

Broome

Monday, 20 August 2007
10am – 3.00pm
20 participants

This consultation was part of a state wide consultation process to inform the development of a State Suicide Prevention Plan. Participants were also invited to make individual submissions to the Ministerial Council for Suicide Prevention at www.mcsp.org.au.

ORGANISATIONS REPRESENTED

- BRAMHS
- Centrelink
- KAMHS
- Shire of Broome
- Regional Centre for Social and Emotional Centre
- KAMHS – live life, stay solid
- Kimberley Population Health Unit
- WA Police
- Kinway
- Department of Indigenous Affairs
- Kimberley Mental Health
- Burdekin Youth in Action
- Men's Outreach Service
- Kimberley Development Commission
- Kimberley Community Drug Service Team

PRESENTATIONS

Approaches to suicide prevention.

Brief overview of state trends, and how we compare locally.

Presented by Sven Silburn, Chair, Ministerial Council for Suicide Prevention.

What's happening locally?

Dr Murray Chapman, Clinical Director, KMHDS, WA Country Health Service – Kimberley

Focused on acute phase, offer follow up for severe and enduring mental illness.

Addressing the needs of those who have survived a suicide attempt. Recognised the need to address suicide through both acute end and earlier on in the continuum at the promotion and prevention end.

David Yates, Kimberley Indigenous Suicide Prevention Programme – KAMSC Regional Centre for Social and Emotional Well-being.

Developed a draft suicide prevention package. Two day training package for every community. Funded by ATSI for Aboriginal youth. Asking participants to take the program back to their community and the elders to deal with the issue as a community. Participants develop a plan throughout the training course. Draft is currently being reviewed.

Fits within the LiFE – framework. Action Area 5: Partnerships with Aboriginal and Torres

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Strait Islanders. KISSP Program is based on the premise that suicide prevention needs to come from a cultural perspective.

Monica Frain, Population Health

Institute in the Kimberley for last four years. Combined community health centres, remote clinics, public health unit, health promotion unit, allied health service, nutrition and environmental health. 14 sites are staffed across the Kimberley.

Program based. Focused on prevention and promotion. Predominantly surveillance and early detection and intervention.

- Mental Health Planning Forum
- Life Life Stay Solid
- Young mum's group (depression)
- Prison program
- Life skills and cultural activities for young people aged 14-25 years who are at high risk
- Men's health – groups and camps
- Support staff to deliver trainings such as
 - Gatekeeper Training
 - PASH
 - RAP
- Croc Fest
- Deadly Deads Day

Angela Hellewell, Life Life, Stay Solid

Kimberley wide project. Addresses protective factors – Look after each other, look after your kids, get help, keep straight. Talk to someone you trust. Negotiating with media to get the message out. Raising awareness about seeking help. Getting people talking again, to friends, family, someone you trust.

The Five Key Areas of the Plan.

Shawn Phillips Executive Officer, Ministerial Council for Suicide Prevention.

SMALL GROUP DISCUSSION

Group Exercise

Participants were asked to place dots: if we could only pursue 2 of these areas, which would they be. (Number in brackets is number of dots placed on each area 'votes')

1. Promote professional community and consumer understanding of suicide, its link with mental health and effective strategies for prevention. **(n= 3)**
2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention. **(n=14)**
3. Build Community capacity for suicide prevention. **(n=6)**
4. Support planning within and between government and community sector agencies for suicide prevention. **(n=1)**
5. Build partnerships, professional and community capacity to address the high-rate of suicide among Indigenous West Australians. **(n=12)**

Participants asked to put an X if they thought any of the key areas are wrong or unnecessary.

No x's were placed on the sheet.

Comment pertaining to Key Area 2:

“Strengthen preventative action, promotion and health and early intervention in mental health and suicide prevention”.

Comment pertaining to Key Area 3:

“This is a principle rather than an action area”.

“Definition of community required”.

What are particular factors that may be contributing to suicide risk and protection in this region?

Participants were asked in small groups.

Risk factors	Protective factors
High Level of Trauma – sexual abuse, child abuse, domestic violence (both victim and perpetrator)	Strong family
Difficulties accessing help	Connectedness
Housing shortages resulting in – homelessness, overcrowding, no privacy	Involvement in sport
Lack of education resulting in disempowerment, limited work opportunities.	Safe places (homes, community, services) for young men, children families, women
Lack of knowledge around the issue of suicide	Social structure and support
Peer pressure and family patterns of behaviour	Women starting to talk more – women's groups
Shame and stigma – to seek help	Access to professional services
Impaired access to services	Access to education
Transience nature of population	De stigmatisation of mental health
Drugs and alcohol misuse	KAMHS programs
Isolation – inability to remove oneself from a crisis or to access services - transport	Access to positive role models and alternative positive lifestyles
Hopelessness	Access to country, camping
Lack of self esteem	After hours safe places
Trouble with the law	Social and emotional well-being
Grief – constant state of mourning	Access to services - counselling
Relationship breakdowns	Schools addressing emotional well-being
Work and lifestyle pressures	Peer support (mentors)
Climate	Awareness raising
Racism	Personal health checks
Poor communication	Active you services
Exposure to violence – in the family, videos, media.	Families affected directly by suicide becoming more open and talking about suicide
Dislocation and loss of community support	Increase in locally trained counsellors
Relationship breakdown	HYPE (after hours)
Child custody issues	
Lack of coordination of services.	

Welfare dependency	
Transgenerational trauma	
Lack of timely help.	
Deaths within family	

What is already happening in this region?

Group 1:

- KAMHS packages
- Mental health first aid
- Gatekeeper training
- Organisations committed to addressing this issue
- General community talking about the issue
- Youth programs such as Burdekin, HYPE
- Community recognition that this is an issue
- Indigenous men's programs (run by Indigenous men)
- Life education in schools

Group 2:

- Live life, stay solid
- Resilience Adolescence Program
- PCYC
- Strong families
- Burdekin
- Drop in centre
- Protective behaviours training
- Gatekeeper training
- Sober up shelter
- Men's Health Group
- Women's refuge
- Women's groups
- Circle house
- Access to acute care
- Access to support services
- Pathways available

Group 3

- KAMHS
- Bidyadanga Men's group
- Delivery of protective behaviours community way – schools etc
- Informal community approach
- HYPE
- Life life, Stay solid
- Burdekin
- Police, MOS, Millya, Warden's
- Suicide prevention in prison

Group 4:

- Gatekeeper Training
- Headspace
- LLSS regional planning
- Lifeskills – young blokes, mums
- Drop-in centres
- Outreach
- Men's groups
- Mental Health Emergencies training in Broome and first aid.
- Coordinating networks, youth, men's
- Women's sexual health
- Prison – anger management and re entry program
- Milly Rehabilitation centre
- Anglicare
- Centacare
- KMHS
- Kinway
- Pinakarra
- Prisoners visitors scheme
- Self-help schools

2.1 What more needs to happen?

Open discussion about current issues

- Sustainable funding.
Recurrent funding rather than program focused funding.
- Substantive positions in non government organisations.
- Significant amounts of time and resources are taken up by looking for funding.

LOCALLY

Groups looked at what more needs to happen in Broome (n=number of red dots placed on each strategy – with red dots used to indicate priority areas).

Group 1:

- Spirituality – search for meaning. Incorporated in planning training. Noted that suicide is often a result of people feeling that don't have any meaning in their lives. Connection to family, land and history. Core being – focus on intrinsic well-being **(n=4)**
- State funding based on geography, kms, not population **(n=2)**
- Resources and funding
- Workplace awareness/support for managers, staff
- Community information coordination (centre?).

Group 2:

- Appoint responsibility **(n=1)**
- Capacity to do sustainable levels of funding
- Better marketing current services
- Breaking culture dependency, culture of opportunities **(n=1)**
- Leadership camps **(n=1)**

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- Develop local employment initiatives
- Alcohol and drug legislation
- Advertising targeting local support and resources
- Accessible training for Aboriginal Health Workers – Appropriate remuneration. **(n=1)**
- Increase at risk self awareness
- Increase attraction/retention packages for agencies
- Gatekeeper Workshops more culturally appropriate **(n=1)**
- Coordinated response between bodies **(n=1)**
- Looking at what has worked elsewhere - interstate etc

Group 3:

- More cultural activities.- measure social and emotional well-being – not just physical health.
- Offer semi formal training to community individuals and aboriginal health workers. Don't have the mental health workforce – train where the capacity is. Life skills – encourage existing knowledge. Training be more practically/experientially based, rather than literacy focused
- More shelters for men at risk – men are the main group at risk, limited shelters for men when compared against women and children. No place to go that isn't stigmatised. Current men's group need to be expanded, not just a place to go when your unwell Access different opportunities **(n=7)**

Group 4:

- More media – local radio, talk back, plays - TV. Promote positive role models. Drug and alcohol use. Help seeking behaviour – what services are available locally. Service capacity needs to increase to accommodate any increases in help seeking behaviour. **(n=9)**
- Alternative to mainstream education and recreational activities for disengaged at risk youth. sport, camping, positive after hours activities. Get young people who don't attend school have alternative activities where they can learn skills to still do something in their lives. Focus more on practical skills. (needs to be expanded and developed – was noted these strategies already exist). **(n=8)**
- LLSS continue **(n=3)**
- Training to do with grief and trauma
- Increase mental health services re professionals in all hospital emergency departments 24 hours
- Increase counselling with increased access **(n=2)**

State/Federal initiatives

- Improve funding opportunities
- recurrent programs rather than time limited programs **(n=7)**
- individualised local programs.

3. What are the 4 things that will make a difference in preventing suicide?

Issue raised re work for the dole program being removed. Acknowledgement of benefits of connectedness, structured lifestyles, purpose associated with working.

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Issues re funding, organisations spending significant resources applying for funding.

WHERE TO FROM HERE?

This report is the next stage in the process. Please let us know if we have missed anything important.

There will also be a summary document prepared of the whole consultation process and a draft plan, both of which will be circulated to participants at these consultation forums.

Individual written feedback is welcome at www.mcsp.org.au. All written feedback is to be submitted before 31 August 2007.

Closed 3.00pm.