

NORTHAM

Friday, August 10, 2007

10am – 3pm

28 participants

The 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.

Organisations represented:

- Anglican Church
- Community Member
- Dept of Health & Ageing
- Mental Health Network
- Mentally Healthy WA
- Northam Over 60s Group
- Northam Residential College
- Student Nurse
- WACHS – York District Hospital
- WACHS Wheatbelt
- Waminda House
- WAPOL
- Wheatbelt Aboriginal Health Service
- Wheatbelt GP Network
- Wheatbelt PHU
- Wheatbelt Policy
- Dept of Education & Training
- Wheatbelt Public Health Unit
- Wheatbelt Resilience
- WMB –Safer Northam
- WMHA
- WRFDVC
- WSS

Approaches to suicide prevention.

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

(Kate Miller, Education & Training, Ministerial Council for Suicide Prevention).

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=7)**
2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention. **(n=10)**
3. Build community capacity for suicide prevention. **(n=19)**
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=5)**

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

Comments

Participants were asked in small groups

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

GROUP 1

- Isolation
- Limited Services
- Transport
- Environmental factors
- Financial – Employment
- Connecting
- Limited coping skills – dysfunctional families
- Difficulty in asking for help
- Housing – overcrowding
- Depression

- Undiagnosed Mental Illness
- Substance abuse
- Culture of drink – pub main place of social outlet

GROUP 2

- Climatic changes (drought, earthquake, floods etc).
- Plague e.g. locusts (agricultural)
- Socio-economic shift – isolation from family/friends
- Cultural differences (City vs. Country – ethnic)
- Changes in legislation e.g. Domestic Violence; Child Protection ANCOR
- Increased Drug and alcohol use in community
- Less employment options
- Aging Population

GROUP 3

- Relationship breakdown
- Fear of failure
- Isolation
- Transient communities
- Differences
- Drought vs financial
- Breakdown in farming families
- DV
- Unemployment – intergenerational welfare
- Drugs and alcohol
- Stigma/shame
- Youth issues
- Access to Firearms
- Bullying/harassment
- Sexual abuse
- Mental-illness/depression
- Cultural issues.

GROUP 4

- Peer and youth pressure
- Seniors peer pressure
- Drug involvement – substance abuse
- Unemployment – Centrelink irregularities
- Climate changes
- Community prices – financial
- Importation of food stuffs – sub standard
- Ease of credit
- Lack of work succession

- Transient population
- Lack of parental support
- Lack of influence – feeling of no consequence
- Taboo in some areas – particularly older generation
- Post traumatic stress –
 - War related
 - Family loss
 - Property loss
- Loss of ‘village’ atmosphere
- Non-existence of low costing entertainment – apart from hotels.
- Non-existence of low cost housing.
Ego-centric thinking – thinking ‘me’
- Lack of spiritual connection.
Education – kids not doing ‘So Well’ future can be negative.
- Rural isolation – ‘as above’

2.1 WHAT IS ALREADY HAPPENING IN THIS REGION?

GROUP 1

- Education i.e.
 - Gatekeeper
 - Counseling – financial
 - Men Health
 - DV Support
 - Wheatbelt Alive & Well Inc
- Resilience Program
- Outreach Service
- School Programs
- Stronger Families
- Grow Group
- Men Yarning Camps
- Youth Camps
- Yorgas Camp (Woman)
- Refuges
- Men’s Lodge
- Court Diversion Fay back > mediation
- 1. Coordination
- 2. Collaboration
- 3. Education

GROUP 2

- Talk to a mate
- Wheat Belt alive and well (the collaboration of all agencies)
- Wheat Belt Men’s Health
- Community Resilience Project

- Pitstop
Anglican Care packages to struggling farmers
- WSS briefed re Family & Domestic Violence) and Child Sex Offender Processes
- On going Education to Govt and NGO re Mental Health
- By several organizations.
 - WB Mental Health resilience Program
 - WB Mens
 - WB Alive and Well

GROUP 3

- Alive and Well
- National Suicide Prevention (Crisis Resilience Groups)
- Gate Keeper
- W.S.S. – Counselling
WMHS
- GP Division
- Interagency Co-op
- Avon Youth
- Share and Care
- Broaden Reach
Avoid ‘Silo’ mentality
(Exclusivity)

GROUP 4

2.2 WHAT MORE NEEDS TO HAPPEN?

GROUP 1

- Develop a sustainable mental health system (treatment service). **(n=5)**
- Coordinated referrals.
Training – community service providers - mental health first aid.
- Education **(n=6)**
 - De sensitize suicide
 - TV, Films (Health Promotion), Media
 - Talk about it – name it
 - Communicate – feelings
 - De-myth – ‘not fashionable’
 - Lifeskills – life management
 - Health promotion – ‘integrated’
 - Realistic expectations – OK to not feel OK
 - Relationships
- Money – longer term **(n=2)**

- Interagency dialogue –
 - Outcomes
 - Resources
 - Service-mapping
 - Regular (All services dealing with suicide – checking efficiency)
- More Supports –
- at home (local) what people want
- practical
- Capacity Building
- family support (early intervention) e.g. child health, family support
- one stop shop/community centre with co-location of health/support services **(n=2)**

GROUP 2

- Community Involvement (whole of Community) and engagement (social Capital) **(n=4)**
- Unified approach – from all groups **(n=1)**
- More cooperation between agencies. **(n=1)**
- Attraction of staff. **(n=6)**
- Funding sustainability.
- Information awareness – local directory
- Coordinated State approach – (MHPAL Project Office)

GROUP 3

LOCALLY

- Implementation of new resilience program to whole of wheat belt. **(n=3)**
- More advertising/education.
- Practical Inter-agency case management. **(n=2)**
- Flexibility from Regulation.

STATE

- Financial support to agencies to assist, retain and promote collaboration.
- Legislative change to allow information/patient-client details to be shared. (Flexibility). **(n=5)**

GROUP 4

Local

- Minus taboo – more education in community – not training. **(n=1)**
- Relationship counseling on outreach basis.
- Support not counseling – destigmatising technology
- Getting rid of silos. **(n=4)**
- Improving mental health – Country/Perth **(n=1)**
- Continuity of funding.

State

- Identify high at risk group e.g. veterans **(n=1)**
- Agriculture – given more significance and empowerment. **(n=2)**
- SS Policy – encourage regional peak mental health basis. **(n=1)**
- Addressing suicide not just as Mental health but as a social determined issues pertaining to flourishing communities. **(n=1)**
- Lack of long term strategies – stop/start detrimental. **(n=4)**
- Continuity of funding. **(n=4)**

Agency collaboration – networking **(n=2)**

Community education.

Professional education **(n=1)**

More programs

More services **(n=2)**

More media attention

More funding evaluation

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.

Close 3pm