

RESPONSE TO MINISTERIAL COUNCIL FOR THE PREVENTION OF SUICIDE

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I attended the Northam Consultation process on 10 August 2007 as my area provides funding to several mental health agencies in this region.

What is Already Happening in the Region in Respect of Suicide Prevention?:

- National Suicide Prevention Strategy
- Community Resilience Groups (CRG's)
- Interagency collaboration eg WAW Inc. has 'markedly improved'

Overall there seemed to be a general lack of knowledge in many attendees of what is being done now. Very few of the examples detailed at p.7 of the *WA State Suicide Prevention Plan Consultation Paper* were raised. For example, Mental Health First Aid (ANU) (MHFA) – which has been very well received in other regional locations and provides immediate benefits – was not mentioned at all during the day.

What More Needs to Happen?

- Greater marketing and promotional support for peak groups eg WAW Inc – set up more formally, representatively and regionally (*cf. Mental Health Stakeholders Forum in Great Southern Region*)
- Removal of mental health stigma
- Further specific identification of 'Highly at Risk' groups eg veterans
- Less reliance on 'visiting professionals' and more regard for local support mechanisms, simply put: local people on the spot given the confidence to prevent the 'at risk' individual from self-harm.

Other issues of note discussed:

- The 'stop/start' approach caused by short funding periods – no continuity – one of the deterrents to recruitment and retention of professional staff ('*why would you take a job for two or three years, move your family etc when you can get a permanent job in Perth?*'). Also, communities get disillusioned when asked to commit, get motivated to get outcomes underway and then funding stops before project at a sustainable level. Very difficult to get community support next time around for anything similar.
- There was lengthy discussion about case management interagency dialogue and client confidentiality inhibiting intervention in high risk cases. Some debate over duty of care under *Privacy Act (1987)* not assisted by the naivety of the facilitator: ("just get rid of the legislation"). There was a report of the *Mental Health Act* being currently under review and that this issue is being addressed in the review.
- Of particular interest to this Department should be the high importance and priority the agencies attending gave the WCRG's. It was identified as a crucial component of the region's strategy.

Further Action/Recommendations:

From attendance at this consultation process I provide the following feedback to the MCSP:

- At a state level there needs to be further specific engagement of 'high risk' groups, particularly the veteran community. DVA appears not to be currently represented on the State MCSP forum and the *WA State Suicide Prevention Plan* appears to make no reference to this group. Given DVA research shows veterans suicide at twice the National average suicide rate, similar treatment as given to separately specifying indigenous groups in the plan appears warranted.
- The development of Regional Mental Health forums that are peak groups within their region appear to be an essential part of any suicide prevention strategy. The Wheatbelt Region WAW appears to be encompassing some of this role, however even current WAW members admit that the group is not all inclusive of relevant agencies in the region. The Great Southern Mental Health Stakeholders forum, which this department was instrumental in setting up, has been very successful in removing silo mentalities and methods of operation in the mental health area of this region, fostering cooperation rather than competition for resources; sharing experiences preventing 'reinvention of the wheel' and developing joint complementary strategies with enhanced service delivery outcomes for their client populations. (Not surprisingly, these same problems were all identified at Northam by agencies attending the consultation). Attendees were unaware of any similar forums or peak groups in other regions, and it is felt that MCSP should explore their development regionally throughout the state as part of the overall suicide prevention strategy.
- Higher profile marketing and promotion of current mental health initiatives such as MHFA appears necessary.
- Community Resilience Groups (CRG's) concept seems to be very highly regarded by most of the Wheatbelt agencies in attendance, and perhaps this concept 'piloted' in the Wheatbelt could be considered for general implementation state-wide after appropriate evaluation and review.
- There seemed to be a lack of awareness of all relevant agencies in the region, and it would be probably safe to extrapolate this likelihood exists for the majority of the rest of regional WA. Again, Great Southern WA Country Health Services (WACHS) has undertaken a 'mapping exercise' of all mental health agencies in their region which has been most beneficial to stakeholders and funding agencies. (It is used nationally by this department, for example). If undertaken state-wide, it will provide data to ensure adequate coverage and representation of suicide prevention strategies.
- In conclusion the input and interest shown by attending agencies indicates there is a real determination in Wheatbelt Region to undertake the work necessary to implement the state plan. Involving them in the consultation process has given agencies ownership of the process to this stage, however further momentum will only be generated if they feel they have been 'listened to' and some of their concerns raised are addressed.

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