

An elevator pitch is a brief, persuasive speech used to spark interest in what an organisation does. Gold Coast Primary Health Network (GCPHN) presented a proposed elevator pitch to the Community Advisory Council (CAC) for discussion and feedback.

PROPOSED ELEVATOR PITCH:

“Gold Coast Primary Health Network is funded by the Australian Government to plan and invest in local health services to meet local needs, including mental health, suicide prevention, aged and palliative care and chronic disease. It also supports GPs and health other professionals to manage people’s health care requirements.”

40%

of CAC members said that the proposed pitch was **EASY** to understand.



Only 3 out of 13

CAC members said that they **WOULD** become a supporter of GCPHN based on this pitch.

60%

of CAC members said that the proposed pitch was **NOT EASY** to understand.

CAC MEMBERS PROVIDED A MIXTURE OF RESPONSES WHEN ASKED HOW THE PITCH MADE THEM FEEL:

- Confused
- Disinterested
- Uninspired
- Positive
- Well-informed
- Like it was a political statement
- It made sense and was easy to understand
- It had too much information
- It had not enough information
- It was too ‘wordy’

CAC PROPOSED ELEVATOR PITCH IDEAS

- ‘GCPHN paid by the Australian Government to help local services work better together.’
- ‘Works in partnership with the local community.’
- ‘Set up to bring health professionals together, to learn what consumers want.’
- ‘GCPHN works to make local health services more effective.’
- ‘Meet health needs for local residents (including e.g. aged care, chronic disease etc.)’



CAC MEMBERS SUGGESTED:

- Personalising the pitch- “how can it help me?”
- Use of simpler terminology and clearer language.
- To include something about **how** GCPHN are making a difference.
- For the wording to be **less clinical** and **more inclusive** of all GCPHN stakeholders.
- To include vision of “**building one world class health system for the Gold Coast**”.



A representative from the Australian Digital Health Agency presented on interoperability to the Community Advisory Council (CAC). The Interoperability Program seeks to connect patient information from multiple systems and sources to enhance clinical outcomes, improve healthcare delivery and improve patient experiences within the health system. The CAC provided their feedback.

WHAT CAC MEMBERS THINK IS NEEDED FOR A MORE CONNECTED DIGITAL HEALTH SYSTEM:

- An **effective** 'search' functionality.
- **Simple and standardised** integration of data as well as standardisation of terminology, formats and usage.
- **Coordination** across all health professionals and organisations involved.
- For shared information to be **readily available and accessible** when needed.
- Further **education and training** on systems for health professionals and consumers.
- Needs to be **financially viable** for all stakeholders.

CONCERNS RAISED BY CAC:

- Currently there are **too many** portals, separate logins and systems to access patient information.
- There is **fear amongst consumers** regarding **digital technology, privacy, hacking and third-party access** to information.
- There is **fear amongst clinicians and health professionals**, that clinical notes could potentially lead to legal problems down the track.
- Many **Aboriginal and Torres Strait Islander people** have concerns around data being leaked or accessed by someone who knows them. E.g. staff working in an Aboriginal Medical Service may be related to a patient and see their information.
- Elderly people can be **sceptical and mistrustful** of new technology.
- There can be **discrimination** against people with **mental health** and/or alcohol and other drug issues.

SUGGESTIONS MADE BY CAC:



- Use **standardised terminology**.
- There should be **criminalisation** of third-party use of stolen data.
- There needs to be a **quick and efficient system** for health professionals to use if it is going to work for them as well as for patients.
- Hospitals and GPs should have access to some information in **each other's** records.
- System vendors (people who make software systems for GPs, hospitals, overseas) need to **identify their collective self-interest**.
- Services are needed to **assist vulnerable groups** who are slipping through the cracks e.g. homeless people.
- When consumers give consent there should be clear options of **what they consent to** and **who they consent to seeing their data**. That way a broad range of services and family members can be included. Consent should also have **longer time limits** (in some circumstances it expires every year).
- Consider how **facial recognition/text to speech** could help with security issues.
- If people **choose not to engage in the digital system**, they **should not** be forced to and **should not be discriminated against** for their decision.



The Lifespan Framework for Suicide Prevention was presented and explained to the Community Advisory Council (CAC). CAC members were asked for their feedback, including what is currently working well in the community in this space and what could be improved.

STRENGTHS IN THE GOLD COAST COMMUNITY THAT ARE PREVENTING SUICIDAL BEHAVIOUR:

- ✓ Gold Coast Health has an **excellent referral system** and follow-up for those who present to emergency and are admitted into hospital.
- ✓ **Workforce availability** of GPs and psychologists is much higher in comparison to other regions.
- ✓ Headspace is a **great resource** for the 12-25-year-old age group.
- ✓ **24-hour hotlines** such as Lifeline and Kids Helpline.
- ✓ Griffith University Research Program.
- ✓ School chaplaincy.
- ✓ **Peer support** programs and **community** programs.
- ✓ **Chill Out Zone** in Surfers Paradise as it is a **safe space** where people can talk to someone, but not be admitted.
- ✓ **Acute Care Team** which provides **after hours** suicide support.

CAC members were asked individually to select **three** of the Gold Coast's greatest **STRENGTHS** that contribute towards **preventing** suicide and suicidal behaviour.

The top three results were:



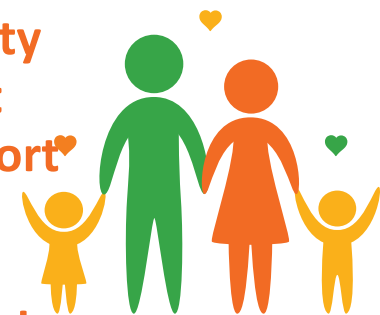
A focus on **mental illness** by **healthcare providers**.



Access to **early intervention services**.



A range of **community activities to connect people, family support** and **support in the community for people with a mental illness** all tied in third place.



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THINGS THAT COULD POTENTIALLY BE CONTRIBUTING TO SUICIDAL BEHAVIOUR ON THE GOLD COAST:

- Social isolation.
- Housing issues, socio-economic and financial issues.
- **Undiagnosed** mental health and **misdiagnosed** mental health.
- Relationships and **family breakdown** issues.
- **Lack of professional supervision** and **professional development** in this area for staff (short term contracts could be a reason).
- Not enough health professionals being **appropriately trained** to deal with suicidal behaviour.
- People being turned away due to the **limited capacity** of the health system.
- Too much money being spent on **collateral, administration** and **head offices**.
- Lack of clarity on how to **navigate** through the health system.
- **Inefficient handovers** between providers.
- Limited training and education with **police** who may not understand what their **responsibility** is in these situations.
- **Limited education in the community** on what to do if you are in a situation that involves suicidal behaviour.
- **Competency, confidence, geographic boundaries**, jurisdictions and restrictions.

CAC members were asked individually to select **three** of the Gold Coast's greatest **CHALLENGES** that they believe **contribute** towards suicidal behaviour. The top three results were:



Lack of support for people **supporting** someone who has ongoing suicidal thoughts.



Drug and alcohol use and **family break down** tied in second place



Lack of coordination by **services** delivering support for mental wellbeing and **support in the community** for people with a mental illness tied at number three.



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CAC members were asked to rank the LifeSpan strategies in order of importance for the Gold Coast.

Improving emergency and follow-up care for suicidal crisis was not included as a strategy as it is already being implemented.



During the live discussion, the top THREE responses from the group were:

1. Improving the competency and confidence of frontline workers to deal with suicidal crisis.
2. Engaging the community and providing opportunities to be part of the change.
3. Promoting help-seeking, mental health and resilience in schools.

AFTER THE DISCUSSION CAC MEMBERS ANSWERED QUESTIONS INDIVIDUALLY AND THE TOP THREE RESPONSES WERE:

1. Improving the competency and confidence of frontline workers to deal with suicidal crisis.
2. Training the community to recognise and respond to suicidality.
3. Equipping primary care to identify and support people in distress.



GOALS OR OUTCOMES CAC MEMBERS WANT TO SEE ACHIEVED IN THE NEXT FIVE YEARS, IN RELATION TO THESE STRATEGIES:



- Free low-cost mental health training being available in schools, workplaces, social groups and for frontline workers in the community.
- Upskilled, confident and well-informed primary care professionals.
- More training for police, paramedics, ambulance workers, to know how to react to suicide attempts.
- Family and friends better equipped to respond and support people at risk.
- Reduced rate of suicide and a better response to attempted suicide.
- A more embracing community.
- Suicidality is reduced due to early prevention from community.
- Improved confidence and skill among community workers, in dealing with an individual who admits to suicidal thoughts; improved feedback from individuals after they've chosen to speak to community members about their suicidal thoughts.

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HOW DO CAC MEMBERS THINK GCPHN COULD BEST INCLUDE LIVED EXPERIENCE IN THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF THE PLAN?

- By **engaging** with individuals with **lived experience** on an **ongoing basis** throughout the process and incorporating their suggestions into the **final implementation** wherever possible.
- Ensuring **consumer input** is a part of the design and planning, including a **continued feedback process**.
- Recruiting people to provide **input** via community groups, peer-supported groups and social media.
- Having someone with **lived experience talk** to schools, support groups and sporting clubs.
- Having the **CAC be involved** in the initial stages, followed by further involvement as it progresses.
- Talk to people that have recently accessed a **service** or been through an experience that is relevant. This should include the person involved as well as their **family/friends/support** network.

What else did CAC members have to say about the development of a regional plan for suicide prevention on the Gold Coast?

“The outreach programs that some of the churches on the Gold Coast implement are hugely important and helpful to those dealing with suicide.”

“Keep promoting lived experience, including in hospitals and through pastoral care services.”

“People with a sense of belonging, who are employed and who experience feelings of self-worth are less likely to attempt to take their own life.”