

# Geraldton

4 July 2007  
9am – 12pm  
17 participants

## Small Group discussion

Participants were asked ‘What are particular factors that may be contributing to suicide risk in this region?’

### Group A

- Geographical spread/rural remote context (Centralised Resources Geraldton)
- Access difficult. Fuel/Transport.
  - Limited cover to rural areas of services.
  - Lack of continuity of Service Provider
- Drought./economics/family
- Inexperienced staff – DCD/Hospital/Teachers. Understaffed not supported with Senior experienced staff.
- Indigenous Population.
- Excessive alcohol consumption.
  - Socially – limited opportunities – Alcohol.
- Youth population (Mining/Fishing) Income plus time = Drugs etc.
- Lack of education/support
- Lack of Co-Ordination of current services ie. Gatekeepers/First Aid Training etc.
- Carer involvement/support NEEDS improvement
- Info provision/involvement/advocacy.

### Group B

1. Employment
2. Drought – Accessibility
3. Drug and alcohol
4. Housing
5. Health Promotion

6. Local industry
  - Fishing
  - Mining
7. Education
  - Prisons
  - Elders
  - G.P.'s
8. Postvention – Debrief
9. Distance
  - Monitory
  - Separateness
10. Relationships
  - Divorce
  - Step Families
11. Ageism
12. Access to Welfare

## **Group C**

- Restricted Physical/.Health
- Economy can be detrimental to some
  - Finance
  - Loss
  - Housing Costs rise
  - Self worthlessness
- Access to lethal methods – guns
- Child and Sexual abuse – all forms
- Demographics
- Lack of mental health inpatient unit
- Snowball effect
- Drought
- Confidentiality in small communities – stops people finding out because everyone may find out.
- No CBT classes
- Not enough entertainment for youth
- Stretched/no access to health services
- Unaware of services
- Feel no purpose to life/direction/belonging
- Isolation
  - work alone
  - fly in/fly out
- Relationship Breakdown
  - divorce
  - mum stuck home
- Alcohol/drugs

- Learnt behaviour
- Retirement
  - Not talking about problems
- Unemployment
- Undiagnosed

**Participants were asked ‘What is already happening to prevent suicide in this region?’**

**Group Brainstorm**

- Youth counsellors (MHO)
- Yellow Ribbon
  - Gatekeeper training (TR & TR)
    - Mental health staff
    - Social work staff (Hospitals)
    - Delivers Training across region
- Mental Health Promotion Officer
- Clinical Mental Health assessments in Hospital
- Men’s Health Program
- AMS Mental Health program
- Better Outcomes/Access to Mental Health
- Independent living programme
- Carer Support
- Residential units with support
- Divorce & Grief workshops Sun City church
- Rural Link A/H Phone Service (Mental Health Clinicians)
- School Based
  - RAP
  - Mental Health
  - Others

**Group A**

- PCYC
- Youth Counsellors
- Chaplains
- Julian Kreig - counsellor for farmers
- Gatekeepers run at prison
- Client/carer based committees
- Assisted by Mental Health
- Sport Initiatives
- Drought relief - Pastoral Care - Mac Forsythe
- Police Open Day

- Midwest Events – website on social events
- Samaritans – Kids Help Line
- Salvo's – Available 24 hours

## **Group B**

- Julian Kreig
- Money for communities in rural areas to gather (Men's Health)
- Local businesses (ie Mullewa Gold days) – enhance social staff opportunity.
- \*NEW GUIDELINES mental Health and Carers \*

### ***The 5 Key Areas voting exercise.***

***Each participant was given two 'dots' and asked "If we could only pursue 2 of these areas, which would they be?(number of dots in parentheses)***

- 1 Promote professional community and consumer understanding of suicide, its link with mental health and effective strategies for prevention. **(n=5)**
- 2 Strengthen prevention, promotion and early intervention in mental health and suicide prevention. **(n=12)**
- 3 Build community capacity for suicide prevention. **(n=11)**
- 4 Support planning within and between government and community sector agencies for suicide prevention. **(n=7)**
- 5 Build partnership's professional and community capacity to address the high-rate of suicide among indigenous. **(n=3)**

***Participants were asked if they thought there were other 'Key Areas' (NOT SPECIFIC ACTIONS) not covered under the five key action areas.***

1. Remember the carers
  - Support
  - Links
  - Education
2. Research correlation between family court matters and suicide of males (J.W.)  
Bottom up approach – getting involved with families suffering or who have lost someone  
Action -> more of them -> getting people out to talk to people in farming community Guest speakers etc.
3. CBT specific Programs (not simply vaguely included in counseling)  
DBT specific programs here in Geraldton (year long as at Osborne Park Hospital)

***Participants were asked 'What more needs to happen:Locally?At State Level?'***

***Voting exercise: Each person was asked to put 3 'dots' on the points they thought were most important (number of dots in parentheses)***

**Group A**

**LOCALLY**

- Free non-pharmacological support groups
  - enhance health – total (mental and wellbeing physical) n=(1)
- Get together more
- Have fun together
- Sense of Community (n=3)
- “Choose Respect” (website) – making lifestyle choices, what’s happening locally (2)
- Enhance 24 hour, 7 day Specialist Care. (n=3)
- Central co-ordination of ‘health’ services – where do people start? (n=1)

**STATE**

- Develop strategies so that more experienced professionals don’t end up in the city (n=1)
- Career structures/scholarships to assist better access to learning.
- Incentive to enter professional careers or additional studies (n=4).
- Apply SIB KISS principle.
- Less focus on accountability.
- More trained doctors/nurses on suicides (n=1)
- Confidentiality agreement in small communities (n=1)
- Trained clinical psychologists available
- Reduce discrimination
- Formal training to setup client/carer committee (n=1)
- Year long DBT specific program (Osborne Park Hospital) (n=2)
- One on one CBT specific counsellors (n=1)
- In-Patient mental health unit (n=3)
- More public mental health promotions (n=1)
  - TV
  - suicide prevention
- More public group therapy sessions – not so formal/official (n=2)
- Increased child protection/welfare (n=3)
- Continued school education programs
- Community involvement responsibility! (n=2) (\*working together)
- Marketing services available.
- Support for victims families.

- Layman's terms not academic!
- More time out for Carer's and support (**n=1**)
- More country contact – getting people together!
- Be seen by same psychologists all the time.
- Taught what to look for.

## **Group B**

### **LOCAL**

- Improve community and professional's awareness
- Positive attitude
- Specified action for small rural/remote areas (**n=2**)
- Develop resources for all health centres in rural/remote areas (**n=3**)
- Gatekeeper workshops in community (**n=1**)
- Mandatory Gatekeeper for all GPS's (**n=2**)
- Court diversion officer and counselling services
- Improve follow-up after hospital (**n=3**) and prison admissions (**n=2**)
- Project Officer in Suicide Prevention (**n=4**)
- More education involving different medium and distribution
- Uniformity in Service provision (**n=2**)

### **STATEWIDE**

- Positive attitude
- Education Department sponsor Suicide Prevention Education (eg Agricul Dept)
- More education involving different medium and distribution
- Uniform assessment tools
- Uniformity in service provision (**n=2**)
- Flexible training in suicide prevention (**n=1**)
- Regular review of intervention programs, network and focus groups.
- Improve communication between service providers (**n=2**)
- Develop resources for all health centres in rural/remote areas (**n=3**)
- Mandatory Gatekeeper for all GP's (**n=2**)
- Court diversion officer and counselling services

### **Each group was asked to determine up to 5 priorities and identify which of the five key areas each priority related to.**

- 1 Promote professional community and consumer understanding of suicide, its link with mental health and effective strategies for prevention.
- 2 Strengthen prevention, promotion and early intervention in mental health and suicide prevention.

- Increased Child Protection/Welfare
- 3 Build community capacity for suicide prevention.
    - Working together as a community all taking responsibility
    - Training and Support for Carers
  - 4 Support planning within and between government and community sector agencies for suicide prevention.
    - Local In-Patient Mental Health Unit
    - Year Long DBT
    - Specific/CBT Counselling & Group Therapy
  - 5 Build partnership's professional and community capacity to address the high-rate of suicide among indigenous.

**An additional list was kept of key points made by individuals in general discussions or the plenary session**

**KEY POINTS**

- Need to engage GP's effectively.
- Continuity of care Acute – Community
- Support for carers and bereaved
- ABC Co-ordinator gone
- Need for dedicated resource not expecting frontline staff to do it all.
- Prison and police not getting enough training in Mental Health/Suicide Prevention
- Need up to date database on resources/services/programs
- Suicide Prevention 'Co-ordinator' independent of specific roles
- Linking role (Collaboration space?)