



## Community Postvention Response Service (CPRS) Clinical Advisor Job Description

**Position:** Clinical Advisor, CPRS

**Reports to:** Clinical Manager, CPRS

### CASA philosophy and scope

- 🌀 CASA was formed by a group of mental health professionals to work in partnership with others determined to prevent suicide in Aotearoa and, where necessary, ensure individuals and communities are best equipped to cope with the aftermath of suicide.
- 🌀 CASA was founded on values of ethical, evidence-based, respectful practice in which the welfare of individuals and family/whānau are of paramount consideration.
- 🌀 Cultural and clinical expertise and safety are foremost in all CASA service provision.
- 🌀 CASA provides clinical advice, clinical monitoring, clinical training, evaluation, research, and consultancy services of the highest standard.
- 🌀 As a contractor for CASA, you will deliver all services professionally and in a manner that is both innovatively responsive to need, and reflective of current national and international research findings.

### Working together for the wellbeing of communities

Psychological, spiritual, and emotional care anchor our way of being, creating space for innovation in best-practise service delivery, in partnership with others.

### The Community Postvention Response Service (CPRS)

- 🌀 CPRS is a Ministry of Health funded service delivered by CASA.
- 🌀 CPRS addresses the New Zealand Suicide Prevention Action Plan objective to “support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion”.
- 🌀 CPRS values are:
  - Rangatiratanga (respecting individual and community self-determination)
  - Kaitiakitanga (creating trust and a safe space for the work ahead)
  - Māramatanga (striving for insight and enlightenment)
  - Mōhiotanga (sharing of understandings and knowledge)
  - Kotahitanga (enhancing solidarity and connectedness)
- 🌀 CPRS provides postvention services ranging from single consultations to extensive assessments and interventions in partnership with communities where there is suicide contagion and/or an emerging suicide cluster.



## The role of the CPRS Clinical Advisor (CA)

- 🧠 The key role of the CA, when invited by the community, is to provide services to communities where there is evidence of a suicide cluster or suicide contagion. The primary relationship is with DHB/PHO Suicide Prevention Co-ordinators (SPCs).
- 🧠 When there is suicide contagion or a suicide cluster, the role of the CPRS CA is to support and advise SPCs and/or communities to develop and implement their own postvention plans, which address the risks identified for that community effectively.
- 🧠 Services can include (but are not limited to):
  - assessing the presence of a suicide cluster and suicide contagion in communities,
  - identifying key community stakeholders and supporting the formation of community based postvention groups,
  - co-facilitating inter-sectorial meetings to help implement effective community led postvention plans,
  - providing clinical advice, support and guidance to key community stakeholders in the management of suicide clusters and suicide contagion.
- 🧠 Even if there is no suicide contagion or suicide cluster, the CA can provide suicide postvention consultations.
- 🧠 All services must be delivered from a community development perspective and be undertaken with the highest levels of integrity, respect, and professional and cultural competence.
- 🧠 CPRS works in partnership with and serves communities of Aotearoa.
- 🧠 CPRS has key external relationships with multiple agencies and services including:
  - Ministry of Health, District Health Boards, Public Health, Suicide Prevention Coordinators, Primary Health Organisations, Victim Support, Ministry of Education, Ministry of Vulnerable Children Oranga Tamariki, NZ Police, Ministry of Justice, St John, Fire & Emergency New Zealand, Te Rau Matatini, Kia Piki Te Ora, Le Va, and many other NGOs especially those who also contribute to suicide prevention.
- 🧠 The key internal relationships for the CPRS CA are with the CPRS Clinical Manager, Kaiārahi, Kaitakawaenga and other Clinical Advisors both internally to CPRS and the wider CASA whānau.

## Key CA role objectives

- 🧠 To work with communities in a way which respectfully recognises manawhenua, consulting with and working closely alongside the CPRS Kaitakawaenga and CPRS Kaiārahi to ensure that tikanga is honoured and guides partnership in the development and implementation of community suicide postvention plans.
- 🧠 To develop and nurture effective and professional relationships with SPC's and key stakeholders in communities thereby fostering community engagement so as to achieve clinically robust suicide postvention activities that will reduce future risk of suicide contagion in that community.



- 🌀 To respond to all requests for service and complete all key tasks within the timeframes required to meet CPRS key performance indicators.
- 🌀 To provide clinically robust (evidence informed) peer reviewed psychoeducation/training to Community Postvention Working Group (CPWG) members and relevant key stakeholders on suicide prevention, intervention and postvention, as necessary.
- 🌀 To use all types of evidence-based knowledge (e.g., research evidence, contextual evidence, and experiential evidence) to empower communities to design and implement postvention plans which aim to curb any further suicide contagion within that community.
- 🌀 To provide clinical expertise to key stakeholders involved in assessing and working with suicide clusters and contagion in a community as required.
- 🌀 To always work sensitively with groups in acknowledgement that bereavement by suicide impacts many. It is quite possible that any group will include one or more bereaved by suicide individuals; these individuals may even be service providers themselves and key stakeholders in the community of concern.
- 🌀 To complete any postvention work with communities in accordance with CASA and CPRS policies, practice guidelines, processes and within expected timeframes.
- 🌀 To complete any CPRS work with communities in accordance with applicable legislation, standards, codes of ethics, guidelines relevant to your own areas of practice, and especially the Privacy Act 1993 and the Health Information Privacy Code 1994.
- 🌀 To be able to work independently but also in regular close liaison with the Clinical Manager, Kaitakawaenga, Kaiārahi and other team members.
- 🌀 To keep abreast of developments within CPRS, such as practice guidelines and relevant national and international research on suicide prevention, intervention and postvention. CPRS is a continually evolving and improving service and must continually adapt if it is to provide best possible services to communities.
- 🌀 To keep accurate and up to date the CPRS database records of any intervention and provide information as necessary for the quarterly report and annual cluster report to the Ministry of Health, as required by the CPRS Clinical Manager.
- 🌀 To keep up to date with national and international suicide prevention, intervention and postvention literature so that the best possible evidenced clinical advice is provided.

## **Skills required for the CA role**

### Cultural competence:

- 🌀 CAs must work in a way which reflects the principles of Te Tiriti o Waitangi (Partnership; Participation; Protection) and Māori right of tino tangatiratanga.
- 🌀 CAs must be willing and able to work effectively and in partnership with the CPRS Kaitakawaenga and CPRS Kaiārahi and demonstrate skill and commitment to incorporating culture (especially that of manawhenua) into the role and services provided.
- 🌀 CAs must work within a bicultural practice framework



#### Relationship development:

- 🌀 Developing and nurturing trusting, effective and lasting relationships with SPC's and many diverse key community stakeholders (who can have vastly different skills and backgrounds), is essential for CPRS' successful engagement with communities and therefore a vital skill.
- 🌀 CAs also need to be able to develop these relationships when communities are in the midst of a crisis and community members may be experiencing profound grief and trauma impacts.
- 🌀 In turn, successful community engagement is essential to ensuring accurate and complete information gathering and positively influencing the development of robust suicide postvention plans by communities.

#### Assessment and formulation:

- 🌀 The CA role requires assessment and formulation skills of suicide contagion risk at the community level.
- 🌀 CAs must possess an ability to synthesise a large amount of information from various sources in a clinically sound, culturally appropriate, holistic, and comprehensive way.
- 🌀 CAs must be able to communicate community risk information effectively to the Clinical Manager, other team members and, where appropriate, communities.

#### Group facilitation:

- 🌀 CPRS work often results in the convening of many different types of key stakeholder, interagency and community meetings.
- 🌀 The trajectory of these meetings can be unpredictable given the highly emotive and anxiety provoking nature of suicide, differences in skills and personalities of those in attendance, differences in agendas for the meeting, and the specific community tensions present.
- 🌀 The CA role requires the ability to travel to communities and manage unpredictable developments in a wide range of group situations professionally and skilfully, maintaining a clear view of the desired outcomes and respectfully providing clinical advice and guiding the community's development of robust postvention plans.
- 🌀 Experience and skill in the provision of psycho-education and training is also desirable.

#### Suicide risk formulation and management:

- 🌀 CAs need extensive evidence-based knowledge about suicide prevention, intervention and postvention (from both a clinical, community and bereavement perspective).
- 🌀 CAs require highly developed clinical skills to be able to deal effectively and sensitively with both bereaved individuals and grieving, traumatised communities.
- 🌀 It is also useful to have an understanding of suicide from different cultural perspectives and as a public health issue.

#### Time management:



- 🧠 CAs must be able to work effectively within the timeframes allowed for interventions whilst also allowing time for keeping the database up to date, liaison with CM, Kaitakawaenga and/or Kaiārahi, and consults with other team members, as necessary.
- 🧠 The role is usually secondary to other roles you might be performing so flexibility is vital.

#### Independent but transparent working style:

- 🧠 CAs need to be able to work independently but with close liaison with CM, Kaitakawaenga and Kaiārahi and other team members so there is transparency in the intervention process.
- 🧠 For Level 3 interventions, especially during the early stages, CAs will ideally work in pairs and likely also the Kaitakawaenga/Kaiārahi for Māori communities.
- 🧠 At all times individuals should review regularly their work with the CM.

#### Written communication:

- 🧠 All intervention database logs must be kept up to date in accordance with CPRS protocol.
- 🧠 This includes sufficient record of any interactions with community members, team members, key contact details and written justifications for clinical decisions made.
- 🧠 Accuracy and attention to detail are important in all records/reports (internally & externally).
- 🧠 CAs will need to be able to use the resources available and clearly document the use of Privacy Guidelines

#### Self-awareness and self-care:

- 🧠 Given the high emotional, psychological and spiritual impact of the role, it is vital that CAs take prioritise and take personal responsibility for actively undertaking self-care regimes.
- 🧠 Supervision and mentoring is provided and needs to be utilised to process the impact of this role.
- 🧠 Utilise the wider CASA team for mentoring and support. CAs must also take personal responsibility for informing the CM if they require more support or there is a gap between the requirements of the role and their ability to cope with these.

#### **Availability**

- 🧠 Reflective of the unpredictable demand for services, there are limited set hours for the CA position. At present, there is a baseline of six paid hours per month for each CA – this allowance is for 3 hours reading CPRS / CASA emails and materials, a two-hour monthly CPRS team teleconference, and one-hour monthly peer supervision.
- 🧠 On top of these “base” hours, CAs are expected to be available for:
  - Two or three comprehensive community interventions in situations involving a suicide cluster or suicide contagion per year as either a lead or back-up CA
  - Provision of one-off consultations and community risk assessments as required
  - Extra teleconferences as required
  - Provision of feedback on documents /service model reviews
  - Attendance at national CASA/CPRS team meetings and training days (~ three per year)



- Some networking as required

🧠 CAs must have flexibility around their availability and the ability to travel to deliver services. The CA role, on occasion and at short notice, requires onsite service delivery to communities anywhere in Aotearoa (e.g. within 5-10 working days).

### **Other**

- 🧠 Appropriate qualifications (e.g. a post graduate diploma in clinical psychology; or a degree in social work or nursing combined with extensive mental health experience)
- 🧠 Current Professional Registration and Annual Practicing Certificate
- 🧠 Membership of an appropriate professional body
- 🧠 Current indemnity insurance
- 🧠 Engagement with CPRS peer supervision and maintenance of external professional supervision