

# Metro North

Wednesday, 8<sup>th</sup> August 2007  
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:**

- Carer
- Centrecare Joondalup
- City of Wanneroo
- Community Member
- Dept of Education & Training WA
- GROW
- ARAFMI
- Mental Health Division
- Mercy Reconnect
- Non Government Schools Psychology Service
- Perth & Hills Division of General Practitioners
- Reach Out
- South Metro Mental Health Service
- Youth Focus

## **Approaches to suicide prevention.**

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

(Professor Sven Silburn, Chairman, Ministerial Council for Suicide Prevention).

## **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=14)**

2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention. **(n=16)**
3. Build community capacity for suicide prevention. **(n=10)**
4. Support planning within and between government and community sector agencies for suicide prevention. **(n=4)**
5. Build partnerships, professional and community capacity to address the high-rate of suicide among Indigenous West Australians. **(n=8)**

**Participants asked to put an X on any of the key areas for action they considered unnecessary.** No Xs were recorded.

**Participants were asked in small groups.**

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

**Group 1**

- New Housing developments and lack of infrastructure.
- Depression.
- Co-morbidity/dual diagnosis – interface between mental health & alcohol & drug use.
- Lower socio economic factors.
- Demographics –
  - new arrived refugees/migrants
  - Aboriginal population.
- Meth-amphetamine use (ICE)
- Drug/alcohol use
- Booming economy –
  - Family structure
  - Housing
  - Economic/risk taking
- Urban sprawl – isolation
- GP education –
  - Assessment
  - Capacity building in GP's
  - Practical nurses
- Referral pathways – families, GP's, agencies
- Education intervention
- Media stereotypes causing fear/isolation

## **Group 2**

- Environmental issues and financial issues.
- Social factors/support mechanisms
  - Re-settlement
  - Fly in/fly out – more stresses.
  - Migrant settlement
  - Density of living situations but still social isolation
  - (urban sprawl)
- Socio economic issues (pressure to succeed)
  - Finances
  - Housing – Homeswest – split in families.
- Relationship issues/child support custody/access
- Change in work environment/work choices
- Availability qualification.
- Health services – wait time, availability esp GP and mental health services, accessibility to expertise/specialist services.
- Family breakdown/peer pressure
  - Structure of families changing – lack of support
  - Substance abuse
- Unresolved grief/loss issues. Minimal prevention and intervention.
- Media attention.

## **Group 3**

- Unresolved grief –
  - Migration
  - Modelling
  - Isolation (family)
  - Lack of support
- Anger – poor coping/managing
- Suburban sprawl –
  - Too rapid
  - Too few services
  - Limited transport
  - Distanced from families
  - New schools – under resource and competition for resources
- Alcohol and drugs
  - Families
  - Young people
- Lack of support agencies
  - Poverty –
  - Single families
  - Rental stress/mortgage
  - Lack of affordable housing
  - Pressure also with sudden wealth of mining boom/parent separation etc.
- Families in need –

- Family culture
- Children at risk
- Mental health
- Drugs
- Parenting skills/modelling
- Fear of accessing support/fear of outcomes.
- Expectations on young people –
  - Body image
  - Materialistic gain
  - TEE burnout
  - Lack of knowledge to access support
  - Change in relating with focus on IT and Text

**Group 4**

- Drugs and alcohol
- Domestic violence/abuse
- Traumatic events
- Peer pressure
- Limited access to services
- Knowledge of services/lack of resources
- Fear of minimising (level of risk) and medical level.
- Stigma creating isolation.
- Lack of outreach services (wait list) weekends increased risk.
- Fear of being seen as weak.  
Lack of youth friendly public space.
- Lack of recreational options.
- Young people needs not being met by community.
- Younger people being exposed to certain issues – before their time (mixing in which older (young) people.

## 2.1 What is already happening in this region?

### Group 1

- Youth Advisory Council (YAC) raising awareness in local communities in Wanneroo.
- Community worker's education
  - MCSP Gatekeeper
  - Lifeline
- GP Education packages
- Collaboration and partnerships
- Websites/Info/helplines
  - Beyond Blue
  - Kids Help Line
- Conferences
- Community Services and Agencies –
- Government and
  - Non Government
  - Church Groups
- Network groups in local area\

### Group 2

- Two new support groups for mental health.
- Some individuals don't consider their situation as mental health so won't access the resource.
- Availability of telephone counselling.
- ARAFMI – work in schools.
- Suicide Prevention Training
- Most schools have school psychs.
- Media – creating awareness “Beyond Blue” – depression.
- High profile individuals – contributing to awareness
- Clarkson Community Mental Health Centre.
- Playgroup in Yanchep for parents with mental health issues (City of Wanneroo).
- Development of private clinics – use?
- Better access to mental health professionals through Medicare funding.

### Group 3

- Youth Focus
- Youth link (North)
- Centrecare
- Hospital at Home
- MHERL
- Joondalup Hospital – linked with mental health
- Student Services

- Multi Systemic Therapy
- CAMHS x 3
- AMHS
- Reconnect
- Killava
- City of Wanneroo & Youth Advisory Council
- Peer Support
- Youth workers
- YMCA
- Gatekeeper Training
- Advanced skills training GHC
- Information Centres
- Family relationships centre
- Salvation Army
- Better access to mental health
- Lifeline
- Kids Help Line
- Samaritans
- Carers WA
- Youth Pathways

#### **Group 4**

- Agencies area already doing outreach services, (counselling).
- Youth Focus, Youthlink, CAMHS, Centrecare
- Public Schools are improving their student services. E.g. Mindarie Senior College is a good example of a school supporting their students.
- Mind Matters (mental health promotion in schools).
- Beyond Blue, Reach Out
- Communities becoming more educated.
- Youth drop-in centres/Hype
- Interagency networking e.g. JAWS
- Youth groups making links and general support
- Young people working together to help other young people – Youth Advisory Council.

## **2.2 What more needs to happen?**

**Participants worked in groups then placed lists up and all voted with three dots on priorities across groups. Number of votes in brackets (\*)**

#### **Group 1**

- Support for those affected by suicide. **(n=6)**.
- Increase training for young people to support peers.
- Family/grass roots level/early intervention and referral as opposed to executive and operational levels. **(n=2)**

- Media – destigmatising suicide/mental health. **(n=1)**
- Local community forums/information sessions to raise awareness.
- Increased access to mental health services – wait list, mainstream services. **(n=3)**.
- Outreach mental health services.
- ARBOR program – across Metro area **(n=2)**.
- Accountability level of mental health services.
- Free community ‘Mental Health First Aid Training’.
- Extension of Youthlink team in Northern Suburbs.
- “Youth” Mental health 12-25 rather than children – then to adults. **(n=4)**.
- Resource list of services – Directory. **(n=4)**

### **Group 2**

- Get rid of bureaucracy. **(n=3)**
- Accredited training for suicide intervention prevention.
- Community awareness to avoid stigma. **(n=4)**
  - Public forums
  - Media
  - Advertising.
- Extension to national level as well.
- Building ‘new resources’ based on successes of already existing success stories.
- Mental health education as early intervention for school age children. **(n=1)**
- Mandatory training for GPs, child-care, police, ambulance staff. (New and existing). **(n=3)**
- Funding to retain staff expertise. **(n=2)**
- Active outreach to those affected by secede.
- Target ‘pockets of at-risk’ cases. Early intervention and assistance. E.g. Wheatbelt farmers **(n=1)**
- Effective response to critical incidence.
- Professionally run self-help and support groups – for individuals bereaved by suicide. **(n=3)**
- Community education: Self-harm versus suicide.
- Discharge planning needs to be more efficiently done. **(n=3)**.
- Reduce wait list – time after discharge. Active follow up. **(n=1)**

### **Group 3**

- Designating a day a year to allow people to access assessment of their mental health (or a week?)
  - May be included in mental health week or youth week.
- Postal drops to promote services – fridge magnet?
- Sharing of information in the health sector – be prepared to be free with information – both professionals and consumers.
- More money please **(n=3)**
  - Mental health

- Promotion and Prevention
- State Government contribute to Federal initiatives (e.g. Lifeline)
- Human Resources: **(n=3)**
  - More skilled workforce
  - Appropriate employment for graduates of Indigenous studies.
- Sustaining interagency Gatekeeper Training (with interdepartmental coordination). Statewide consultative support and bank of resourced skilled workers – and continuous training for professionals.
- Central point for dissemination of information and collect information – consultative support in setting up data systems between department and agencies. **(n=1)**.
- Full time pastoral care team in every school. **(n=1)**.
- Dept of Education allocate and prioritise a social and emotional wellbeing courses for schools with additional trained facilitators. **(n=1)**.
- Stop having pilot programs and implement programs (longevity).
- Promotion and development of programs for men – not with specific risk factors (e.g. domestic violence, divorce etc). **(n=1)**
- Television advertisements on mental health –
  - Have you had enough sleep today?
  - How are you feeling?
  - Who can you talk to when you're down?
- Dept of Correctional Services
  - Increase Mental Health Services
  - Deaths in Custody – Aboriginals – What's happened.
- Co-Morbidity **(n=5)**
  - Falling between the gaps
  - People who don't fit criteria
  - Getting knocked back – decreases trust in professionals for future.
- Acknowledgement that young people (under 18)
  - Can make informed choices
  - Are entitled to privacy
  - In some cases allow another responsible adult to give consent to receive services.
- Expansion of step down facilities. **(n=2)**

#### **Group 4**

- State: Adequate government funding for suicide prevention. **(n=6)**
- Streamlining and simplifying reporting procedures to funding body.
- Better education fo existing services – increased awareness.
- Improving accessibility of service – eg after hours and weekends.
- Improved counselling services at hospitals. Services that are hospital based. **(n=7)**
- Long term counselling available at hospitals.
- An agency working from the hospital that can pick up from the hospital and continue to work with client.

- Improved crisis services. **(n=1)**.
- PET team for drug and alcohol relating to mental health.
- Improved follow-up and personalisation of services. **(n=1)**.
- Support and care for workers to prevent high staff turnovers – encourages consistency for agencies and clients! **(n=1)**
- Covering service gaps =- eg cover more geographical areas, looking at age groups not service e.g. 19-24 year olds. E.g. Freedom centre covering North Metro, not just city. **(n=5)**

### **3. What are the 4 things that will really make a difference in preventing suicide.**

**Participants were asked to report back on the ideas brainstormed in each group, with particular emphasis on those with the most dots**

#### **Group 1**

1. Support for those affected by suicide.
2. Youth mental health, 12-25, rather than children then adults – access improved to these services.
3. Increased information targeted at family/grassroots levels/early intervention and clearer referral pathways.
4. Increased access and availability to mental health services.

#### **Group 2**

##### **LOCAL, STATE, NATIONAL INITIATIVES**

#### **1. Increasing community awareness of Suicide prevention and Mental health:**

- Don't reinvent the wheel.
- Education for whole of community – public forms, media, advertising – buses, tv, billboards, milk cartons, campaigns, target identified at risk groups.
- Early intervention – schools/education projects.
- Provision of resources to support education strategies.
- Sponsorship and partnerships with commercial bookies.
- Ongoing/recurrent funding.
- Increase capacity for professionals/agencies to respond to increased needs
- Awareness and capacity of how to negotiate through Government and other agencies bureaucracies.
- Raise awareness of available services - Resource directory – Universal – IT?

#### **2. Effective discharge planning and implementation from hospital.**

- Reduce wait times for post discharge services –
- Mental health and GP's
- More services, more professionals.
- Appoint a worker for 1:1 support post discharge –

- Active Follow up (in person, phone, email etc).
- Provision of support.
- Building effective referral processes – communication,
- Utilise secure electronic systems
- Standardisation of processes
- Evaluation.

### **3. Professional training**

- Mandatory initial and follow up for GP's and health professionals.
- Other human services e.g. child care workers, police, teachers.  
Training – accredited and professionally delivered –
- cost effective
- government funded
- Training in responding effectively to critical incidents.

### **4. Postvention**

Whole of community approach

- Professional support groups and self help groups
- Increased awareness of suicide bereavement and needs of survivors.
- Outreach support and follow up
- Increase skills of professionals.
- Evaluation

## **Group 3**

### **1. Funding and Resources**

Need more workers but need to pay workers more to get more to do the job.  
Make jobs in mental health attractive.  
need more funds for resources but need more people to utilise the funds.  
Make university degrees more attractive (need initiatives rather than penalties)  
for example: people would be more inclined to do plumbing apprenticeship than a  
graduates degree because they get paid rather than having to pay to study.  
Flexi learners options”.

### **2. Co-Morbidity**

Create clarification for those with alcohol/drug issues and mental health and  
who's responsible.  
Get past debate of which came first and deal and address the issue as a singular  
issue.  
Have co-operation with the service and case management.  
Liaise between the two services.  
For example: Teen Challenge & Mercy Ministries adapt to adults with a focus on  
treatment and recovery rather than what they are recovering from.

#### **Group 4**

1. Improved funding would allow for:  
Education for public to raise awareness of services and decrease stigma.
2. Education for health professionals on how to assess risk and where to refer.
3. Increased service provision – agencies to have capacity to take increased referrals – more flexible access hours e.g. nights and weekends.  
E.G. Bigger counselling depts at hospitals can”  
Provide after hours care  
Faster access – responding to immediate crisis  
Can act while the iron is hot and people are at the hospital to link with support.  
Provide cohesive and longer term medical and mental health care.
4. Covering Service Gaps  
Specialised services expanding locations to match urban sprawl. E.g. city based services providing services in north and south regions.

#### **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).