

Recommendation	DHHS or FSV	Response	Information demonstrating that the recommended intervention is/ will be implemented.
1.			
A) Family Safety Victoria work with the Blue Knot Foundation to review the behaviour change program for opportunities to embed trauma-informed principles and practices	FSV	<i>The recommendation will be part-implemented and an alternative to the Coroner's recommendation is already being implemented.</i>	<p>MARAM Practice Guides</p> <ul style="list-style-type: none"> • Family Safety Victoria (FSV) is well progressed in the development of the MARAM Practice Guides for professionals working with perpetrators of family violence. The scope of this work will include working with perpetrators of family violence with a trauma-informed lens (where applicable). • FSV is working with the Interdepartmental Committee on Suicide Prevention and the Mildura place-based suicide prevention trial reference group to develop and include this content into the perpetrator-focused MARAM reform program. • When this guidance is complete, it will be implemented by prescribed organisations regulated under the <i>Family Violence Protection Act</i> to align to the MARAM Framework. • FSV will update the Behaviour Change Program standards with a view to alignment to MARAM, which will include the component of trauma-informed practice. • FSV will include Blue Knot Foundation as a critical friend in the review of the revised program standards following their MARAM alignment to ensure it reflects trauma-informed practices.
B) To improve the safety of the men who engage in family violence behaviour change programs, the Family Safety Victoria Minimum Standards should include: i. Active and explicit discussion about suicidal	FSV	<i>The Coroner's recommendation has OR will be implemented.</i>	<p>MARAM Practice Guides</p> <ul style="list-style-type: none"> • FSV's development of MARAM Practice Guides for professionals working with perpetrators of family violence has a core part of its scope a focus on teaching about the co-occurrence of risk factors underpinning likelihood of suicide and family violence perpetration. The Practice Guides will include identification, assessment and management of suicide as a component of family violence perpetration in the process of identification, assessment and management of risk. This will consider identification and response to:

<p>thinking in the program interventions and material;</p> <p>ii. Assessment for suicide risk at entry and regular review throughout the program;</p> <p>iii. Use of a screening tool for a mood disorder as part of assessment; and</p> <p>iv. Include as part of the program, a mental and physical health focus with connection to a participant’s local general practitioner.</p>			<ul style="list-style-type: none"> ○ Risk to self (self harm and suicide ideation) ○ Risk to victim survivors (homicide ideation) ○ Risk of threats of self harm and suicide as coercive control to a victim survivor. <ul style="list-style-type: none"> ● This guidance is intended to put a ‘safety net’ of mental health and wellbeing response in place for all people suspected or assessed as using family violence to provide support akin to suicide first aid for all perpetrators alongside family violence risk management interventions. ● This guidance will also provide strong emphasis on referral for mental health assessment (ref (iii)) where the professional is not a mental health expert and needs support in assessment of mood disorders. Information sharing and referral will be a key part of increasing support, as well as keeping perpetrators connected and in view of the service system to identify change or escalation of risk. ● When this guidance is complete, it will be implemented by organisations prescribed under regulation under the <i>Family Violence Protection Act</i> to align to the MARAM Framework. This will include Men’s Behaviour Change Programs.
2.			
<p>A) To reduce the suicide of men through the promotion of help-seeking, develop public awareness raising strategies that:</p> <p>i. Are inclusive of all men and promote early help-seeking as normal and appropriate;</p> <p>ii. Target times in a man’s life when he is likely more vulnerable, including</p>	DHHS	<p><i>The Coroner’s recommendation is under consideration.</i></p>	<p>Consideration will be given to targeted public awareness raising strategies. Below are some examples of initiatives currently underway that align with the objectives of this recommendation:</p> <p>Place-based Suicide Prevention Trials Mildura</p> <ul style="list-style-type: none"> ● Supporting local police members to become Applied Suicide Intervention Skills Training (ASIST) facilitators, allowing wider implementation of this gatekeeper training within Victoria Police and also within the community. ● Capacity building of local system via upskilling clinicians across the stepped model of care with the Collaborative Assessment & Management of Suicidality (CAMS) Framework.

<p>relationship breakdowns, and advice of what services are available and how to access them;</p> <p>iii. Explore the problems associated with a reliance on alcohol to manage distress and such things as sadness, poor sleep and increased stress; and</p> <p>iv. Promote addiction services to men as an accessible and appropriate option in circumstances when substance use is contributing to anger, aggression and violence.</p>			<ul style="list-style-type: none"> Targeted work arising from 2019 postvention learnings: intervention options, for those interacting with police/justice system and/or family violence services. Includes contribution of advice to FSV for the development of MARAM Framework Practice Guidelines – Perpetrator Focus. Work with Mallee Sexual Assault and Domestic Violence Unit re suicide prevention capacity building for staff. Targeted QPR promotion to male oriented workplaces and gendered advertising strategy on social media; planned engagement with Richmond Football Club towards mental health capacity for sporting clubs in 2021) <p><i>#thehumancode (Macedon Ranges)</i></p> <ul style="list-style-type: none"> Recognising that suicide disproportionately impacts on men (and men are less likely to seek help for mental health issues until they reach crisis point), the trial is working with Orygen to undertake a community survey of 1000 members which helps us to understand how the attitudes and behaviours of boys and men in Macedon Ranges align to outdated masculine stereotypes which we know are harmful to the health of men and everyone in community. The survey will be further supported through community and stakeholder interviews and focus groups (Phase 1). Based on the data collected, piloting of community interventions will be funded through VicHealth (Phase 2). <p><i>HALT (North West Melbourne)</i></p> <ul style="list-style-type: none"> Working in partnership with SEMPHN on the Hope Assistance Local Tradies (HALT) program that works with tradies delivering presentations on mental health and suicide. Vast majority are males who engage with the program. There are currently two workers allocated to the NWMPHN catchment. <p><i>Whittlesea</i></p> <ul style="list-style-type: none"> Sons of the West in the North (SOTWIN) (includes a working group). SOTWIN is a men’s health program structured to deliver one hour of
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			<p>dedicated AOD library, and regular information bulletins to inform professionals and the general community about the causes and impacts of alcohol and other drug use. ADF recently delivered a series of alcohol harm reduction campaigns to address increased alcohol use as a result of COVID-19. This campaign supports individuals to reduce alcohol harms by identifying signs of problematic use, strategies for change and pathways to support.</p> <p>Suicide Data Linkage Project</p> <ul style="list-style-type: none"> • The purpose of the linkage project is to obtain a better understanding of the health and health service utilisation of people who die by suicide This information will be used to identify risk factors for suicide and potential gaps in service provision, under-utilisation of services by those who need it or lack of follow-up for those who have been identified as having suicide risk. Recommendations from the research will seek to improve service provision and accessibility for those at risk. • For phase three of the linkage study, additional datasets will be included from child protection, family support and family violence.
3.			
The Department of Health and Human Services and Family Safety Victoria work together with organisations who provide behaviour change programs for men, professional bodies, social services, mental health services, and with particular emphasis on involvement of general practitioners and	FSV & DHHS	<i>The Coroner’s recommendation will be implemented.</i>	<p>MARAM Practice Guides</p> <ul style="list-style-type: none"> • This recommendation will be addressed through the implementation of the perpetrator-focused MARAM Practice Guides. Significantly, services across the behaviour change programs for men, professional bodies, social services, mental health services, and addiction services are already prescribed to align to MARAM and authorised to share risk-relevant information under FVISS. • In April 2021, this will also include prescription of general practitioners under the MARAM and FVISS reforms.

<p>addiction services, develop practical information about the relationship between angry behaviours, violence and associated suicide risk. The information should focus on practical interventions and strategies for men who have anger and/or with angry behaviours, and include when and where to seek specialist advice.</p>			<ul style="list-style-type: none"> • The MARAM will include identification, assessment and safety planning, information sharing and referral/secondary consultation (with guidance including key facets of suicide first aid) – as a baseline response to all people identified as using violence, regardless of the level of risk that has been identified. • GPs are not yet mandated to use MARAM, but will be in 2021 (practice guidelines are available publicly). • The Office of the Chief Psychiatrist (OCP) is committed to supporting a learning agenda on family violence. OCP are currently working with the MARAM Implementation branch of DHHS and Family Safety Victoria – Centre for Workforce Excellence to ensure integration of efforts to support best practice. This includes providing support to Victorian mental health services in relation to embedding mandatory MARAM training for all workforce as an entry requirement. • The OCP also undertook work to ensure that the MARAM framework is integrated into the Chief Psychiatrist Guideline for working together with families and carers, and all policy reviews to ensure that workforce are better resourced to respond in keeping with the Royal Commission into Family Violence findings. OCP are currently undertaking a robust review of the Chief Psychiatrist's guideline and practice resource: family violence which engages across government, clinical and professional education and regulatory bodies. <p>Chief Mental Health Nurse</p> <ul style="list-style-type: none"> • The Chief Mental Health Nurse Workforce team are currently supporting the implementation of three further initiatives to contribute to workforce training and development: <ol style="list-style-type: none"> 1. Training in working with perpetrators of family violence in partnership with Forensicare
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			<p>2. Implementation of specialist Family Violence workers in mental health and drug and alcohol which is a specialist role to build sector capacity.</p> <p>3. Establishment of the Centre for Mental Health Learning and supported its specialist role in delivering family violence resources and modules.</p> <ul style="list-style-type: none"> • Due to the impact of Covid-19 on the scheduled workplan, the focus has been to work with the sector, including partner professional bodies, consumers and carers, to identify risks and issues and to escalate these as part of cross government COVID-19 response to Family Violence. • It is anticipated that review and monitoring of outcomes in relation to the shared commitment to a family violence learning agenda will form part of activities in 2021. The team will continue to develop the cross-government networks and links to ensure that this work is integrated appropriately with the work of the MARAM Implementation branch and Family Safety Victoria, Centre for workforce excellence. <p>Decriminalisation of public drunkenness</p> <ul style="list-style-type: none"> • The Victorian government has committed to repeal the offences related to public drunkenness. The department will lead a two-year trial to deliver a health-based response for people who are intoxicated in public and are at risk to themselves or others. This model recognises that high complexity cohorts will have specific needs that drive their drinking patterns (for example, people who are homeless, and those who have or are at risk of experiencing violence as a perpetrator or victim). As part of the trial, sobering services will be established to provide a safe place for recovery, with referral to mental health, addiction and other health services as required. <p>AOD Specialist Family Violence Advisor Program</p>
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