

Karratha

Tuesday, 7th August 2007
10am – 3.00pm
15 participants

This consultation was part of a state wide 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.

Organisations represented.

- Department of Health
- Department of Education & Training
- Department of Corrective Services
- PDGP
- Shire of Roebourne
- Youth Involvement Council

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. **(n=1)**
2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention. **(n=7)**
3. Build community capacity for suicide prevention. **(n=5)**
4. Support planning within and between government and community sector agencies for suicide prevention.
5. Build partnerships, professional and community capacity to address the high-rate of suicide among Indigenous West Australians. **(n=3)**

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 particular factors that may be contributing to suicide risk in this region?

Group 1

- Normalised suicide
- Domestic Violence
- Isolation
- Lack of extended family
- Relationship breakdown
- Social pressures
- Out of school activities, lacking
- Working hours/environment
- Drug & alcohol – lifestyle/accepted
- Lack of identifiable mentors
- Lack of opportunities
- Lack of integration with mini... agencies
- Housing issues
- Leaving school early
- Social and economic and cultural divide
- Lack of social support
- Transient population
- Learned helplessness
- Protracted grief reactions
- Lack of/pressure on agencies – staff recruitment and retention.

Group 2

Alcohol and Drugs – no rehabilitation centres in the Pilbara.

Relationship Breakdowns.

Isolation

- mines (separation from families/fly in-out
- exploitation of labour – Rio Tinto, BHP, FMG etc

Low socio economic

- separation of \$'s (employees)
- Rich/poor
- Indigenous Communities (CDEP – gone)
- Multicultural issues

Lack of Housing

WA State Suicide Prevention Plan; Consultation Process

- private rental costs increase versus wages income
- overcrowding – indigenous families
- no housing available for transient people ie cars

Services

- limited crisis services for Men
- Limited crisis services for Youth
- Domestic Violence and other abuse issues
- Women's refuge centres

Psychological Pre-disposition

- transient/dysfunctional

Lack of Social Cultural Time and Activities.

Distance to Service Providers – ie Pilbara Size Region

2. What is already happening in this region?

Group 1

- Programs in Schools
 - RAP with indigenous supplement; Mind Matters
- Suicide Prevention Network – Karratha
- Mental Health –
 - Education
 - Assessment
- ASSIST
- Assessment with drug and alcohol team
- RYCN – looking at youth promotion
- Realignment with Pilbara Mental Health to drug services
- Mother's against drugs
- Safe talk in the Pilbara
 - Aimed at community members
- Youth drop in Centre
- Exposure of yawning gap growing between the “have's and Have nots”
- Mental Health First Aid
- Media exposure of abhorrent behaviours and work practices/responsibilities.

Group 2

Suicide Prevention Network

- Based in Karratha
 - posters, radio advertising
 - Pilbara classified
 - Business cards
- Also in Port Hedland
 - Safe talk workshop
 - Grief & Loss workshop

Access to Mental Health Services

Cultural & Recreational Activities

ABC - Act, belong & Commit (Karratha pilot program 2 years)

Assist Program workshops

Indigenous Cares Group of Port Hedland

Strong Women's Group – Roebourne & Port Hedland

Youth Involvement Council – 24 hours/crisis accommodation & counselling.

Police – more involvement/awareness

Well Women's Centre – Port Hedland

- multicultural
- support women, families
- men counselling

SARC – Acacia Support Centre

- sexual abuse counselling
- self empowerment

Wirraka Maya Health Services

- culturally appropriate programs
- health education
- family violence
- clinical – MH
- Mulba Radio WIN/GWN – Health Advertising

Sobering Up Centre – Port Hedland

- breakfast program
- transient indigenous
- safe house overnight shelter

2.1 What more needs to happen?

Group 1:

Locally

- Services to meet the less acute needs **(n=1)**
 - e.g Relationship **(n=1)**
 - Parenting
 - Youth
- Need for public transport to access services.
- Strengthen interpersonal relationships in community e.g. talk to your neighbour (via media – TV/Radio input) **(n=1)**
- Housing – access, transient, crisis **(n=2)**
- Large companies to put more back into the community, families and workers. **(n=4)**
- Education – Legalaid Services Too.
- We need resources!! For all community services – health, police, DCP **(n=4)**
- No siloing of services
- Explore viable options to 'Learned Helplessness' within communities.

State

- Policy For protective behaviours – educate from early childhood, through to high school. **(n=8)**
- Addressing 'pathways' e.g. to Acute mental health –
 - Abuse
 - Poverty
 - Neglect
- Improve Pilbara Infrastructure
- Challenge negative downside of 'corporate templates'. **(n=2)**
- Invest back into community.
- Education to determine the similarities of suicide vs. preventative suicide behaviour and different treatment responses **(n=2)**.

Group 2

- Agencies to work together **(n=8)**
 - Better partnerships
 - Increase the resources
 - More skilled
 - More opportunities
- Relationship Counselling – Kinway (Karratha), Relationship Australia (PH)
- Women's Well Centre –
 - Need to have in Karratha
 - For the women/families to link into
- Sexual Assault Centre – need to have in Karratha to meet the needs for the clients. **(n=1)**
- Youth health Service – different service providers.
- Healing/Community driven Focus Groups – Forum for families affected by Suicide. **(n=2)**
- Support Groups – specifically for families affected by suicide.
- More School based programs – evidence based ie how to manage crisis situations **(n=5)**
 - Anxiety
 - Culturally appropriate
- Taboo – appropriate programs to engage the kids in consultation.
- After school activities for kids to engage in with transport – confident building, drama & art. **(n=2)**
- AOD – detox rehab Pilbara centre (with family to be involved). **(n=3)**
- More trained staff in Mental Health and other service providers or other appropriate trained people - **(n=3)**
 - ie Youth worker
 - Mental Health First Aid Course
- Safe houses/Respite places/Emergency Accommodation. **(n=1)**
- Attitude change (Health Promotion) – Suicide everyone's responsibility **(n=1)**
- More research into Biology of Suicide.
- Less abuse/neglect/trauma (Indigenous). **(n=4)**

- Medical Drug & Alcohol related problems. **(n=1)**
 - Government to Accept Responsibility for social problems. **(n=2)**
 - Improve Infrastructure – Resource Companies. **(n=3)**
 - More staffing of mental health and drug services to cope with increase population. **(n=5)**
 - Detox/Rehab facility in the Pilbara – Attached to the hospital. **(n=2)**
- 3. What are the 4 things that will really make a difference in preventing suicide?**
- 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.

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