



Centre for
Developmental Health



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WA State Suicide Prevention Plan

Consultation paper response sheet

This document is designed to prompt respondents to address the issues raised in the consultation paper. Additional copies of the consultation paper are available from www.mcsp.org.au.

Feel free to use any or all of these headings or to structure your response in any way that makes sense to you. All comments will be considered, regardless of the format.

Reply by: 15 August 2007

Submit by Email

Identifying yourself will enable us to contact you and clarify points you may make. Identification is optional. Identified submissions will be posted on the MCSP website. If you do not want your submission posted please let us know. Unidentified responses will not be posted. If you want to have your submission posted but do not want identifying information publicly displayed please contact us.

Organisation: Shire of Wyndham East Kimberley

Position: Chief Executive Officer

1. Promote professional community and consumer understanding of suicide, its link with mental health and effective strategies for prevention.

How can government and non-government organisations develop more sustainable approaches to training in suicide prevention?

Better linkages between issues known to contribute to suicide including drug and alcohol use, and the agencies that interface most with these issues.

How could the evaluation of government and community-based suicide prevention programs be evaluated more consistently?

How should existing epidemiological surveillance systems be managed to enable their more effective utilisation?

How can high quality information relevant to the needs of different professional and community groups concerned with suicide prevention be more effectively disseminated?

It seems to need a focus on marketing- much like the Breast Cancer program.

2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention.

What needs to be done to ensure that the Council strengthens its links with key stakeholders (media outlets, community leaders)?

The first thing would be to rectify what is perceived as grossly inadequate resourcing the area of mental health. The Kimberley region has a comparatively high suicide rate & high indigenous population with chronic drug & alcohol problems, which is acknowledged as having a 2.5 times higher suicide rate than the non indigenous population. The East Kimberly region has just one mental health professional. We not get on top of this unless there are sweeping changes to issues like alcoholism.

What investment is needed to build a coordinated and sustained approach to mental health promotion across the state?

Substantial additional investment in mental health services.

Should media-based community education strategies be developed to reduce stigma and promote awareness of avenues for securing help with mental health problems?

Yes- most definitely.

What practical strategies are needed to improve men's help-seeking behaviour and enable services to be more accessible to men?

In Kimberley aboriginal men in particular are over represented in a whole raft of social issues including alcoholism, violence, prison. If we better manage alcohol (and drugs) in society, if we keep young boys in school so they better educated (e.g Clontarf program) then we have a much chance of generational change, as it is young men who influence most of these things. People at all levels, especially indigenous leaders, need to speak up and not tolerate what is promulgated as 'culture' but what in reality is an excuse for not taking responsibility (e.g. Humbug towards those who are trying to make a better life for themselves)

3. Build community capacity for suicide prevention

What is needed to enable different local groups to come together, share information and develop strategies for working together?

Real leadership from government agencies and communities groups. Not talk feasts. Too often agency staff are afraid to speak their minds and given frank advice to their superiors because of a culture fear in the public sector. They tend to try and second guess and report what they think their managers and politicians want to hear. That is why the DCD got into strife and it is the tip of the iceberg with the cultural problems in the public sector. Until governments value staff that speak their minds they will have little impact on making things better with these social issues. People say it can't be done, but look how the Commonwealth has changed the debate and attitudes to sexual abuse in communities. The timing might be political. but the result in bringing things into the open is there to be seen.

How can 'infrastructure' such as innovative use of new technologies be created to support networking?

This a distraction from the main issues

How can organisations that have a shared interest in suicide prevention, be supported to build alliances to: • Reduce key risk factors?

Key risk factors in the Kimberley are: Drug and alcohol abuse; Isolation; Resource issues; Indigenous 'culture'; Government must support quite radical change if it serious about reduce these factors. Talk feasts will not help much. Changes like for example introducing Takeaway Alcohol Purchase Tickets (TAPT). No ticket no - purchase of alcohol. Government needs to drive through a culture within its agencies of not tolerating certain things which lead to risk factors.

• Strengthen protective factors?

Its is about resource levels and the empowerment government gives its officers.

4. Support planning within and between government and community sector agencies for suicide prevention.

How should current suicide prevention initiatives be aligned with the New State Mental Health Plan???

What is needed to ensure that risk assessment procedures, referral processes and support mechanisms are developed by different groups and agencies and the reciprocal relationships between agencies are clarified???

Should each State Government department be encouraged to develop its own strategic action plan (including a training plan) for suicide prevention?

No - this is one size fits all approach. No point in some agencies doing this (e .g Department of Environment and Conservation, Department of Agriculture and Food etc). To impose that on them would divert already scarce resources from its intended purpose. Focus must be on those primary agencies (mental health, Police, DCD etc)

What should be done to strengthen the communication between the Commonwealth and State governments with regard to suicide prevention in WA???

How can networking between 'resilience building' and other community-based projects be facilitated by use of new information technologies and communication systems – particularly for more geographically isolated communities?

Are there specific legislative considerations needed to enable the timely exchange of relevant

information between departments in situations of heightened suicide risk (e.g. suicide 'clusters' or teenage pacts)? These issues are secondary to the resource issues already raised and the need for government to drive through its genuine commitment to change. The worry is that secondary issues divert energy and resource and create the appearance of progress when in reality progress is not made.

What organisational mechanism is required for government accountability in the implementation of the WA State Plan for Suicide Prevention?

Reports to Cabinet. Independent Auditor General reporting.

5. Build partnerships, professional and community capacity to address the high-rate of suicide among Indigenous West Australians

What is required to support the re-establishment of an Aboriginal Suicide Prevention Working Group to support the participation of Aboriginal community agencies and to build collaborative relationships with mainstream mental health and other human service providers?

I think this already known by the State from advice from communities and its officers, so there is little point in asking. If it is not then it should be, and this would be a sign that our system has no idea what it doing- which surely cannot be true.

Given that reducing suicide in Indigenous communities is of one of the 'headline' indicators of COAG's Overcoming Indigenous Disadvantage strategy, what priority should be given to Aboriginal Suicide Prevention in the implementation of the State Mental Health Plan and the State Suicide Prevention Strategy?

Very high priority, but must be linked to alcohol and other drug programs and actions.

What investments are needed to build partnerships with Aboriginal and mainstream service providers in training and support for managing critical incidents and suicide clusters?

This is surely known too.

How can the work already being done by communities and Departments in universal (developmental) prevention in building community capacity be best supported?

By addressing the alcohol and drugs issue, by keeping in school, and by rejecting the none -sense promulgated as 'culture' which is too readily accepted.

1a. Do you consider any of the 5 key issues, above, unimportant? If so, why?

That should be obvious for the responses provided.

1b. Do you think any key areas for action are missing? If so, what are they?

Again obvious from responses.

2. What are key factors that may be contributing to suicide risk in your local area?

Alcoholism; Acceptance of none - sense 'culture' by society and governments; Grossly inadequate mental health services

3a. Thinking about the 5 key areas for action, what is currently being done, locally, about one or more of these actions?

Government knows this.

3b. What important actions are not occurring locally?

Monitoring of people in need with mental health issues; Actions to reduce excessive alcohol consumption; Appropriate resourcing of key agencies. Actions to raise school attendance rates Overcrowding in houses which causes many pressures and social issues

3c. What more would you like to see done to prevent suicide:

i) At a state level?

Obvious from responses.

3c. ii) At a local level?

ditto.