

Crossroads to Community Wellbeing Working Group - City of Whittlesea

Terms of Reference

Date of endorsement: 4 September 2019

Dare of Review: 2 September 2020

1. Introduction

The Crossroads to Community Wellbeing Working Group has been established in response to an emerging concern around a potential suicide cluster of people from culturally and linguistically diverse (CALD) backgrounds, as identified by stakeholders in the City of Whittlesea service system.

The Working Group are committed to genuine, authentic engagement with local communities impacted by suicide and with health professionals, community organisations, stakeholders and groups working to address risk factors for mental ill-health and suicide.

1.1 Purpose

The group's primary purpose is to gather local intelligence to inform a strategic direction for a response in the local community. This will involve investigation of the presenting issue and development of a community informed, tailored prevention and postvention response for appropriate local CALD communities.

The working group is time limited with an indicative finish date of 30 June 2020.

1.2. Background

Suicide prevention and self-harm mitigation is an emerging global public health priority (Aleman and Denys 2014; WHO 2014). Suicide is a response to overwhelming conditions, both personal and contextual. It is often a perceived solution to the accumulation of problems over time, but sometimes the result of impulsive and precipitous behaviour. The complexity of the pathways that lead to suicide makes them difficult to predict, however, early intervention and prevention are argued to be prioritised above crisis management (Mendoza, J., Ozols, I., Donovan, R., & Cross, S., 2018).

Postvention describes activities that assist those who have been bereaved by suicide and is intended to help the suicide-bereaved live longer, more productively and less stressfully than they would be likely to do otherwise. The definition is also applicable to the work of encouraging healing within a community affected by suicide, and lessens the risk of suicide contagion (Flynn and Robinson, 2008).

Suicide prevention and postvention is about facilitating individuals, families and communities to lead meaningful and contributing lives, with the capacity to identify risk, support each other, and receive appropriate support from the service sector.

2. Key Focus Areas for the Working Group

2.1 Information

- I. Undertake local research to build understanding of the relevant issues for the Working Group and community

- II. Scope opportunities for community led development of education/information resources for suicide prevention
- III. Develop dissemination strategies to provide information, education and awareness raising to local communities most at need

2.2 Systems and processes

- I. Develop strategies and solutions to address barriers to information and support, and advocate for systemic change

2.3 Support

Work with community to:

- I. Increase awareness and access to culturally appropriate support after suicide (postvention)
- II. Scope opportunities for suicide prevention strategies, e.g. engagement with local community groups

2.4 Sustainability

- I. Review and monitor project aims, implementation and outcomes through the life of the Working Group, for continuous improvement
- II. Scope opportunities to source financial sustainability of this work longer term

3. Outcome

The outcome of this working group will be to develop a report with findings and recommendations using the above methodology outlined in the areas of focus. The report will be presented to a range of stakeholders represented by the Working Group. These stakeholders will be formalised via Working Group quorum.

4. Membership

Name	Organisation	Name	Organisation
Janice Ingleton	Berry Street	Damian Lehman	Victoria Police
Elizabeth Carroll	City of Whittlesea	Matthew Williams	Victoria Police
Leanne Taylor	City of Whittlesea	Melissa Campbell	Victoria Police
Rachel Hughes	Eastern Melbourne PHN	Family Violence Unit representative	Victoria Police
Jane Schinas	Eastern Melbourne PHN	Chris Howse	Whittlesea Community Connections

Membership will be reviewed on a six monthly basis at a minimum with consideration of current membership and the ongoing needs and purpose of the Working Group. New group members will be decided by quorum and invited by the secretariat.

5. Roles and Responsibilities

Role	Name of person assigned	Responsibility
Chair	Rachel Hughes	<ul style="list-style-type: none"> • Lead the meeting • Keep meeting focused on agenda items • Ensure time for all agenda items is managed

		<ul style="list-style-type: none"> Summarise key decisions and recommendations during the meeting (for minute purposes) 12 month term (calendar year)
Coordinator Secretariat	Jane Schinas	<ul style="list-style-type: none"> Receive reports and communication Keep formal records Support the Chair in documentation development and distribution Undertake any necessary preparation of agenda prior to the meeting If Chair is absent from meeting, fulfil the role of chair
General members	Janice Ingleton Elizabeth Carroll Leanne Taylor Damien Lehman Matthew Williams Melissa Campbell Chris Howse	<ul style="list-style-type: none"> Contribute to the agenda Contribute to discussion Undertake assigned tasks Read meeting notes and documentation prior to the meeting Attend meetings Feedback to networks as appropriate

6. Working group Meetings, Records and Communication

- I. **Frequency of meetings:** Monthly
- II. **Venue of meetings:** City of Whittlesea Council Offices, South Morang.
- III. **Chairing of meetings:** Rachel Hughes
- IV. **Project coordinator and secretariat support:** Jane Schinas
- V. **Agenda:** Will be sent out by EMPHN via email at least one week before meeting
- VI. **Minutes:** Will be circulated within one week of meeting with actions clearly noted
- VII. **A Quorum** Will be considered 50% + one (Membership outlined within Terms of Reference). This strategy will apply to dispute resolution.
- VIII. **Attendance:** Members to advise the coordinator if unable to attend meeting
- IX. **Invitation to non-core members:** To be discussed by group and communicated to coordinator prior to meeting
- X. **Communication:** All key communication to be sent to project coordinator, Jane Schinas, for dissemination to Working Group. At times, information may not be disseminated to the group via email due to the confidential and potentially distressing nature of the information.
- XI. **Media:** Any media communication, including social media, must be delegated to the appropriate Executive or CEO of the relevant organisation.
- XII. **Confidentiality:** Members and member organisations will maintain confidentiality in recognition of the sensitive nature of the work.
- XIII. **Review of Terms of Reference:** Amendment, modification or variation will be conducted as determined by the group or at six month intervals.

7. 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 glamorous 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 glamourising 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)

References

- Aleman, A., & Denys, D. (2014). A Road Map for Suicide Research and Prevention. *Nature* 509 (7501): 421-423.
- Flynn, L., & Robinson, E. (2008). Family issues in suicide postvention. Retrieved from <https://aifs.gov.au/cfca/publications/family-issues-suicide-postvention>
- Mendoza, J., Ozols, I., Donovan, R., & Cross, S. (2018). The Integrated Wellbeing-Motivation-Action Model. In Mendoza J, Wands M and Ozols I. (2018). *Final Report: Suicide Prevention Regional Strategy, Eastern Melbourne. Prepared for Eastern Melbourne PHN*. ConNetica: Coolumb, Qld.
- World Health Organisation. (2014). *Preventing Suicide: A Global Imperative*. Luxemburg: World Health Organisation.
- Mindframe (2019). Communicating about suicide. Retrieved on 19 June, 2019, from <https://mindframe.org.au/suicide/communicating-about-suicide/language>