



Health
South Eastern Sydney
Local Health District

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Suicide Prevention Outreach Team (SPOT)

Program Framework

An assertive, mobile outreach team to provide support to people experiencing a situational crisis, or suicidal distress

SESLHD Mental Health Service

Contents

1	Acronyms.....	3
2	SPOT Overview	3
2.1	Introduction	3
2.2	Who is SPOT for?	4
2.3	Evidence base	4
2.4	Aims and objectives	5
3	Principles of the program	5
3.1	Values.....	6
3.2	Co-Production (co-design)	6
3.3	Enabling strategies	7
3.4	Service outcomes and impacts	7
3.5	Theory of change	7
3.6	Ethics and Diversity	8
3.7	Service standards	8
3.8	Practice and delivery guidelines.....	8
4	Operations	9
4.1	Service specifications	9
4.2	Referral pathways	9
4.3	Support services	9
4.4	Service documentation	10
4.5	Risk management and escalation procedures.....	10
4.6	Incident Management	10
4.7	Feedback, compliments and complaints	11
4.8	Feedback, compliments and complaints	11
4.9	Mandatory Training	11
4.10	Staffing Model.....	12
4.11	Governance	13
4.12	Program outcomes.....	14
5	References	14

1 Acronyms

ACT	Acute Care Team
ED	Emergency Department
MH	Mental Health
MHS	Mental Health Service
MOH	Ministry of Health – Government of New South Wales
NSW	New South Wales
PACER	Police, Ambulance, Clinical, Early, Response program
SESLHD	South Eastern Sydney Local Health District
SPW	Suicide Prevention Worker
TSMHS	The Sutherland Mental Health Service
TZS	Towards Zero Suicide

2 SPOT Overview

The Suicide Prevention Outreach Team (SPOT) is located at The Sutherland Mental Health Service (TSMHS), operating alongside the Acute Care Team (ACT). The SPOT aims to provide assertive, mobile outreach support, to people experiencing a situational crisis, or suicidal distress, in a place where they live their lives and feel comfortable.

An integral component of the SPOT is embedding co-production in the planning, implementation and evaluation of this project. Peer Workers and Clinicians will work alongside those accessing the service to provide recovery-oriented and trauma-informed support. This may include assertive follow up, psychosocial support, safety planning and collaborative identification of community supports.

The SPOT will operate 7 days a week, 365 days a year, and is open to people aged 18 years and over.

2.1 Introduction

The NSW Premier has identified reducing suicide as a key priority area. The Towards Zero Suicide (TZS) state government initiatives will establish new approaches to suicide prevention strategies throughout NSW. TZS initiatives seek to provide best practice crisis care and support, build local community resilience, and improve systems and practices, with the overarching goal of a 20% reduction in the NSW suicide rate by 2023. Under the TZS initiative, [Alternatives to Emergency Department Presentations](#), SESLHD MHS service is funded to establish a SPOT.

The SPOT will effectively engage with people experiencing a situational crisis or suicidal distress in the community, enabling them to access appropriate support more quickly. This may include psychosocial and peer support, safety planning, recovery/wellness planning, and collaborative identification of community supports.

SPOT is staffed by a Clinical Manager, Suicide Prevention Clinician(s), and Suicide Prevention Peer Support Worker(s) (PSW). PSWs will work as equal partners with clinicians

in the SPOT, and will draw upon their personal lived experience to provide proactive community support for people experiencing a situational crisis or suicidal distress.

The SPOT will initially be trialled and evaluated in the Sutherland area. It will be accessible to all those who need it, with a particular focus on those who are not engaged in traditional community MH settings.

The vision, philosophies and principles of the SPOT are recovery-orientated and trauma-informed. A situational distress framework of suicide prevention is used to support people to maintain and improve their wellbeing. The Program Framework has been developed in line with the NSW Ministry of Health Guidelines and the SESLHD SPOT co-production process. An integral component to the service is embedding co-production into the planning, implementation and evaluation of this project.

2.2 Who is SPOT for?

The SPOT is for people aged 18 – 64 years of age and over who are experiencing a situational crisis and/or suicidal distress. Individuals aged 65 years and over can also be referred to SPOT and will be considered on a case by case basis, to determine if they are more appropriate for SPOT or alternatively, the Older Adult MHS Outreach Team. Individuals do not need to have a diagnosed mental illness to access SPOT.

SPOT is a non-acute service. As such, referral to SPOT is not appropriate for individuals in acute mental distress, actively suicidal or self-harming, or with a longstanding MH diagnosis. Such individuals would be better supported by existing SESLHD MH services, such as the ACT, Gold Card Clinic, Distress Management Program, or The Sutherland Community MHS.

2.3 Evidence base

Psychosocial Support

Evaluations of recently established suicide aftercare services in Australia (eg The Way Back Support Service, SP Connect, Next Steps) suggest that individuals experiencing suicidal distress have complex needs which are not only limited to their mental health.¹ Connecting individuals with support services and social networks has been identified as a promising suicide prevention strategy.²

Peer Support

There is increasing evidence of the many positive aspects and outcomes of peer support including the social connections that result from the mutual relationship.³ SPOT Suicide Prevention Workers (SPWs) and clinicians will work side-by-side to ensure the best outcomes for program participants.

Assertive Outreach

Assertive Outreach offers a partnership approach with the client, empowering them to improve their safety and quality of life.² SPOT clinicians will actively follow-up individuals referred to the program, and ensure that they meet with them in mutually suitable location.

2.4 Aims and objectives

The SPOT aims and objectives are:

- Reduce deaths by suicide, reduce suicide attempts and reduce self-harm;
- Engage people in the community, where they live their lives;
- Be open to all those who need it, with a focus on those not engaged in traditional community MH settings;
- Link people to support services to address the causes of their distress;
- Keep people in the community connected with their existing support systems, when it is safe to do so.

The SPOT will also provide care pathways to other services in order to reduce the time people spend in Emergency Departments (EDs), by coordinating admissions to appropriate wards.

3 Principles of the program

The SPOT is a non-acute service which offers a brief package of care (3 to 6 weeks) to people experiencing a situational crisis or who are in suicidal distress. It is a co-produced, recovery-orientated and trauma-informed assertive outreach program.

Support provided by SPOT is transparent and holistic in manner, with a focus on building upon the individual's existing supports and strengths, in order meet their specific needs. It will expand the SESLHD suicide prevention workforce, so that more people will receive support more quickly in a location that feels most comfortable for them.

Essential elements of the SPOT include:

- An integrated service approach
- Leadership by people with lived experience of suicidal crisis
- Collaborative peer and clinical staffing
- Safety for staff and people using the service
- Accessibility and a 'no wrong door' approach

The SPOT's model of support is encapsulated through:

- Values
- Co-production (co-design)
- Enabling strategies
- Expected service outcomes
- Theory of change

3.1 Values

The following values were identified by the NSW MOH co-design and the top 6 decided by the SESLHD local co-design process.

- Person-centred
- Risk tolerant
- Non-judgmental
- Welcoming
- Respectful
- Human connection
- Responsive
- Compassionate
- Strengths focused
- Hopeful
- Holistic
- Self determination
- Empowerment
- Collaboration
- Integration
- Evidence-based
- Dignity
- Inclusion
- Choice

3.2 Co-Production (co-design)

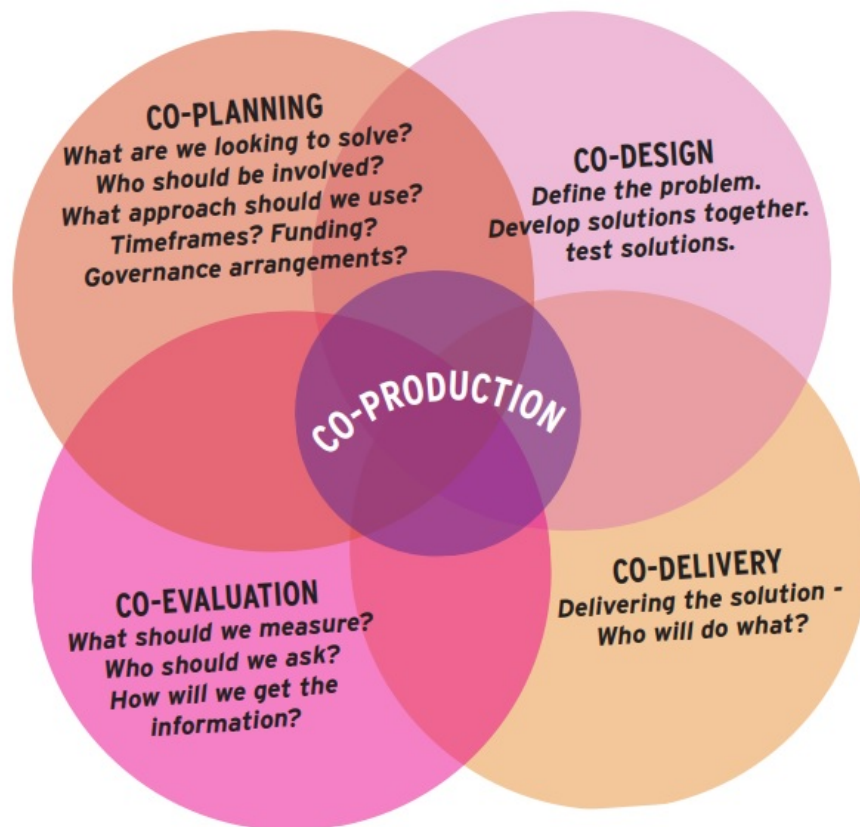
“A co-production approach sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently. Co-production requires longer term engagement from professionals or clinicians, but leads to profound and sustainable change”⁴

The MOH [Alternatives to Emergency Department Presentations](#) provide direction in co-producing the TZS initiatives with people who have a lived experience of suicidal crisis, namely:

- Local people with lived experience of suicide will play an active role in ensuring the co-design outputs translate into service delivery and the ongoing iterative re-design of the service.
- There are ongoing opportunities for people with lived experience of suicidal crisis to have input into the operation of the service

As such, all aspects of the planning, delivery and evaluation of The SPOT aspire to be co-produced, whilst recognising that challenges and potential limitations exist due to pre-determined MOH program requirements.

During the establishment phase of the SPOT, SESLHD undertook a comprehensive co-production process with people who have a lived experience of suicide, MH staff, other health staff, community organisations, LGBTQI+ lived experience groups, youth, Aboriginal Women’s Group and local culturally and linguistically diverse communities. The findings of the process, together with the MOH [Alternatives to Emergency Department Presentations](#) requirements form the basis of the present framework. SESLHD will continue to embed a co-production approach throughout all phases of the development of the SPOT, as shown in Figure 1. (adapted from Roper, C et al, 2018, p.2)⁴



3.3 Enabling strategies

Scale and Spread: The SPOT will initially be trialled and evaluated in the Sutherland area. After the initial trial period, the goal is for this program to be systematically replicated and rolled out across SESLHD.

3.4 Service outcomes and impacts

The outcomes sought for people referred to the SPOT are:

- Referral to appropriate services to provide longer term psychosocial and MH support
- Improved coping skills to deal with future psychosocial stressors
- Reduced suicidality and suicidal crises
- Increase sense of hope and wellbeing

The longer term impacts of the SPOT are:

- Reduce avoidable MH presentations to The Sutherland Hospital ED and MH inpatient admissions
- Increase knowledge access to appropriate services within the broader community
- Improve MH consumer and carer experience
- Prevention of suicide and self-harm

3.5 Theory of change

The theory of change is as follows:

SPOT is a non-acute, assertive outreach team which provides collaborative psychosocial and referral support (**what**) to people experiencing thoughts of suicide due to psychosocial stressors (**who**). SPOT does this through providing a brief

episode of care (3 to 6 weeks), with a focus on supporting program participants to engage with longer term community support and service providers. A key component of SPOT is that clinicians and peer support workers work together as equals to support program participants (**how**).

SPOT aims to allow more people to receive care more quickly, in the community, where they live their lives and feel most comfortable. This will reduce unnecessary attendance at the ED, engagement with acute services, avoid lengthy hospital stays (**why**), which will improve the physical, emotional and social wellbeing of program participants, ultimately reducing suicidal distress and improving MH (**results and outcomes**).

3.6 Ethics and Diversity

All SPOT staff share a commitment to ethical and values-based practice. Staff uphold the ethical standard of practice of the relevant professional charters and/or of a professional association to which they belong. SPOT recognises that diversity of experience and culture is a significant part of a person's life and their recovery. SPOT welcomes all diversity, which includes (but is not limited to): people who are Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse, LGBTQI+, young people, older people and people with diverse physical abilities.

3.7 Service standards

SPOT implements practices and policies and procedures consistent with relevant national service standards, including:

- National Safety and Quality Health Service Standards (NSQHS) Second Edition

3.8 Practice and delivery guidelines

Practice guides and guidelines that will inform practice and service delivery include the following.

- [Strategic Framework for Suicide Prevention in NSW: 2018-2023](#)
- [The Fifth National Mental Health and Suicide Prevention Plan](#)
- [NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022; A Framework and Workforce Plan for NSW Health Services](#)
- [CESPHN Regional Mental Health and Suicide Prevention Plan](#)
- [A National Framework for Recovery Oriented Mental Health Services](#)
- [Living Well: A Strategic Plan for Mental Health in NSW 2014-2024](#)
- [The Gayaa Dhuwi \(Proud Spirit\) Declaration and Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#)
- [The Australian National LGBTI Health Alliance, Working therapeutically with LGBTI clients: a practice wisdom resource](#) and the [Rainbow Tick LGBTI Inclusive Practice: Service Accreditation](#)
- [Trauma-informed Care and Practice Organisational Toolkit \(TICPOT\)](#)
- [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery \(MHIMA\)](#)
- [SESLHD MHS Business Plan/Priority Initiatives 2020/21](#)

4 Operations

4.1 Service specifications

- Aged 18 years and over
- All genders welcome
- No requirement for a MH diagnosis
- Voluntary engagement in the program
- Friends, family and carers are involved if this is in alignment with the wishes of the program participant

4.2 Referral pathways

Referrals to the SPOT can currently be made by:

- Sutherland ACT after completion of a MH assessment
- Sutherland PACER team following completion of a MH assessment

All individuals referred to the SPOT must have consented to the referral, and are required to have had a MH assessment (including risk assessment), prior to their being referred. This will include important information about the person's current concerns, psychosocial background and psychiatric history. All referrals to the SPOT are to be of a non-acute nature.

All referrals will be discussed during the SPOT daily hand-over meetings (14:30hrs). All individuals referred to the SPOT will be contacted by phone within 24 hours of receiving the referral. An initial appointment will be offered to the program participant within 7 days of this first contact, to begin to get to know the person and identify their support needs and goals.

4.3 Support services

The SPOT will provide individuals with emotional support, coping skills and distress management, as well as assisting individuals in finding and accessing ongoing support services within the public or private sector.

Examples of support services may include:

Engaging with a psychologist through a Mental Health Care Plan:

SPOT is able to support the person to attend their GP, request this plan and engage with a suitable psychologist. Medicare currently approves 20 sessions of psychological support through this plan.

Engaging with Alcohol & Other Drugs counselling service (A&OD)

SPOT is able to provide support to people in self-referring to the A&OD service and attending their initial appointments. The phone number for A&OD general intake number is 9113 2944 which caters for clients in both the Sutherland and St George areas.

Engaging with a private psychiatrist

SPOT is able to support individuals to attend their GP and source referral to a private psychiatrist. SPOT is able to provide support through the initial engagement period.

Engaging with a community organisation

SPOT is able to help people identify suitable community organisations (for example headspace, The Way Back etc) and arrange initial referral and support through the initial engagement process.

Engaging with psychosocial support services

The SPOT is able to help people identify and find services to help with psychosocial stressors which may include things like housing, financial management or financial aid. SPOT is able to support people to attend these initial appointments.

4.4 Service documentation

All clients referred to the SPOT must be registered with The Sutherland Community MHS and have an “Associated Group” of “SESMH Secondary, TZS SPOT” so that the community client list can be filtered accordingly and activities recorded.

Please refer to the following eMR Quick Reference Guides (QRG) for information on registering clients and recording activities:

- eMR QRG – Full Registration in Community Client List
- eMR QRG – STG AND TSH TOWARDS ZERO SUICIDE – SUICIDE PREVENTION OUTREACH TEAM (SPOT) MH Client Contact – Registration and Activity Recording

4.5 Risk management and escalation procedures

All referrals to the SPOT are required to have had a completed MH assessment, including risk assessment, prior to their being referred, to ensure their suitability for the program. This must be documented in eMR. If a program participant’s level of acuity increases while engaged with the SPOT, they will be referred to the ACT for more intensive support.

Examples of increased acuity and risk that cannot be managed by the SPOT include:

- Active suicidal or self-harming behaviour
- Deterioration in mental state (eg psychosis)

SPOT staff can refer by attending the ACT office to provide a verbal referral, as well as completing an ACT snapshot before facilitating a transfer of care to the ACT EMR list.

4.6 Incident Management

- Incidents occurring at SPOT are recorded in ims+ as per NSW Health [PD2020 047 Incident Management](#).
- TSMHS Community Mental Health Service Manager is responsible for investigating the contributing factors to incidents and feedback results to staff.
- TSMHS Community Mental Health Service Manager is responsible providing a report on incidents to the Working Group, which provides in turn summary info to Clinical Governance Committees.

4.7 Feedback, compliments and complaints

Guests are provided with information during their visit on how to provide feedback, including concerns or compliments. This can be done via:

- Feedback verbally to the SPOT staff
- Feedback verbally to the SPOT Clinical Manager
- Written feedback in feedback box, located at TSMHS Community Mental Health
- Contact the SESLHD Executive Unit:

District Executive Unit

Locked Mail Bag 21, Taren Point NSW 2229

(02) 9540 7756

Or via the *Contact Information* form on the SESLHD website:

www.seslhd.health.nsw.gov.au/contact-information

- Contact the Health Care Complaints Commission (HCCC)
Phone 1800 043 159
For more information visit www.hccc.nsw.gov.au

4.8 Feedback, compliments and complaints

SESLHD will recruit, induct, on-board, manage performance and deliver training according to existing processes.

4.9 Mandatory Training

As employees of NSW Health, staff in the SPOT are required to complete all mandatory training (accessed at My Health Learning). The number of training modules staff are required to complete depends on their role. Additional role specific training recommendations and support are outlined in NSW MOH documents:

- [NSW Health Statewide Requirements Towards Zero Suicides - Alternatives to Emergency Department Presentations \(A2ED\)](#)
- [NSW Health Statewide Requirements – Establishing Suicide Prevention Outreach Teams \(SPOT\)](#)
- [NSW Health Guidance Material – A2ED and SPOT Recruitment and Support of Suicide Prevention Peer Workers.](#)

4.10 Staffing Model

SPOT is staffed by a Clinical Manager, SPWs (Clinical) and a Suicide Prevention Peer Support Worker, who has a lived experience of suicidal crisis.

Roles and Responsibilities

FTE	Onsite/ Offsite	Role	Responsibilities
1	Both	<i>Clinical Manager</i> (Social Worker Level 4, Senior Psychologist, Clinical Psychologist, Occupational Therapist Level 4 or Nurse Unit Manager 1)	<ul style="list-style-type: none"> • Provide leadership, direction and supervision to the SPOT employees. • Operational management (rostering, recruitment, leave management etc.) • Support data collection & evaluation • Continuous Quality Improvement • Incident Management • Provision of recovery-focused and trauma-informed psychosocial support to program participants. • Support with referrals and discharge processes
0.8	Both	<i>Suicide Prevention Workers: Clinical</i> (Social Worker Level 3, Psychologist, Occupational Therapist Level 3, Clinical Nurse Consultant Level 1)	<ul style="list-style-type: none"> • Provision of recovery-focused and trauma-informed psychosocial and peer support to program participants. • Engage and work collaboratively with other members of the SPOT, to ensure coordinated and continuity of care to people utilising the SPOT. • Participation in quality improvement activities as appropriate. • Collaborate with carers and external service providers to support participants to reach their goals.
1	Both	<i>Suicide Prevention Worker: Peer</i> (Health Education Officer, Graduate or Non-Graduate)	<ul style="list-style-type: none"> • Provision of recovery-focused and trauma-informed psychosocial and peer support to program participants. • Use personal lived experience to share information, skills and strategies that support and promote the individual's recovery journey • Engage and work collaboratively with other members of the SPOT, to ensure coordinated and continuity of care to people utilising the SPOT. • Participation in quality improvement activities as appropriate. • Collaborate with carers and external service providers to support participants to reach their goals.

Proposed Roster – Full Time Operation

Shift times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
11:00 - 19:30	Clinical Manager	Clinical Manager	Clinical Manager	Clinical Manager	Clinical Manager	Clinician 1	Clinician 1
14:00 - 22:30	Peer Worker	Peer Worker	Peer Worker	Peer Worker	Peer Worker	Peer Worker	Peer Worker
14:00 - 22:30	Clinician 2	Clinician 2	Clinician 2	Clinician 1	Clinician 1	Clinician 2	Clinician 2

4.11 Governance

The Governance of SPOT will be maintained through the SPOT Working Group. The executive sponsor of this Steering Committee is the General Manager SESLHD MHS. The SESLHD SPOT Working Group reports through the SESLHD MHS Towards Zero Suicide Governance Committee to the SESLHD MHS Clinical Council and SESLHD Supra Committee.

The SESLHD SPOT Working Group will provide expert advice in the implementation and evaluation of the SPOT with particular reference to the following subject areas:

- Model of care
- Referral pathways to align with step up and step down principles
- Communication and stakeholder engagement plan
- Co-design workshops
- Evaluation
- Recruitment and training of staff
- Partnerships
- Monitoring implementation and service operations.

The Working Group Membership is as follows:

- Service Director, TSMHS (Chair)
- Clinical Nurse Manager, SESLHD MHS
- Community Mental Health Service Manager, TSMHS
- Acute Care Team Leader, TSMHS
- Acute Care Team Emergency Department CNC, TSMHS
- Medical Representative, TSMHS
- Consumer Partnerships Coordinator, SESLHD MHS
- Aboriginal Coordinator, SESLHD MHS or delegate
- Toward Zero Suicides Project Manager, SESLHD MHS
- Two representatives with Lived Experienced of suicidal crisis or suicide (personal and/or carer)

Further to this group there will also be the addition of the following members at a later stage, following the initial meetings

- Clinical Director, ED, TSH
- Nurse Manager, ED, TSH
- Senior Nurse Manager, Drug and Alcohol SESLHD

The Working Group will initially meet fortnightly, with meeting frequency to be reduced to monthly once the SPOT is operational. In addition to the working group, smaller co-design working parties may be established to address specific tasks and duties.

4.12 Program outcomes

The SPOT Evaluation Working Group will develop a comprehensive evaluation strategy for the program. Evaluation measures will be co-produced, with both qualitative and quantitative tools to be utilised to learn from the perspectives of guests, MH and ED staff. The information gathered from the evaluation process will be used to continually improve the program using service improvement science.

5 References

1. Black Dog Institute. What can be done to decrease suicidal behaviour in Australia? A call to action. White Paper. October 1, 2020. Sydney Au: Black Dog Institute
2. Beyond Blue. The Way Back Support Service: Service Delivery Model. March 2020. Sydney, Au: Beyond Blue.
3. Gillard, S, et al., Developing a change model for peer worker interventions in mental health services: a qualitative research study. *Epidemiol Psychiatry Sci*, 2015.24(5):435-45.
4. Roper, C et al, Co-production, Putting principles into practice in mental health contexts, 2018