



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: Val Lishman Foundation volunteer

Position: Exec 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?

Focus on interested and committed lay and professional volunteer leaders to learn to train and assist within their communities. Make sure they are generously resourced and nurtured.

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

Don't know how it is done at present. Each community could have a published "scorecard" for positive action taken eg: Schools with active bullying programs, Number of counsellors per head Transport to / availability of facilities assessment.

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

DB in more than 3 city hospitals....should be resourced to be state-wide. Suicide attempt a notifiable disease?

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

I don't know how it is done at present. Glossy bureaucratic stuff HDWA is not highly regarded, and is probably largely disbelieved in principle. Short fact-points for GP divisions to fax out could be useful

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)? Properly resourced ability to communicate

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

The current allocation of funds to the health sector and between health sectors seems to precede rather than to respond to understanding of need. I may be misinformed, but then that in itself is a reflection on the process.

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

Yes

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

Research for evidence if we do not have that.

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?

No comment other than this needs to be well resourced to work at all. Coming and working together even with volunteers has communication, meeting place and facility costs, and some professional input will be required. In regional areas the professional may have to be accommodated. There will be an evaluation cost too.

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

Do not assume that computer technology is available to all, especially the most vulnerable people.

How can organisations that have a shared interest in suicide prevention, be supported to build alliances to:

• Reduce key risk factors?
By having properly resourced, sound shared policies and a formal program for communication and evaluation. How much would privacy laws compromise this at present?

• Strengthen protective factors?

As 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?

I am unaware of the NSMHP.

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?

Collaboration for a consistent approach is required

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

As long as they are flexible enough to subsequently develop compatibility across plans and this does not become an exercise in shifting cost or blame.

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

Communication and ability to respond altruistically

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?

If they have it, know how to use it and feel they have a need.

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)?

You should be able to answer that by now

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

Free press; Informed public (Not slyly disinformed by departmental ("Media statements") Elections; Committed lobbying

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 do not know. I suspect that scratches the surface of the fundamental problem of their achieving economic ability and orientation within the general community the while retaining pride in their identity.

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?

Top priority. It is the least we can do, having taken so much and given so little.

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

A prior commitment to pay whatever it takes

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

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

More important than the key issues (Are there not 4, if you add "Aboriginal" to no 1?) is the matter of resource allocation. All the planning in the world is useless unless it is backed by sufficient money. Resource needed might be calculated undereducation, professional services (medical, social, counselling etc), Built facilities, Communication costs, Evidence collection: Research & evaluation. Without in principle funding, why worry?

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

Strategy for securing resource allocation

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

Over stretched professional services compounded by distance and lack of transport.

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

I do not know.

3b. What important actions are not occurring locally?

I do not know

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

i) At a state level?

3c. ii) At a local level?