



Universal aftercare

**Mackay and Townsville Consultation
and Codesign Report**

Consultation and Codesign Report

From March to December 2023, Northern Queensland Primary Health Network (NQPHN), in partnership with Townsville and Mackay Hospital and Health Services (HHSs), undertook significant consultation and codesign activities to inform the implementation of universal aftercare services in the greater Townsville and Mackay regions, including rural areas.

NQPHN, Townsville HHS, and Mackay HHS thanks the more than 230 stakeholders who participated and shared their expertise and insights to help shape these new services.

This report provides an overview of the key findings from consultation and codesign, along with plans for a procurement process to identify service providers in early 2024.



Acknowledgement of Country

We acknowledge the Traditional and Cultural Custodians of the lands, waters and seas on which our health facilities are placed. We pay our respects to Elders past and present and recognise the role of current and emerging leaders in shaping a better health system.

We acknowledge First Nations peoples in North Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of First Nations peoples for millennia.

We are committed to honouring Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society.



A previous suicide attempt is the strongest predictor and risk factor for a subsequent suicidal death.

What is universal aftercare?

Universal aftercare is a suicide prevention strategy that promotes safe living by keeping people connected with support services and networks. Universal aftercare focuses on supporting a person in their journey to a meaningful life, through the restoration of important relationships and purposeful connections they may have lost with their community. Rediscovering a sense of purpose, reestablishing interests and passions in life, and reducing feelings of being a burden are critical for aftercare's effectiveness. Universal aftercare is a psychosocial service response to support people following a suicide attempt or experiencing suicidal crisis.

Background

The National Mental Health and Suicide Prevention Agreement and supporting Bilateral Agreement sets out the shared intention of the Commonwealth and Queensland governments to work in partnership to improve the mental health of all Australians, reduce the rate of suicide, and enhance the mental health and suicide prevention system. Universal aftercare is one initiative of the statewide Bilateral Agreement, and consists of three core components:

1. Primary Health Networks (PHNs) receiving dedicated funds to procure community-based psychosocial support for people who have attempted suicide or are experiencing a suicidal crisis
2. HHSs receiving a dedicated Clinical Care Coordinator position to develop and coordinate referral pathways to universal aftercare services and work with the psychosocial support services
3. Local joint governance structures between PHNs and the HHSs to oversee the design and implementation of these services.

Good principles of aftercare

Universal aftercare is underpinned by four guiding principles, outlined by Beyond Blue.

1. Good aftercare is assertive, person centred, and trauma informed. Aftercare should be designed by the person for the person and help build their capacity to manage their distress and increase social connectedness.
2. Good aftercare is integrated into the health care and broader community service system to support continuity of care for the person experiencing suicidality and their family/carers.
3. Good aftercare is adaptive to local circumstances and is culturally safe.
4. Good aftercare must be evidence informed and foster learning.

HHS Clinical Care Coordination role

The Clinical Care Coordination role will be provided by a senior clinician within the mental health services of the Mackay and Townsville Hospital and Health Services.

The aim of the Clinical Care Coordination role is to coordinate with the non-government service provider of universal aftercare, ensuring high quality support is accessible to all individuals following a suicide attempt or suicidal crisis, in the context of psychosocial stressors.

To enable this, the Clinical Care Coordination role will:

- Liaise and work collaboratively to develop and deliver education relevant to the universal aftercare services, suicide prevention, early intervention, and postvention support within the HHS and external stakeholders

- Adhere to the principles of good aftercare, consider system wide approach to promote collaboration, and practice within a person centred, strengths based, recovery orientated, and trauma informed models of care.
- Respond to demands within the aftercare service by ensuring high quality referrals are consistent with the HHS and local service provider pathway. Embed appropriate escalation processes back to clinical care for individuals whose risk escalates and/or where they experience mental state deterioration.
- Regularly review statistical qualitative and quantitative data to understand trends and issues impacting universal aftercare services and use this data to support or amend relevant policies and procedures within suicide prevention/postvention in consultation with relevant key stakeholders.

Our engagement and codesign

Ongoing evidence suggests a one-size-fits-all approach is not appropriate for universal aftercare services, and the models of care and implementation arrangements need to be tailored for local communities. Suicide is complex with the causes and risk factors vary. With this in mind, NQPHN, in partnership with Townsville and Mackay HHSs, undertook a comprehensive consultation and codesign process. From March through to December 2023, NQPHN engaged with people who had their own lived experience of suicide or supporting someone in suicidal crisis, as well as a diverse range of service providers and primary care and hospital clinicians. Through a series of group workshops, and one on one engagements, people were asked to reimagine the service system for people experiencing suicidal crisis, providing important insights into the current service system, including what is working well, challenges and pressure points, and what was important for a future universal aftercare service model.

Through engagement and codesign we:

Engaged with more than:

230

stakeholders in the consultation and codesign process

across the greater Townsville and Mackay regions



Mackay 55.6%

Townsville 44.4%

We held:



11 group workshops



17 individual stakeholder meetings





What we heard

Accessing support should provide the following experience

- People requiring aftercare services will have an awareness of available support options and know who to call.
- Individuals can access the help they need immediately, regardless of where they live.
- Immediate support needs are not deferred back to family, friends, or other support people.
- There is no paperwork to complete before receiving support.
- Referrals include contact details of a person's family, friend, or other support people so a service provider has a way to connect if the person is not able to be contacted directly.
- There is a designated worker for the person and their family, friends, or other support people to contact.
- There are options to access support for psychosocial stressors that don't involve attending an Emergency Department or acute mental health service.
- Support is easily accessible through a range of methods including phone, text, video-call, email, and in-person.
- Initial contact is responsive and respectful of individual needs, identity, and cultural identification (the needs of priority groups such as LGBTQIA+, First Nations and CALD communities are a particular focus for the service).
- Young people have limited support options relating to suicidality and should have a dedicated service, specifically for young people, under 18 years of age.

What support is

- A person feels listened to, understood, acknowledged, and believed. They don't feel judged or shame.
- The support they receive individually is responsive, holistic, empathetic, validating, and genuine.
- A person is trusted to know what they need, they feel in control of their journey, and they have autonomy and choice.
- They are told what to expect, and there are minimal surprises on their journey. Support is consistent, and when changes are required, they are clearly communicated.
- There are no assumptions made about their cultural identity and their cultural needs are considered as a part of the holistic support for the person.
- The support is practical, helping people attend to challenges like housing and relationships.
- The support instils hope in both the person and their family, friends, or other support people.
- The service has a respectful response if people present with co-occurring alcohol and other drug concerns.
- There are no time limits for how long a person can receive support, and they receive as much support at the end of their journey as they did at the beginning.
- The physical space of the service feels comfortable and non-clinical.
- First Nations can choose support options that meet their social and emotional wellbeing needs, and funding arrangement support this.
- People are ensured they feel welcome and comfortable following an increase in distress (experience dignity relating to their experience of increased distress).

The service system should operate in the following way

- The system as a whole recognises and responds to needs, rather than illness.
- The HHS and the aftercare service provider have a strong relationship, with layers of engagement from leadership to operational and frontline staff. Information sharing between these agencies is agreed to, seamless, and useful.
- More broadly, service providers talk to each other, and collaborate and integrate so people don't have to retell their story when transitioning between services.
- In the current system, many people (clinicians and others) don't feel confident dealing with a person who has disclosed suicidality.
- Service providers work together to ensure individuals can access support after hours.
- People have places to go to when experiencing suicidal crisis, outside of an Emergency Department, and these places can refer to the universal aftercare service.
- The universal aftercare service has a thorough understanding of the system outside of its own organisation.
- People can access multidisciplinary clinical and psychosocial support.
- The service supports individuals where and when they want to be supported (home or somewhere safe, comfortable, and familiar), even in rural areas. People don't need to travel to access support, and if they do, the service understands what help they might need to get there.
- Diverse communities require culturally capable services.
- Reporting is meaningful and reflects community need and informs funding directions.
- The service system responds to risk with dignity, ensuring that people feel comfortable and welcome to return to support options, post incidences of escalation.

The workforce should be supported

- Staff are skilled, expert, trained, and confident in delivering clinical and non-clinical services.
- There are workers with their own lived experience of suicide and supporting someone who is experiencing a suicidal crisis.
- Staff have access to consistent training that is trauma informed.
- Staff should have knowledge and be aware of the following:
 - Aboriginal and Torres Strait Islander communities in the Mackay and Townsville regions
 - cultural considerations in relation to family and support structures specific to the needs of ADF veterans
 - stigma and barriers to discussing suicidality, particularly in relevance to priority groups and mothers
 - the specific needs and impacts for those who identify as LGBTQIA+
 - staff have their own wellbeing checks, supports and supervision.

Families, friends and other support people need to be included

- Individuals are asked who their significant people are, it is not assumed.
- Families, friends, and other support people are listened to and feel understood and supported, separate from their loved one experiencing suicidal crisis. They are not judged or made to feel blame.
- They are included in conversations about treatment and care decisions, and information is provided in plain language.
- They are provided with education about services and service navigation, and tools and training on how to recognise and support their loved one's distress.
- All parties are clear about their roles within a person's care and support circle.
- Families, friends, and other support people have a designated worker involved in care that they can contact directly.
- They have their own access to a support person who's been in the same situation, along with carer support networks.

Important service design considerations

Based on the finding of consultation and codesign, NQPHN in partnership with Townsville and Mackay HHSs will be procuring universal aftercare services in alignment with the Principles of Good Aftercare cited above. There are a number of other important service design considerations, outlined below.

- Universal aftercare services in the greater Townsville and Mackay regions, including rural areas, need to include referral pathways outside of hospital emergency departments. NQPHN and Townsville and Mackay HHSs will work in partnership with the service providers to develop, implement, and refine these pathways.
- Universal aftercare services in the greater Townsville and Mackay regions will include designated support for families, friends, and other support people, in addition to the supports available to the individual experiencing suicidal crisis.
- There will be a significant focus on universal aftercare services supporting those people whose suicidality and distress is primarily due to situational and psychosocial stressors. This aligns and reflects a strong message heard throughout codesign for an increased focus on providing immediate and ongoing support options for people who are experiencing a suicidal crisis, however, do not experience mental health concerns aligned with the need to access acute or tertiary mental health services.
- Universal aftercare services in the greater Townsville and Mackay regions will include appropriate support options for priority groups LGBTQIA+, First Nations, CALD, Veterans, men, neurodivergent, and others.
- Universal aftercare services in the greater Townsville and Mackay regions will prioritise staff training and practices that ensure safety for priority communities, including the use of signals of safety such as the Aboriginal and Torres Strait Islander flags, or the pride flags for LGBTQIA+
- We anticipate service providers will consider workforce that includes people with a lived experience of suicide, and/or a lived experience of supporting someone experiencing suicidal crisis.
- Northern Queensland is a geographically diverse region, with large urban centres and many regional and remote areas. There is an expectation that aftercare services are accessible no matter where a person lives, and we encourage service providers to consider how they might promote access across the region through placed-based approaches, outreach, and telehealth.
- Universal aftercare service providers will be required to engage in partnership and joint governance arrangements with NQPHN and Townsville or Mackay HHSs.
- Universal aftercare services in the greater Townsville and Mackay regions, will include supporting young people from 15 to 18 years of age, and will require additional targeted strategies to ensure age-appropriate support is provided.



Our procurement approach

NQPHN, in partnership with Townsville and Mackay HHSs, is responsible for procuring universal aftercare services using available resources in the most effective manner. In addition to direct service provision, the commissioning of universal aftercare services is intended to pave the way to a more integrated and cohesive approach to suicide prevention across HHSs, primary healthcare providers, and other aspects of the service system. This means that NQPHN is interested in supporting establishment of the model to work cohesively with other services so that consumer experience a seamless journey and access to the range of services and supports they need.

In February 2024, NQPHN intends to release concurrent open and competitive procurement processes to identify universal aftercare service providers for the greater Townsville and Mackay regions, including rural areas. Service providers or agencies with capacity to deliver universal aftercare services in the Townsville and Mackay regions are encouraged to apply. Service providers and agencies can apply as an individual entity, or as part of a partnership or consortium approach. This procurement approach has been informed by the codesign process, as well as independent advice from procurement and probity specialists.

The procurement process will be managed through NQPHN’s eTenderBox portal and interested providers are encouraged to register in the portal, via NQPHN’s website. Stakeholders will also be notified of the release of these procurement processes through NQPHN’s newsletters and other publication channels.

Guiding principles for the delivery of mental health services in the northern Queensland region

Throughout 2023, NQPHN undertook a significant process to redesign investment in mental health stepped care services across the greater Cairns, Townsville, and Mackay regions, including rural areas. Underpinning this future service model are five principles that emerged through codesign and received strong endorsement from the sector and people with a lived experience. Universal aftercare will form an important part of the future mental health stepped care model of care, and accordingly, these principles will also apply to the way universal aftercare the service will operate.



Next Steps



January 2024

At the end of January 2024, NQPHN and Townsville and Mackay HHSs will jointly host stakeholder engagement sessions to review the contents of this report and the planned approach to procurement. Throughout January, we will be finalising all that we have heard and preparing for the procurement of universal aftercare service providers in the greater Townsville and Mackay regions, including rural areas.



February 2024

The Request for Tenders, one each for the greater Townsville and Mackay regions, are anticipated to be released 19 of February 2024.



About Northern Queensland Primary Health Network

NQPHN is one of 31 PHNs established nationally by the Commonwealth Department of Health and Aged Care to provide local communities with better access to improved primary healthcare services. The NQPHN region is home to approximately 700,000 people, and extends from St Lawrence in the south coast, up to the Torres Strait in the north, and west to Croydon and Kowanyama.

Our vision is for northern Queenslanders to live happier, healthier, longer lives. We aim to improve health outcomes for all residents by supporting, investing in, and working collaboratively with other health organisations and the community to deliver better primary care. You can find more information about NQPHN [here](#).

Improved access and coordination of mental health services is one of five priority areas highlighted in NQPHN's Strategic Plan (2021 – 2026).

As part of a commitment to deliver on actions within the Fifth National Mental Health and Suicide Prevention Plan, NQPHN worked in partnership with the Torres and Cape, Cairns and Hinterland, Townsville, and Mackay Hospital and Health Services (HHSs) partners to develop the foundational Joint Regional Wellbeing Plan.

About Townsville Hospital and Health Service

The Townsville Hospital and Health Service is passionate about improving the health and lives of the North Queensland community.

We strive to be a leader in health care, research, and education for regional Australia, and, as one of the region's largest employers, we are also proud to be a part of the community that we serve.

Our health service is one of the most geographically dispersed catchments, extending west to Richmond and Hughenden, north to Cardwell, south to Home Hill and east to Magnetic and Palm Islands. We support a population of almost 250,000 people, and while our distance could separate us, it instead unites us, motivating us to work together and strengthen our health system.

Our health service is also home to Townsville University Hospital, North Queensland's only tertiary hospital, which supports a referral catchment of almost 700,000 people.

The Townsville Hospital and Health Service delivers comprehensive mental health, rehabilitation, addiction assessment and treatment to the North Queensland community.

Our programs focus on individual outcomes and personal recovery. From children to older persons, we provide services across a number of settings including community care, inpatient units, hospitals, and residential rehabilitation and supported accommodation. Our team also works closely with a number of partner organisations that provide a range of non-acute mental health assistance to our community.

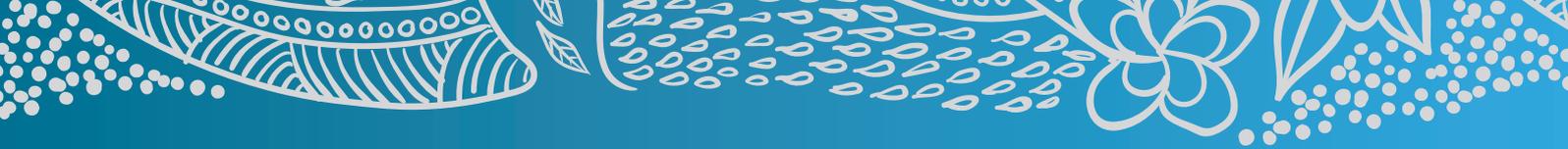
About Mackay Hospital and Health Service

The Mackay Hospital and Health Service is a contemporary organisation with more than 3000 employees, providing extensive health services in a range of regional, community and rural settings, to a population of around 180,000 people. We are passionate about our community and the health of the people living in it. Our purpose is simple. We want to provide outstanding health care services to you through our people and partners.

Our region covers Sarina in the south, Clermont in the west, and Bowen and the Whitsunday Islands in the northeast, which is an area of approximately 90,000km². The MHHS has six hospitals, two multi-purpose health services and four community health centres that employs more than 3,300 staff. The Mackay Base Hospital is the referral hospital for our region and is one of the most modern healthcare facilities in Queensland. It is a state-of-the-art facility equipped with leading edge technology to assist us in providing the highest level of care to our patients and their families.

Mackay Mental Health and AOD Service is comprised of eight clinical teams across the MHHS and is responsible for the provision of comprehensive, specialised mental health assessment and treatment services across the age-spectrum for people with severe and complex mental health problems.

Our services aim to be consumer focused and recovery oriented and are provided in a variety of settings including community, an acute inpatient unit, hospitals, and emergency departments.



Further reading & appendix list

- [Suicide Prevention Australia: Right from the start - Universal Aftercare](#)
- [Beyond Blue Summary of The Way Back Support Service National Evaluation](#)
- [Queensland Framework Mental Health Lived Experience Workforce](#)
- [National Agreement & Bilateral Schedule](#)
- [NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION AGREEMENT](#)