as a result are less likely to seek help, and due to a lack of awareness of mental health realities for older people, others are less likely to encourage them to do so.

Living in small communities “where everyone knows each other’s business” can increase the stigma of mental illness (or perception of stigma) – this is a particularly common perception amongst older people.

Even for older persons willing to seek help, access to services and support in rural/regional areas can be difficult, due to a lack of service availability in some townships. For those who no longer drive, accessing services is further complicated by limited public transport options



in rural areas and or a lack of family or friends to assist in this regard. With the introduction of the NDIS and the changes to the home care packages, council staff have witnessed challenges facing residents who are attempting to navigate a complex system of private providers that appears incentivised by moving residents through quickly lacking the person centred care.

Social isolation arising from various factors for example, no longer being able to drive, moving into a new area that is remote from established networks (“tree” or “sea-changing”, moving into a granny flat or a child’s home), loss of a spouse, retirement, financial constraints, and trauma experienced as a result of fire emergencies (e.g. Ash Wednesday fires 1983) can contribute to depression and anxiety. Unfortunately depression and anxiety are seen by many in the community as a normal part of ageing and therefore not recognised as often being symptomatic of a mental health issue. There needs to be greater recognition that depression and anxiety are not a normal part of ageing. Negative stereotypes around ageing create perceptions that just getting older is a reason to be depressed, which in turn impedes help seeking behaviour in this group.

Elder abuse and mental health are interlinked. The Australian Institute of Family Studies estimates that up to 14 per cent of older people are affected by abuse yet the problem and its impact on older people is under-recognised and there is a severe shortage of services that meet the needs of older people, much less services that link. At present the only place we can refer people (at risk of/experiencing) abuse is Seniors Rights Victoria and mental health services for older people are very limited.

Attitudes about Mental Health and associated stigma are changing, which presents opportunities to capitalise on the momentum created by increased awareness and understanding of mental health issues and build tailored approaches to mental health and suicide prevention that are inclusive of all age groups.

Recommendations:

- Older people and the broader community would benefit from **Older Person Mental Health First Aid training** to assist in identifying mental health issues, reducing stigma and raising awareness of mental health issues facing older people in our community. This could also result in greater recognition by the community, of the prevalence of suicide in older people, particularly older men.
- Older people would benefit from communities actively becoming more “dementia-friendly” by raising awareness of dementia, in particular the fact that many **people with dementia are still vital members of the community**, not just confined to aged care.



- Older people need **services closer to where they live** so that when they do decide to seek professional help they have somewhere local.
- Older people need the community to be aware of the link between **elder abuse and mental health**. Elder abuse has devastating effects on an older person, including depression and anxiety. This in turn can contribute to social isolation which is a risk factor for abuse.

Families and Carers

Background:

Council staff see many carers impacted by the pressure of their caring roles. There is limited support and services for these carers in a rural setting with the expectation that they need to travel to these; or there are services and supports that are available but due to the complexity of their caring role and the fact they are also experiencing their own grief, in some cases, they are not able to navigate the service sector or community. In most cases the carer will seek assistance on a few occasions, however, if the correct information is not given they are disheartened and may not try to seek support into the future, becoming more isolated. Therefore the initial contact needs to have the correct linkages.

Carers are sometimes the forgotten people especially those that are supporting people with dementia or a child with a disability. The community is not always accessible nor inclusive for these people due to a lack of understanding of people with disabilities or dementia. Community education is required to raise awareness.

[P.S. My Family Matters](#) has seen the intense struggles carers face in their everyday lives. Many family carers often feel that they no longer have a normal life and go through their own version of grief as their hopes for their own lives have been taken away. They may be performing their caring duties throughout most of their waking hours, often dealing with increasing dependence and challenging behaviours. Carers display their own depressive and/or anxious behaviours. After recommended medical consultations, they have themselves often been diagnosed with varying forms of depression or anxiety. Other carers talk about significantly high levels of stress where they are constantly feeling physically exhausted. Even the strongest among us can suffer under such a heavy burden.

The other main issue impacting carers is social isolation. They feel, that most people around them have no understanding of the lives they lead, nor do they want to hear about it. Carers often suffer in silence, feeling unheard. Both these factors impact their quality of life as well as the quality of care they are able to provide.

In *The Wellbeing of Australians - Carers Health and Wellbeing* (Deakin University, 2007) the following was identified:

- Carers are more likely than is normal to be experiencing chronic pain
- Carers are highly likely to be carrying an injury presumably caused by their caring activities



- Carers have an average rating on the depression scale that is classified as moderate depression

Recommendations:

- Have a **one stop navigator system** where dedicated staff members are able to assist carers to access relevant supports and provide linkage to them that are within their local community.
- Family members and carers of older people, equally, need support to best address the needs of older persons dealing with mental health issues. This support should include **carer co-designed training**, recognition of their role, and pursuit of **increased carer numbers to mitigate burn-out**.
- Families holding a young person dealing with a mental health issue, equally, need service support. They should not be expected to bear the burden alone or **become health professionals by proxy**. If we are to do right by the young person they are holding, we need to do right by them also, by factoring this relationship into the youth mental health service provision equation – with respect to continued community education and awareness, and access to general mental health and crisis support for families and carers.
- Recognise and support the work of P.S My Family Matters.

Council Frontline Workers

Background:

Council has many staff across a diversity of roles who work face to face with residents, often at their home. This includes animal control officers, local laws officers, customer service officers, parks and gardens staff, maternal and child health nurses, emergency recovery staff, and community support workers. While these staff are skilled and capable in their roles, residents experiencing poor mental health can generate complex situations for staff to manage including hoarding, homelessness, animal collecting, anti-social behaviour, dementia, self-harm, and suicide or suicidal thoughts.

Council's ability to manage and resolve issues where mental illness is a factor is hampered by the lack of connection and support to the mental health system. Council staff usually have little knowledge of where and how to access mental health expertise, or what support might be available and the referral pathway required to secure help for these residents. For example, Council has received limited support to assist us to manage instances of hoarding where we are usually directed to fact sheets and studies on hoarding, or to local funded



agencies who can only help with peripheral issues such petrol or food vouchers, or housing support.

Recommendations:

- Council workers would benefit from recognition by the health system that many work in a “frontline” capacity in a variety of scenarios (and within a broader framework of health support) and as such, need greater support from the sector re: **supervision, mental health education, referral pathways, collaboration and advice** when dealing with members of the community with a mental health issue.
- Council be included in **mental health-related case conferences** where we have a key role in working with the resident being case-managed.



YOUTH MENTAL HEALTH POSITION STATEMENT

Purpose

This position statement outlines Council's commitment to strive for good youth mental health, which will enhance the quality of life for all young people in the Macedon Ranges.

Overview

Macedon Ranges Shire Council maintains a strong focus on youth mental health and we serve a community that shares this passion. This is evidenced through our programs, including Live4Life, and our support of community groups such as the Macedon Ranges Suicide Prevention Action Group (MRSPAG).

Promoting health and wellbeing, including mental health is the first priority identified in the Macedon Ranges Shire Council Plan. Over the last decade we have delivered mental health awareness education to over 17% of the population, young and old. While this education has built both the confidence and capacity of our young people and the community around mental health, mental health was still identified as the issue of greatest personal impact for young people in "Elevate," the Macedon Ranges Shire Council Youth Strategy 2018-28.

National and state data show that:

- The biggest issue facing young people today is mental health. Young people identifying mental health as an issue of national importance has doubled in the past three years from 21% to 43%.ⁱ
- Young people in rural and remote areas are likely, as result of unique structural, economic and social factors, to have poorer mental health outcomes and a heightened risk of suicide compared to their metropolitan peers.^{ii iii}
- Mental disorders are most prevalent in young people aged 16-24. ^{iv}



- 75% of people with a mental health issue experience their first episode in adolescence.^v
- Living with a disability can affect adolescent mental health, which may be further damaged if the person living with a disability is also bullied. ^{vi}
- Mental health for LGBTI people is among the poorest in the country, with same sex attracted young people being up to six times more likely to attempt suicide than their heterosexual counterparts. ^{vii viii}
- More Indigenous young people die by suicide than non-Indigenous young people, and this number is increasing. ^{ix}
- Suicide accounts for a third of all deaths of young people aged 14-25 and is the biggest killer of young Australians. ^{x xi}

Position Statement

Macedon Ranges Shire Council commits to working with our partners and community to improve the mental health, and ultimately the quality of life, for young people in our shire. Council understands that the number of young people experiencing psychological distress is a concern to our community and recognises that we have a leadership role in developing proactive and collaborative approaches to improving youth mental health outcomes.

Young people dealing with a mental health issue do best when living in a community that understands and supports good mental health and wellbeing. Council will continue to strengthen community understanding and capacity to support young people in distress.



Council will advocate for, and work with our partners to facilitate, the following best-practice approaches to ensure better mental health outcomes for young people in the Macedon Ranges:

- “hurdle free” access to mental health services
- professional mental health support available 24/7 to young people
- Young people possessing the mental health and wellbeing tools and skills to help themselves and others.
- rurally based and tailored mental health services and solutions
- broader community mental health education
- young people engaged in designing and delivering mental health education
- effective e-health and digital mental health and wellbeing support
- relevant and meaningful support for families and carers
- appreciation and responsiveness to diversity among young people



ⁱ Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. 2018, *Youth Survey Report 2018*, Mission Australia.

ⁱⁱ W. Bartik, M. Maple, H. Edwards and M. Kiernan, 'Adolescent survivors after suicide: Australian young people's bereavement narratives', *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 34, no. 3 (2013): 211.

ⁱⁱⁱ Centre for Rural and Remote Mental Health, *Suicide & Suicide Prevention in Rural Areas of Australia: A Briefing Paper for Rural Suicide Prevention Forum*, Orange, NSW: University of Newcastle, 2017. https://www.crrmh.com.au/content/uploads/Briefing-Paper_FINAL_11052017.pdf

^{iv} Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., Saw, S. (2009) *The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing*. Department of Health and Ageing, Canberra

^v Kessler, RD et al. (2005). *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Archives of General Psychiatry, 62: p. 593-602.

^{vi} Tania King et al. *To what extent is the association between disability and mental health in adolescents mediated by bullying? A causal mediation analysis*; *International Journal of Epidemiology*, Volume 47, Issue 5, October 2018, Pages 1402–1413, <https://doi.org/10.1093/ije/dyy154>

^{vii} Leonard et al. (2012); Corboz et al. (2008); Suicide Prevention Australia (2009)

^{viii} Dyeson et al. (2003); Rosenstreich, G. (2013) *LGBTI People Mental Health and Suicide. Revised 2nd Edition*. National LGBTI Health Alliance. Sydney.

^{ix} Australian Bureau of Statistics. (2015). *Causes of Death, Australia, 2014. Catalogue No. 3303.0*. Canberra: ABS. Accessed 2 March 2015 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument>

^x Australian Bureau of Statistics. (2015). *Causes of Death, Australia, 2014. Catalogue No. 3303.0*. Canberra: ABS. Accessed 2 March 2015 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument>

^{xi} . Australian Bureau of Statistics. (2015). *Causes of Death, Australia, 2014. Catalogue No. 3303.0*. Canberra: ABS. Accessed 2 March 2015 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument>

Macedon Ranges Suicide and Sudden Death Response Plan



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Contents

Version control	2
Introduction	3
Notification	4
Actions and supporting processes	5
Notification protocol	5
Council's internal emergency response process.....	5
Triggers for activation of this response plan.....	5
Immediate needs and supports activated	6
Response and Recovery Working Group (RRWG) convened.....	6
Response and Recovery Working Group (RRWG) Terms of Reference.....	7
Resources	7
Appendices:	9
Terms of Reference (TOR).....	10
MR Suicide Communication Protocol – Activation Report.....	12
MR Suicide Communication Protocol Checklist	13

Version control

Version #	Date	Notes
1	May 2019	Plan developed by [REDACTED]

Introduction

In the days and months following the suicide or sudden death of a young person, monitoring of the affected community is critical.

We know that the suicide of a young person, or the saturation on social media of a local suicide, can make the notion of suicide more accessible to other young people. This increases the risk of other young people (whether or not they had a connection) attempting suicide or suiciding. This heightened risk could last for two years.

The Suicide and Sudden Death Response Plan identifies the actions that will be undertaken when there has been a suicide or sudden death and it is determined that a coordinated response is required due to a likely increased risk for a particular community or cohort.

It covers the two distinct impact stages:

- Response Phase (1-2 weeks and up to 3 months). This aligns with the Relief stage in an emergency management framework.
- Recovery Phase (3 months – up to 2 years) Community monitoring over the following months. This aligns with the Recovery stage in an emergency management framework.

All schools have processes in place for dealing with suicide and sudden death however where a death affects, or has the potential to affect, people across a number of schools, sporting/social/special interest groups and clubs, it may be necessary for coordinated support to affected communities.

There could also be a local impact if the young person lives and socialises in the shire but either attends school outside the shire or is not in formal education, or the reverse i.e. lives outside the shire but has many connections in the shire.

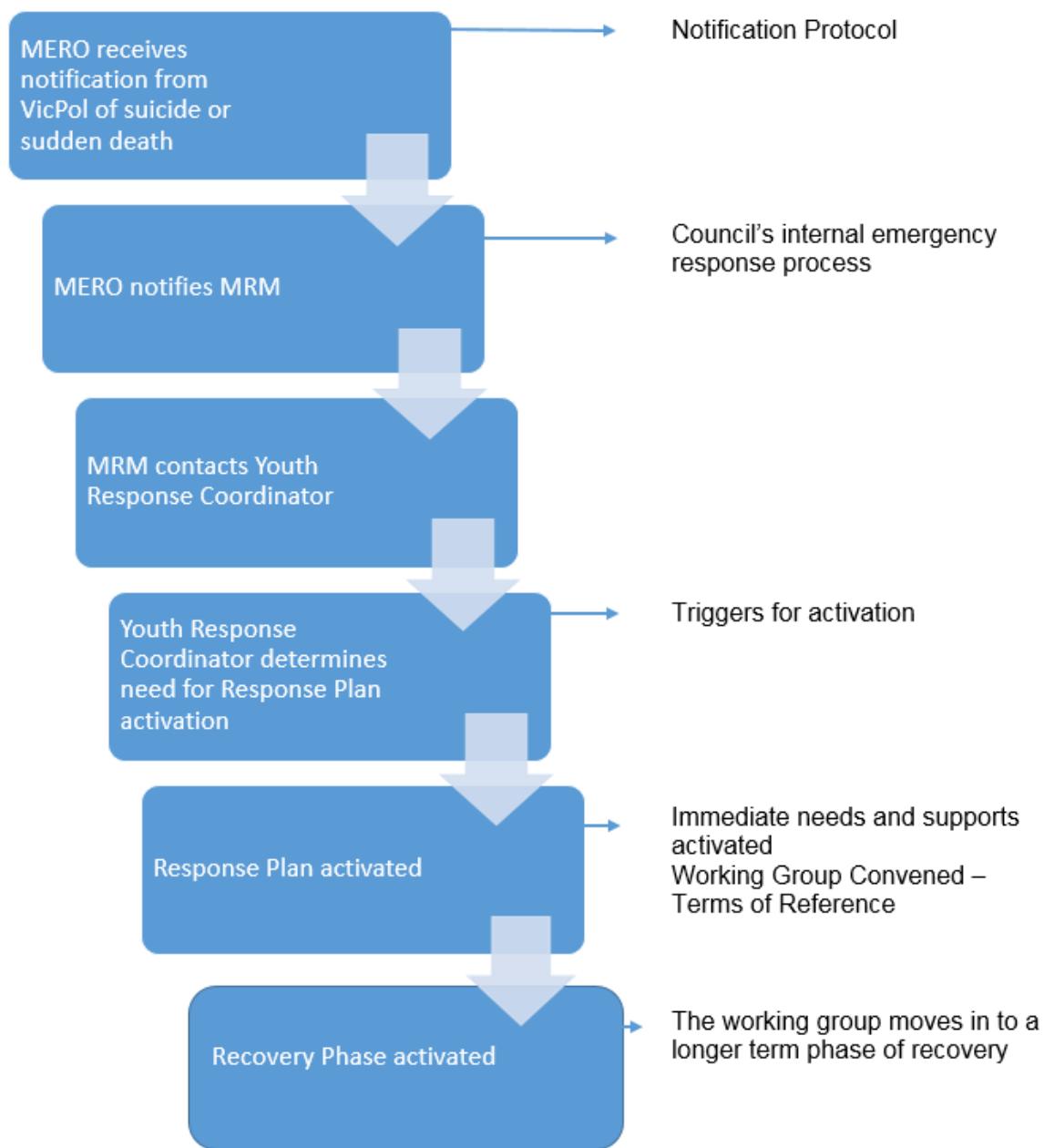
The aim of this plan is to ensure that all relevant agencies and affected groups are involved in the response, and processes and systems are streamlined. This should ensure that gaps are identified and duplication avoided.

The expertise of local youth workers and health providers will be drawn on to work with affected communities in the immediate aftermath (acute phase) and over the following months (community monitoring). A range of agencies and community groups can also be co-opted to provide community monitoring.

The plan covers children and young people school age and older (up to 25). We also acknowledge suicide of a young person can have a significant impact on adults – even those on the periphery e.g. teachers, club officials, etc. – who may question their practices or how they could've responded differently, for a different result. This process will ensure adequate counselling/debriefing is made available to those adults impacted also. This protocol also acknowledges a sudden death or suicide of a young person can impact the Sunbury community and vice versa. This protocol includes Sunbury in the response planning.

Notification

Notification Flowchart:



Acronyms:

- **LAC** – Local Area Commander – Victoria Police (Local Area Commander).
- **MERC** – Municipal Emergency Response Coordinator. Victoria Police position that coordinates an emergency incident.
- **MERO** – Municipal Emergency Resource Coordinator. Council role responsible for coordinating council's resources to support an emergency incident.
- **MRM** – Municipal Recovery Manager. Council role responsible for relief and recovery (supporting affected people) during and following an emergency incident.
- **EM** – Emergency Management

Actions and supporting processes

Notification protocol

In the event police attend an incident involving the suicide of a young person within Macedon Ranges, the attending police patrol supervisor will as soon as possible notify and brief the relevant Senior Sergeant located at either Gisborne and Kyneton, and the Local Area Commander (LAC). The LAC will then advise the MERO as per the notification process. If the LAC is unavailable, the notification process will fall to the relevant Senior Sergeant, or patrol supervisor as required.

Council's internal emergency response process

As part of Council's practice, the MERO is the primary point of call for any incidents that require an emergency management response. In incidents relating to this plan, the duty MERO will contact the duty MRM who will contact the Youth Development Coordinator or, in their absence, the Acting Youth Development Coordinator. This person will be the Youth Response Coordinator.

Triggers for activation of this response plan

These help to identify where there is an increased risk of contagion of further deaths. We aim to address the issue of capability as outlined in Thomas Joiner's Theory of Suicide.

For consideration:

- Pre-cursors specific to a community – what else is happening in that community? i.e. (Community trauma – large scale emergency, significant illness that makes a community less able to respond or impacts on their resilience)
- The age of the young person
- The connection of an adult to young people (teacher, football coach, etc.)
- The connection of the young person to sporting and other clubs (footy, scouts, etc.), schools and community
- A recent suicide of a connected person (the second death of a young person in a club or association)
- Recent sudden death of a connected person
- Timing (exams, Christmas other stressful times for young people etc.)
- Social media – proliferation of negative information, improper activity on social media that increase/heighten risk factors for others (snapchat)
- The method used – particularly unpleasant method or associated activity (snapchat) could cause more trauma?
- Celebrity suicide (or high profile person – locally or internationally)
- Vicarious trauma –
- Community connections and the potential extent/reach of impact – the ripple effect.
 - Sporting clubs
 - Scouts
 - Workplace

- Skate parks
- Theatre/music/arts groups
- Other connections
- School holidays – increased isolation of those impacted and reduced capacity to monitor impact.

This list serves as a guide there will be considerations outside this that have not yet been understood.

Immediate needs and supports activated

For the acute response phase the following actions will be undertaken.

These are scalable depending on the expected impact: i.e. some incidents could affect students across a number of schools, social/interest groups and clubs:

Youth Response Coordinator in collaboration with Community Wellbeing Manager from Cobaw Community Health and the Police Youth Resource Officer:

Will ensure the following

- Determine who will be the Youth Response Coordinator for this event.
- Work with impacted school to determine what additional resources are required.
- Inform all secondary schools principals and wellbeing workers. The schools' wellbeing workers/chaplains (if not required at their own school) may be able to make themselves available to work with the affected school. Inform Headspace school support.
- Inform Sunbury community health
- Inform Cobaw Community Health and Macedon Ranges Health to set up a priority access to counselling and support through the intake process
- Seek information and support from Macedon Ranges Suicide Prevention Action Group
- Inform all local medical centers
- Contact Primary Health Network for additional resources if required
- Enact a social media support message - including where to find support.

Response and Recovery Working Group (RRWG) convened

The Response and Recovery Working Group will convene within 24 hrs. of the event, or first thing Monday morning if the event occurs over the weekend. The RRGW will determine the likely consequences from the incident and develop an appropriate response. It incorporates the community monitoring phase over the months following an incident. The RRGW will determine the need to move into the Recovery Phase. Therefore activating a longer term monitoring of the event impact.

Response and Recovery Working Group (RRWG) Terms of Reference

The Terms of Reference outlines how the RRGW will work together including:

- Purpose of the RRGW
- Objectives
- Membership (core members plus additional members based on incident)
- Expectations and commitment of members
- Tenure of RRGW
- Secretariat and resourcing

(See appendix 1)

Postvention guidelines and rationale

Postvention is the term given to describe the intervention after a suicide. The ethical principle ‘do no harm’ should remain central to the provision of postvention responses.

- Postvention involves responding to need at a range of levels, including the needs of individuals, families, groups, communities and service providers.
- Postvention responses should aim to avoid glorification (or indications of judgment or criticism) of the deceased person and the act of suicide and minimise sensationalism (particularly through media channels).
- Postvention responses should facilitate the early identification of other individuals who may be at-risk of harming themselves (including those experiencing anniversaries or dates of special significance).
- Close consultation with known and available ‘experts’ in the suicide prevention and postvention fields is critical throughout the development and implementation of postvention responses.
- Postvention responses are most effective when they are coordinated across communities and involve a broad range of stakeholders in development, implementation and review and evaluation.
- Postvention responses should ideally be planned by organisations and communities before suicide deaths occur to ensure timely and well-informed implementation in the event of a suicide.

Resources

Macedon Ranges Suicide Prevention Action Group (MRSPAG)

MRSPAG offers peer support for people bereaved by suicide. They are guided by Jesuit Social Services in the establishment of a Peer Model of Support After Suicide, and have seven fully trained Peer Support Workers (all personally bereaved by suicide).

Headspace

- Headspace School Support – post suicide
- Headspace publications (see Appendix H):
 - Understanding Suicide: Information for communities
 - Supporting your young person during the holidays
 - Grief: How young people might respond to a suicide
- Understanding Suicide: Information for communities -
<https://www.headspace.org.au/assets/Uploads/Corporate/Understanding-Suicide-Information-for-communities-web.pdf>
- Supporting your young person during the holidays -
<https://headspace.org.au/assets/Uploads/Corporate/Support-your-young-person-during-the-holidays-web.pdf>
- Grief: How young people might respond to a suicide -
<https://www.headspace.org.au/assets/Uploads/Corporate/Grief-How-young-people-might-respond-to-a-suicide-web.pdf>

Whilst each organisation represented at the recovery working group table will have their own EAP processes it's important that we build into our process the consciousness of them managing their own self.

If required, specialised debriefing could be bought in for the recovery committee in addition to each org's EAP processes.

Appendices:

Appendix 1

Terms of Reference (TOR)

Macedon Ranges Suicide Response and Recovery Working Group

Purpose

To provide a holistic focus for the coordination of agency and community response to a suicide or sudden death that is likely to have a contagion effect on any Macedon Ranges communities or groups.

This will occur through collaboration between Council, local health services, related agencies or member organisations, community groups and clubs and members of the community.

Objectives :

- Provide timely and relevant supports to the affected community.
- Coordinate relevant resources to maximise response and avoid duplication.
- Facilitate effective communication and positive stakeholder relationships.
- Seek additional resources and funding as required.
- Monitor and review response activities.
- Review tenure as required.

Membership

The group make up will be determined by the incident and community affected with the following permanent members (regardless of incident):

- Macedon Ranges Shire Council
- School wellbeing
- Dept. of education – School Support Officer
- Headspace School Support
- Macedon Ranges Health
- Cobaw Community Health
- Macedon Ranges Suicide Prevention Action Group (MRSPAG)
- Victoria Police
- GP Network
- Sunbury Community Health
- Kyneton Health
- CAHMS and Bendigo Health

Plus the following additional members determined by the incident:

- Department of Health and Human Services (DHHS)
- Jesuit Support After Suicide (JSAS)
- Dept. of Health and Human services
- PHN
- Victorian Council of Churches
- School representative
- Community/Neighborhood House
- Local club/group representative

- Other Sunbury schools/partners
- Community representative(s)
- CFA Operations Officer (brigades can provide some community monitoring)

Expectations and commitment of members

- **Delegation and responsibilities:** Members should take appropriate actions to ensure they represent the views of the agencies and sectors that they represent. Representatives are also responsible for reporting and briefing appropriate members of their organisation in relation to actions and the dissemination of information tabled.
- **Action follow-up:** Where actions have been allocated to a member of the committee, the expectation is that actions are completed by the timeframe determined. Where necessary, matters that require action prior to the next scheduled meeting of the committee will be dealt with out-of-session through written correspondence. Any decisions related to the Committee's responsibilities, made by the Chair between meetings, will be communicated to all members.
- **Meetings:** Meetings will be held as required and will be scheduled on dates determined by the group. Permanent members of the committee will be represented at all post-incident meetings unless they advise the meeting convener of their absence.
- **Confidentiality:** Members of the sub-committee may be privy to materials or information in the conduct of the sub-committee activities that may be confidential in nature or not for wider distribution. This confidentiality is required to be maintained and failure to do so can result in removal as a member.

Tenure

The RRWG will be established for an initial period of six months. A review will be conducted at this time to determine if the sub-committee should continue and for what period.

Secretariat and resourcing

Secretariat support for the committee meetings will be provided by the Macedon Ranges Shire Council.

Minutes of any working group meetings, comprising discussion points and action items, will be recorded in the Macedon Ranges Shire Council's record management system.