Sit, Talk and Yarn (STaY) - Suicide Prevention in Cherbourg

Initiative Type

Model of Care

Status

Deliver

Added

10 August 2021

Last updated

06 March 2025

URL

https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/sit-talk-and-yarn-stay-suicide-prevention-cherbourg

Summary

STaY is an innovative suicide prevention initiative, implemented under the Darling Downs Indigenous Health unit, which dovetails best practice suicide intervention with a whole of community approach. The project started at the height of the COVID-19 lockdown, in Cherbourg, where a cluster of suicides occurred amidst the context of military and police enforced checkpoints and highly restrictive

measures for community safety.

Key dates

Jun 2020

Jun 2021

Implementation sites

Cherbourg Hospital, with outreach to South Burnett

Partnerships

Cherbourg Health Service, Cherbourg Regional Aboriginal and Islander Community Controlled Health Service, South Burnett CTC

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Aim

The Sit, Talk and Yarn (STaY) project intends to scope, monitor and address gaps in culturally safe service provision of mental health care within the Darling Downs Hospital and Health Service (Darling Downs Health). This will represent a continuation and significant expansion of the pilot project implemented in Cherbourg as part of a COVID response in 2020 - Cherbourg Suicide Prevention Project (CSP) project.

The theory of change applied to this project is that by codesigning, testing, and defining a culturally safe model of care in Cherbourg, the DDHHS can generalise these practices and look to implement learnings in development of suitable models of care for other sites; allowing for unique and place-based skills and knowledge to permeate and guide implementation.

Benefits

- tailor models of care for high risk pathways to community (after stay at MHU, prison, youth detention)
- complete service mapping and comprehensive best practice tools
- provide safety net for service users who do not meet acute service referral criteria (Mental Health and Alcohol and Other Drug Services)
- embedding 'non-clinical'• interventions in a clinical project (such as regular walks, resume building, incorporated cultural practices, engaging family networks in intervention)
- connecting informal and formal support networks
- promoting Social and Emotional Wellbeing principals in standard model of care, not as an additional element, is hoped to improve health equity for Aboriginal and Torres Strait Islander peoples
- destigmatising suicide though community training and informal referral pathways.

Background

They have found that there are community members presenting to Emergency Department (ED), talking to General Practitioners (GPs) or expressing concerns to their loved ones or friends, but they do not meet the criteria for acute services. So they have stepped in to be a safety net to those people who are not quite there yet as far as level of risk goes, They do a holistic assessment that takes into account, spiritual, cultural and socio-economic aspects. We formulate case plans that provide that level of support and open up the light at the end of the tunnel. We believe this relationship based approach will see a change in the whole of community outlook

Solutions Implemented

- a shared practice framework and audit criteria to support and supervise other practitioners ensures fidelity to best practice
- partnership with a-typical services to support Social and Emotional Wellbeing (SEWB), such as job services, housing and welfare)
- establishment of an informal six- month monitoring process
- referral pathways into project established, including community referrals', which allow access directly from service user level
- improved data capture from service user touchpoints
- regular attendance at interagency panels and complex care discussions
- senior clinician provides practice advice and skills to other services to cross-pollinate knowledge and inter-system processes.

Evaluation and Results

- through monthly manager and community leader level meetings, an agreed shared framework for suicide prevention has been established
- the partnership with Queensland Injury Surveillance Unit and monitoring of ED data has supported improved ascertainment of presentation data relating to suicidal behaviour and thoughts (consistently above the target of 80%);
- appointed a senior clinician in March and reduced vulnerable persons list from 103 in April 2021, to 30 people as of 1 June 2021
- trained 131 community members and service providers in I-ASIST and Safe Talks Suicide prevention training
- complete regional service map and triage/assessment tools/pathways/best practice guidelines to disseminate with services in South Burnett (ongoing).

Lessons Learnt

Aboriginal and Torres Strait Islander MHSPAOD service users are quickly pathologised under biomedical perspectives that problematise lifestyle and cultural factors, rather than assessments formed in a truer contextual frame (lived experience, trauma, strengths-based, culture and kin). Furthermore, in Cherbourg, MHSPAOD services have traditionally operated under a 'silo' framework that separates presenting issues or complicates treatment through confusion about causal factors (is substance misuse precipitated by underlying mental health or vice versa). The result is the service user having to tell their story to several clinicians, over- and underservicing occurring, with empowerment and self-determination negatively impacted through insufficient assessment and relationship.

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