

# Kalgoorlie

Thursday, 16 August 2007

10am – 3pm

26 Participants

This consultation was part of a statewide 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](http://www.mcsp.org.au).

Organisations represented:

- CMHS
- Community Member
- Community Mental Health
- CRS Australia
- Dept of Indigenous Affairs
- DET
- EGSARC
- FACSIA
- GE GP Network
- Goldfields GDST
- Goldfields Suicide Prevention
- GWHCC
- Investing in Our Community
- KAAP
- Kalgoorlie Hospital Aged Care Unit
- Mental Health Support
- Mission Australia
- WACHS

**Approaches to suicide prevention.**

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

(Kate Miller, Education & Training Officer, MCSP).

**What's happening locally?**

**The 5 Key Areas of the Plan.**

(Shawn Phillips Executive Officer, MCSP)

### **Group Exercise**

**Participants were asked to place dots: if we could only pursue 2 of these areas, which would they be.**

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. **(n=13)**
3. Build community capacity for suicide prevention. **(n=16)**
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=9)**

**Participants asked to put an X if you think any of these are wrong or unnecessary, put an X on it.**

**Participants were asked in small groups.**

1. **What are the particular factors that may be contributing to suicide risk in this region?**

#### **Group 1**

- Isolation
- Drugs and alcohol
- Shiftwork
- Unemployment
- Lack of housing
- Poor life skills
- Barriers to accessing services due to cultural reasons
- Individuals find it difficult to access
- Services are flexible enough to provide services.
- Lack of collaboration of services/continuity of staff, retention.
- Lack of sharing of knowledge
- Silo mentality
- Family separation
- Transient nature of population
- Money. Have/Have nots
- Social pressures
- Idleness, lack of awareness of facilities available

## **Group 2**

- Geographical – isolated areas (outreach services)
- No continuity of care
  - Different case workers (building trust)
  - Disjointed contact
  - Increase case loads, increase stress of staff
  - Decreases ability to respond to crisis
- Stress level of all workers
  - Long hours - Family – left behind, ‘single parents’
  - Shift work
  - Certain locations (eg Kambalda) at higher risk –
  - Decreased support
  - Decreased transport
  - Less engaging in community (eg because of hours)
- Boredom e.g. of Youth, less activities
  - No acceptance into groups (not meeting criteria)
- Substance use and abuse

## **Group 3**

- Lack of connectedness due to
  - increased mobile workforce
  - shift work
  - extended family
- Demographics –
  - Increased number of young people
  - Increased number of Aboriginal people.
- Inequality affected social issues for Aboriginal people.
- Increased AOD use with increased disposable income. Amphetamines. Relationship breakdown without secondary supports include family; extended family.
- Size of Goldfields geography – resource limitations.
- Remote: difficult attraction and retention of mental health professional workers.

## **Group 4**

- Lack of social resources.
- Lack of social services.
- Cultural identity
- Grief and loss
- Substance abuse
- Social isolation
- Lack of access to services
- Lack of support network

- Sense – hopelessness
- Socio-economic status
- Lack of purpose.

## **2.1 What is already happening in this region?**

### **Group 1**

- Mental health/early intervention programs at schools e.g. Health promotion & buddy systems, improving self esteem.  
Mental Health First Aid
- Community Mental Health/CentreCare/Women's Health/GP Division/School Psychs etc.
- Strong Families
- Gatekeeper Program
- MHAG
- Counselling Services, Better Outcomes/Access
- Community increase Awareness plus Education of suicide
- Mental Health Inpatient Unity
- YMCA, Youth Services
- Mentally healthy WA
- Community Nurses
- PND Group
- Bega, Emotional and Social Wellbeing Centre
- Community Court
- Promotion/forums, regional.
- Upcoming Headspace Possibilities.

### **Group 2**

#### **Health**

- WACHS
  - CMHT
  - Promotion (Mark)
  - Emergency Department
- CentreCare
- Counselling
  - Millen St Youth Drop-In Centre
- GP Network
- BOIMH
  - Rural & Remote Mental Health GP's
  - Psych's
  - ? Headspace
- Better access to Mental Health  
Goldfields Suicide Prevention Taskforce  
Mental Health Action Group

Emotional and Social Wellbeing Centre  
Respite for Carers (Commonwealth)  
Crossroads

### Group 3

- Mental Health inpatient unit ) dealing with crisis & crisis
- CMH intervention services ) intervention
- Better access & BOMH
- Preventative community engagement: developing community capacity eg GP Network, M.H. Outreach
- Social capital: sporting clubs etc.
- Efforts undertaken for interagency collaboration – suicide prevention taskforce.
- Centrecare : Youth Indigenous Suicide Prevention Program.  
Schools:
  - focus on increased resilience
  - many staff attended Gatekeeper program
- Resources made available through taskforce: website (Suicide Prevention)
- Psych Services & Counselling available with increased access through Better Access.

### Group 4

- Beyond Blue
- ACT – belong – commit
- Aboriginal Youth Suicide Prevention .
  - ‘Mirritjunka Wanti’ – Centrecare Project
  - Mirritjunka Wanti Health Worker/s
- Acute Services – Moment
- Drum Beat Music Program
- Police response – Suicide
- Informal – unrecognised – Aboriginal Youth Networks that support other Aboriginal youth attempting suicide.

## 2.2 What more needs to happen?

### Group 1

- More education and awareness about suicide prevention. **(n=1)**
- Breaking down community stigma. **(n=1)**
- Cultural awareness. **(n=1)**
- More staff in mental services.
- Increase information to service providers, collaboration.  
Alcohol & drug detox facility (local). **(n=1)**
- More education and awareness programs in schools re: kids as carers; supports; mental health promotion **(n=1)**.

- Community capacity building; individuals equipped with skills, e.g. Train the Trainer. **(n=1)**
- More support in services for Mental Health Services.
- Combat silo effect with increased interagency links and community.
- Coordinating service delivery to outside of Kalgoorlie, remote areas. **(n=1)**.
- Improving access to funding for non-profit organisations. **(n=1)**
- Government organisations valuing no-government organisations. **(n=1)**
- Greater community involvement.
- Increased communication, collaboration, consultation between services, and within to ensure people don't fall through gaps. **(n=4)**
- Increase life skills for community members at risk. **(n=1)**
- Education in crisis response; how to respond to suicide or self harm.
- Services for men!!! **(n=3)**
- Training of Aboriginal Staff in Mental Health. **(n=2)**

## **Group 2**

### **State**

- increase coverage of services, education on suicide **(n=1)**
- TV, radio, newspaper **(n=1)**

**Local** – increase media coverage of local services and what they do. **(n=1)**

- Enhancement
- Research-based programs
- Educational programs in different services and employment areas. **(n=2)**

### **Local & State**

- Commitment to the development and managing of a 'staying healthy' approach as part of recovery from Mental Health episodes (as well as crisis management). **(n=3)**
- Strengthening partnerships between services, working together on same suicide programs. **(n=2)**
- Promotion of what services are involved, knowing what each service does. **(n=3)**
- Continuity of current programs, increasing desirability of positions, support for these from the community. **(n=1)**
- Access to services, pathways to different services at different times. **(n=1)**
  - ? how are criteria set (State or Local)
- Decrease stigma, promotion of positive mental health. **(n=5)**
- Anti-bullying programs, increase resiliency. **(n=1)**
- Engaging youth into communities **(n=1)**
- Information sharing e.g. GYCN – continuing support.
- Management support for workers to have partnerships in community. Management informing workers what's happening in the community.

### Group 3

#### Local

- Continual forums/other to raise awareness re suicide; impact; communities
- As context often changing. **(n=3)**
- Building Community Capacity – rural and remote areas.
- Employers to really take on board family friendly practice, particularly paternity leave. Therefore better support family – baby, mother, father. **(n=3)**
- Debunking myths ‘men don’t cry’. Increased capacity to emotionally express. Via forums; groups. **(n=)**.
- Increase interagency understanding – roles, limitations, how can work together. **(n=2)**.
- Addressing needs of indigenous youth – cultural awareness; fostering pride in culture. **(n=1)**.
- More stable school staffing leads to ongoing and consistent program delivery. **(n=3)**.
- Government to make it more attractive for workers to work rural/remote; and retention for them to stay. **(n=3)**
- Provision of services to support diverse sexuality.

#### State

- Government to make it more attractive for workers to work rural/remote; and retention for them to stay. **(n=3)**
- Research that is specific to suicide: numbers, issues, factors etc. **(n=1)**
- Strategic planning re: concern that Better Access and BOMH focuses increase resources to the moderate Mental Health (50%) but removes resourced from the more marginalised.
- CONSISTENCY – funding, planning, vision, strategic. **(n=1)**

### Group 4

#### Locally

- Better family support/s
- Building self-esteem
- More cultural awareness for agencies. **(n=1)**
- Better communities – coordination, collaboration, agencies. **(n=3)**
- Public presentation, clubs, organisations – (Suicide Prevention). **(n=3)**
- How the various Gov. Plans
- I.e. Deaths custody, justice plan etc. **n=1)**
- Gordon Enquiry – Linked? **(n=1)**
- Gov. Resources increased – **(n=2)**
- Expanded funding social support aged.

#### State

- School based (Suicide Prevention) **(n=1)**

- Public Awareness campaign. **(n=3)**
  - Health Service Personnel Management (Suicide Prevention).
  - Recognition of difference and diversity within rural/remote regions. **(n=3)**
  - Less 'metrocentric' directed initiatives.
  - Rehabilitation services in the community
    - Funding for programs
    - Identification of at risk group
- 3. What are the 4 things that will really make a difference in preventing suicide?**

**Group 1**

**1. Culturally Responsive service provision.**

- increased cultural awareness, how to understand issues from cultural perspective, providing services that are culturally appropriate.

**HOW –**

- All services to get cultural awareness training.
- Government services to include aboriginal health workers.
- Support of Aboriginal workers within departments, good orientation and induction, buddy system, peer support, IT
- Listening to Indigenous workers also within services.
- Promotion of Aboriginal Culture and Respect framework.

**2. Men's Services**

- Establishment of men's Health Centre.

**How –**

- Funding of Men's health Centre; multipurpose centre with interagency representation.
- After hours services.  
Male counsellors, Nurses, Health Care Workers – trained locally?
- Pooling of services already in existence.
- Multi faceted – wholistic, social, emotional etc.
- Outreach.

**3. Drug & Alcohol Detox facility**

**How –**

- Government funding and local industry (mining)
- Intermediate Care Units
- Promotion and awareness of AOD issued within community
- Training local people, scholarships for Year 12's etc to promote returning to Kalgoorlie.

**4. State coordinators employed to promote suicide prevention to at risk groups.**

- Promoting men support groups.
- Availability of Gatekeeper training.
- Increase of non-government supports locally to people with mental health problems.

- Bush camps; Aboriginal people providing cultural training.

## **Group 2**

### **Current programs**

- Support and motivation
- Enhancing
- Adequate funding
- Resource issues (eg Outreach – travel costs, accommodation)
- e.g. Community Mental Health.

### **Decreasing stigma**

- Promoting mental health
- Holistic view, including physical, social emotional
- What is suicide?
- Through local media coverage ) how to do this whilst maintaining
- Through State media Coverage ) confidentiality
- ? Schools
- Continuing already-made improvements reducing 'skeleton in closet' mentality.

### **Co-ordination – Holistic – regular network meetings**

Position Driver responsible for

- Networking
- Partnerships
- Working together
- Increased awareness of what each other does

Develop resources – localised wallet sized info sheet – what services (who, what, when, where, etc)

## **Group 3**

### **LOCAL**

- Continual dialog across the Goldfields District regarding suicide prevention.
- Evaluation of service delivery/programs across the District – what works and what does not work.

### **STATE**

- Develop effective means for rural/remote attraction and retention of staff in human services sector. (government and non government).
- Resilience programs in all schools.

## **Group 4**

- Awareness Campaign – risk protective factors.

- School based programs.  
Health personal ed.
- Recognition – difference
- Diversity within rural/remote regions.
- Strength, weakness, opportunity, threats
- Cultural awareness – agencies
- Public- presentation – community clubs associations, groups.
- Linking – various Gov. Plans
- Lobby Government – gaps

4. How will these fit with the State Plan? Full group feedback.

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](http://www.mcsp.org.au).

Closed 3pm