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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.

Position: A mother with concerns

Contact number:

Email address:

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?
By allowing any person ie. parent, sister, brother, friend etc who actively seeks suicide prevention mechanisms to be 'trained' or an allocated a mentor. This will allow for prevention at the grass root level and approachable in so far as 'government' presence thereby preventing "they only want to lock me up and feed me their bullshit drugs" scenario. And, by including 'units' within tertiary education for all students that have potential contact of suicide and 'its' issues, that is, in all human services fields of study.

How could the evaluation of government and community-based suicide prevention programs be evaluated more consistently?
By setting up a data base that will require all service industry professionals to contribute at least quarterly in order to 1. outline the issues more definitely at the grassroot level and 2. effect solution outcomes at 'local' evidenced base areas of concern

How should existing epidemiological surveillance systems be managed to enable their more effective utilisation?
Release the information collated to service industry providers with a particular focus emphasised on reoccurring issues and call for creative solutions to those focus issues and have Government support these initiatives with a 'special creativeness grant', evaluate the outcomes and if successful duplicate the process. Include regional information within the databases that are in place in the three metropolitan hospitals - be inclusive of Bunbury

How can high quality information relevant to the needs of different professional and community groups concerned with suicide prevention be more effectively disseminated?
By 1. making it mandatory for all service providers to register with MCSP and therefore automatically receive information. 2. by allowing service providers to have direct access to MCSP staff in order to seek, clarify and debrief cases with multilayered issues and 3. make MCSP the 'authoritive' on suicide prevention ie, as a singular body to correlate data received, disseminate information and for the MCSP to be the 'go to' people.

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)?
I would recommend a mechanism called 'Study Circles' at least on a bi-annual basis to ensure that information can be disseminated and that issues are addressed by all who have the capacity to influence outcomes. Consumers should also be involved in this process as sometimes the best intentions of service providers are 'lost' on clients because they either dint meet the needs of clients (as defined by the client) or the client does not see your service provision as being relevant due what I will call 'issue confusion". An example of this is when a client shows signs of continuous unhealthy relationship development or engages substance abuse. This is defined as 'unsafe' or 'at risk' behaviours by professionals however the real issue may be that that client has experienced some form of sexual abuse/assault and is simply 'self medicating'. If as a professional you are treating the substance abuse without delving into the real cause you are not effective. To find out more about Study Circles and how they work to address issues please visit (Study Circles Resource Center)www.scrc.org

What investment is needed to build a coordinated and sustained approach to mental health promotion across the state?
Please see above (scrc.org)

Should media-based community education strategies be developed to reduce stigma and promote awareness of avenues for securing help with mental health problems?
Yes, but in a more engaging and approachable way as viewed by the target group.

What practical strategies are needed to improve men's help-seeking behaviour and enable services to be more accessible to men?
1. consult with men who have previously engaged in programs to determine what they found were the barriers to engagement. 2. ascertain what led to engagement 3. include family members and significant others in this process. And, use this information to design improve on the current methods of engagement

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?
The Study Circles mechanism and the recourses to implement this strategy.

How can 'infrastructure' such as innovative use of new technologies be created to support networking?
Install MCSP as the over arching governing body of Human Service Industry providers, similar to a directorate, and by 1. making it mandatory for all service providers to register with MCSP and therefore automatically receive information. 2. by allowing service providers to have direct access to MCSP staff in order to seek, clarify and debrief cases with multilayered issues and 3. make MCSP the 'authoritive' on suicide prevention ie, as a singular body to correlate data received, disseminate information and for the MCSP to be the 'go to' people.

How can organisations that have a shared interest in suicide prevention, be supported to build alliances to:• Reduce key risk factors?
With the use of study circles, as this will also assist with ensuring everybody is on the same page similtamouly

• Strengthen protective factors?
See above.

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?
Am unsure of the 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?
1.Employ the use of a governing body to track these relationships. 2. Develop 'mainstream' documentation to

ensure that the same information is recorded by all agencies, as this will assist Government with the development of State strategy planning.

Should each State Government department be encouraged to develop its own strategic action plan (including a training plan) for suicide prevention?
Yes as every environment is different however there should also be an allowance for States to information share and compare. Ultimately this is about suicide prevention and not 'glory to the States.'

What should be done to strengthen the communication between the Commonwealth and State governments with regard to suicide prevention in WA?
If Governments were succent i.e. Labour State and Labour Government, that make it easy however in the world of politics as it is perhaps the Government should provide a desired out framework and the States implement that framework with their own mechanisms.

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 isolatedcommunities?1. Have Telstra provide the IT capabilities in the first instance. 2. If there were a governing body in place then that 'directorate' could be responsible for the umbrella co-ordination of these services.

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)?YES

What organisational mechanism is required for government accountability in the implementation of the WA State Plan for Suicide Prevention?
I am unsure how to answer this question and require further information to do so.

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?
Introduce the concept of Study Circles

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?
For too long Aboriginals have been segregated from mainstream service providers, and while I acknowledge the specific needs of Aboriginals I believe that it is now time for 'blended service provision' as this will also assist in breaking down the ' them and us' notion. As a wajilla, I personally have been treated with disregard by Government agencies, they too have ripped my family from me fro no REAL reason and so from that end as people we have so much to offer each other in terms of information share and compare.

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

How can the work already being done by communities and Departments in universal (developmental)prevention in building community capacity be best supported?
With a singular go agency or person with no segregation of race.

1a. Do you consider any of the 5 key issues, above, unimportant? If so, why?
I believe that they are necessary and relevant discussion points

1b. Do you think any key areas for action are missing? If so, what are they?
Yes, I noticed that within the board of MCSP only one representative of Aboriginality is a part of this process, how does this auger for better Aboriginal health, I am not suggesting that Gloria is incompetent only that Aboriginals are not equally represented.

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

relationship breakdown, sexual assaults, peer pressure (engagement in risk taking behaviour), pessimistic future beliefs eg. family farm is effected by population, climate changes.

3a. Thinking about the 5 key areas for action, what is currently being done, locally, about one or more of these actions?
I am not aware of any of the action area discussion points within my local area

3b. What important actions are not occurring locally?
All?

3c. What more would you like to see done to prevent suicide:
i) At a state level?
Streamline agency services on suicide prevention data collection. Use this info to develop State 'overarching' strategy. Disable the 'you and us' notion between Aboriginals and Australians in terms of health care. Engage industry service providers in information share and compare activities.

3c. ii) At a local level?
Engage community, service providers and government to determine the issues, formulate a strategy and implement action outcomes. IN SHORT, ENGAGE IN A STUDY CIRCLE ON SUICIDE PREVENTION.