HOPE Phase 2 Service Expansion

Terms of Reference 2021

Chairperson	Jayne Lewis or Bridget Organ
Minutes	Helen Mack
TORs approval date	25/5/2021
TORs review date	Annually

Background/context:

Introduction

The Hospital Outreach Post-suicidal Engagement (HOPE) initiative currently provides assertive and intensive outreach support for people at the point of hospital discharge that are identified having a suicide attempt or engaged in suicidal ideation with preparatory behaviour.

The aim of the initiative is to reduce subsequent suicide attempts and improve quality of life and emotional resilience, by providing the target cohort with assertive, and psychosocial support in the community for a period of up to three months post discharge from hospital. The program also supports the persons support network to identify and build the protective factors that reduce the risk of suicide attempt/completed suicide.

The Royal Commission also recognised that the limited service hours impeded access, and the needs of people who experience suicidality and, are in receipt of support from community-based specialist mental health services, may extend beyond the capacity of these services.

OBJECTIVES OF HOPE STAGE 2 SERVICE EXPANSION

- Enable access to HOPE service supports for people who are consumers of community-based specialist mental health services (target cohort)
- Improve links to community-based support for the target cohort that is tailored, timely and responsive to the unique needs and circumstances of individuals.
- Provide community-based support that enables individuals within the target cohort to build self-resilience and capacity to self-manage social, economic, and environmental factors that can contribute suicidality. Improve recovery outcomes for the target cohort through strengthening connection to carers, family, community and support services.
- Improve access to HOPE support by providing out of hours service options accessible for all people who are eligible for HOPE services.

1. Roles

1.1 The role of the Hope Stage 2 Service expansion (HS2SE) project steering committee is to ensure the successful delivery of the project. This will be achieved by ensuring the implementation of the approved project management. This will be governed by the, implementing, monitoring and evaluating the service deliverables.

The steering committee will provide strategic and expert clinical oversight through a collaborative approach.

2. Reporting

2.1 The steering committee will provide designated reports in line with HS2SE in the planning, design and implementation stage based on Key Milestones to the funding body of the Victoria Government, Department of Health.
2.2 The steering committee provides reports to the Mental Health Quality and Safety Meeting as risk and issues arise.

3. Membership

3.1 Membership will include:

Bridget Organ: Manager Community Mental Health and Partnerships
Jayne Lewis – Manager Mental Health Service Development Unit.
Consumer Consultant: Bridget Murray
PHN Representative: Rachel Hughes
Carer Consultant: Katherine Barling
HOPE Consumer representative: Kate Drinan
HOPE Consumer: Charandev SINGH
John Mclaren – Manager HOPE/CATS/PTRIAGE/EDMH
Consultant Psychiatrist: Sally Chow
HOPE Team Leader and senior Clinician: Maria Haydock
Project Officer-: to be appointed
Project Lead: Helen Mack

Other attendees may be co-opted into meetings as/when relevant.

Position	Name
Consultant Psychiatrist Nexus Dual Diagnosis Service	Kah-Seong Loke

4. Chairpersons

4 The group will chaired by Bridget Organ or Jayne Lewis

5. Coordination of meetings

5 The project lead Helen Mack and Project officer will coordinate meetings and provide meeting communiques and associated papers to the membership in a timely way taking into consideration member's time availability

6. Function

6.1 The steering committee will be responsible for developing the following service parameters, to be overseen and approved by the:

- The steering committee will approve the business case, project plan, and project management methodology
- The steering committee will confirm position descriptions and appoint the staff to provide the clinical service delivery
- The steering committee will establish delegation authorities and limits for the project management, with regards to cost, time, resources, quality and scope and therefore;
- Resolve matters of project cost, time, risk, resources, quality and scope that have been escalated and approve or reject project plans
- The steering committee will oversee stakeholder engagement and management
- The steering committee will support and implement the proposed changes of the project, support the team to achieve identified targets and objectives, and review polices

- The steering committee will monitor the projects progress against the approved business case, project plans, and delegations
- The steering committee will establish an evaluation framework and deliverables, collect and review data, and embed a research/data plan
- The steering committee will be responsible for Key milestone reporting to disseminate relevant information to stakeholders, and relevant parties

7. Meeting Frequency/Duration and Minutes

7.1 There will be scheduled online or meetings every 2 weeks to begin with and as needed ongoing, occurring

7.2 Minutes will be taken by an SVHM staff member and provided by email within 5 working days of the meeting.

7.3 Video-conferencing or telephone conferencing options can be explored and/or organised by contacting the relevant regional Department office.

8. Formation of working groups and the co-opting of members to working groups

Support for the formation of time-limited working groups to progress key areas of work identified and endorsed by the membership is included as an option. At various times, working groups can co-opt other consumer workforce members, consumers, Consumer Advisory Group (CAG) members or CAG groups.

The working groups will nominate a Chair or lead spokesperson, whose responsibility it is to lead the progression of work undertaken by the working group. The Chair or lead spokesperson will be responsible for feeding back progress reports to the members. The co-ordination of a final report of the working group is to be provided by the Chair/lead spokesperson. The nominated departmental representative or departmental secretariat support person will liaise with the Chair/lead spokesperson for completion of the report(s), and delivery back to the group, within set timeframes articulated in the meeting notes/minutes.

Services who have nominated members to the partnership dialogue are responsible for ensuring that the time spent at the dialogues falls within the consumer workers' normal working hours. Services are also responsible for the reimbursement and remuneration of consumers who may at times be co-opted to attend specially convened working group meetings, forums or focus groups. The department will provide assistance, and where necessary, liaise with the service on behalf of the nominated consumer workforce member to ensure appropriate arrangements are made for this to occur.

The expectation is that health services support the consumer's to participate in the working groups during core working hours. For consumers who may be co-opted to attend specific working groups, meetings, focus groups or consultations, services are expected to follow remuneration and reimbursement guidelines/policies.

Services are to provide appropriate venues and support to partnership dialogue members for the purpose of convening groups/ or meetings involving co-opted members, pursuant to their local service consumer participation guidelines/policies.

8. Safe language

Certain ways of talking about suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamourous or as an option for dealing with problems. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language. It is preferable to avoid detailing method of suicide in the group setting, however, we acknowledge that at times it may be necessary to determine patterns and interventions.

Don't Say	Do say	Why
'unsuccessful suicide', 'failed suicide' or 'suicide bid'	'non-fatal attempt' or 'made an attempt on their life'	To avoid presenting suicide as a desired outcome or glamorising a suicide attempt
successful suicide'	'took their own life', died by suicide' or 'ended their own life'	' To avoid presenting suicide as a desired outcome
'committed' or 'commit suicide	'died by suicide' or 'death by suicide'	To avoid association between suicide and crime or sin
'suicide epidemic'	'increasing rates' or 'higher rates'	To avoid sensationalism and inaccuracy

Mindframe (2019). Communicating about suicide. Retrieved on 19 June, 2019, from https://mindframe.org.au/suicide/communicating-about-suicide/lang

9. Confidentiality

In order to facilitate free and open discussion, meeting notes will be de-identified when appropriate and members of the group are expected to provide de-identifying information when providing written and verbal reports.

10. Review of Terms of Reference

These Terms of Reference were last reviewed in

11. Acronyms

HOPE: Hospital Outreach Post –suicidal Engagement
AIS: Acute Inpatient Service
HOPE Personal support: Personal support network of HOPE Consumers.
MH: Mental Health
ED: Emergency Department
CAT: Crisis Assessment and Treatment Team.
SVMH: St Vincent's Melbourne Hospital
CCT: Community Mental Health Team
MST: Mobile Support team

12. Term of tenure

Close of Project implementation 2022?

13. Review of the meeting

A review of the Operational and Advisory Group membership, role and function will be as required