



Centre for
Developmental Health



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WA State Suicide Prevention Plan

Consultation paper response sheet

This document is designed to prompt respondents to address the issues raised in the consultation paper. Additional copies of the consultation paper are available from www.mcsp.org.au.

Feel free to use any or all of these headings or to structure your response in any way that makes sense to you. All comments will be considered, regardless of the format.

Reply by: 15 August 2007

Submit by Email

Identifying yourself will enable us to contact you and clarify points you may make. Identification is optional. Identified submissions will be posted on the MCSP website. If you do not want your submission posted please let us know. Unidentified responses will not be posted. If you want to have your submission posted but do not want identifying information publicly displayed please contact us.

Organisation: Sir Charles Gairdner Hospital

Position: Self Harm and Crisis Counselling Service

1. Promote professional community and consumer understanding of suicide, its link with mental health and effective strategies for prevention.

How can government and non-government organisations develop more sustainable approaches to training in suicide prevention?

How could the evaluation of government and community-based suicide prevention programs be evaluated more consistently?

How should existing epidemiological surveillance systems be managed to enable their more effective utilisation?

How can high quality information relevant to the needs of different professional and community groups concerned with suicide prevention be more effectively disseminated?

2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention.

What needs to be done to ensure that the Council strengthens its links with key stakeholders (media outlets, community leaders)?

What investment is needed to build a coordinated and sustained approach to mental health promotion across the state?

Should media-based community education strategies be developed to reduce stigma and promote awareness of avenues for securing help with mental health problems?

What practical strategies are needed to improve men's help-seeking behaviour and enable services to be more accessible to men?

3. Build community capacity for suicide prevention

What is needed to enable different local groups to come together, share information and develop strategies for working together?

How can 'infrastructure' such as innovative use of new technologies be created to support networking?

How can organisations that have a shared interest in suicide prevention, be supported to build alliances to:

- Reduce key risk factors?

- Strengthen protective factors?

4. Support planning within and between government and community sector agencies for suicide prevention.

How should current suicide prevention initiatives be aligned with the New State Mental Health Plan?

What is needed to ensure that risk assessment procedures, referral processes and support mechanisms are developed by different groups and agencies and the reciprocal relationships between agencies are clarified?

Should each State Government department be encouraged to develop its own strategic action plan (including a training plan) for suicide prevention?

What should be done to strengthen the communication between the Commonwealth and State governments with regard to suicide prevention in WA?

How can networking between 'resilience building' and other community-based projects be facilitated by use of new information technologies and communication systems – particularly for more geographically isolated communities?

Are there specific legislative considerations needed to enable the timely exchange of relevant information between departments in situations of heightened suicide risk (e.g. suicide 'clusters' or teenage pacts)?

What organisational mechanism is required for government accountability in the implementation of the WA State Plan for Suicide Prevention?

5. Build partnerships, professional and community capacity to address the high-rate of suicide among Indigenous West Australians

What is required to support the re-establishment of an Aboriginal Suicide Prevention Working Group to support the participation of Aboriginal community agencies and to build collaborative relationships with mainstream mental health and other human service providers?

Given that reducing suicide in Indigenous communities is of one of the 'headline' indicators of COAG's Overcoming Indigenous Disadvantage strategy, what priority should be given to Aboriginal Suicide Prevention in the implementation of the State Mental Health Plan and the State Suicide Prevention Strategy?

What investments are needed to build partnerships with Aboriginal and mainstream service providers in training and support for managing critical incidents and suicide clusters?

How can the work already being done by communities and Departments in universal (developmental) prevention in building community capacity be best supported?

1a. Do you consider any of the 5 key issues, above, unimportant? If so, why?

All of the issues raised are important. The discussion paper does address the broad nature of this problem.

1b. Do you think any key areas for action are missing? If so, what are they?

Psycho-social factors are mentioned as specific precipitating stressors although reference could also be made to problems of domestic violence, legal problems and child custody issues. Specific reference to accommodation problems needs to be made.

2. What are key factors that may be contributing to suicide risk in your local area?

1. Drug and alcohol abuse. 2. Relationship and interpersonal problems. 3. Mental illness. 4. Conflict regarding child custody. 5. Legal problems.

3a. Thinking about the 5 key areas for action, what is currently being done, locally, about one or more of these actions?

1. Under Item (1) reference is made to the establishment of databases at metro hospitals. This database is no longer being maintained at SCGH (in its original form). This cessation was due to a lack of admin/logistical support.?) Lack of hospital clinical staff representation in the Ministerial Advisory Council.

3b. What important actions are not occurring locally?

1) Reduce access to means - specifically to over the counter medications (often used in overdose).2) Provide a single contact point to disseminate information to individuals and family.

3c. What more would you like to see done to prevent suicide:

i) At a state level?

1) Provision of involuntary detox facilities.2) Greater availability of crisis accommodation.

3c. ii) At a local level?

1) Provide funding for staff to specifically collect, manage and maintain databases at 3 hospitals.2) Provide forums for key stake-holders to regularly meet and share information.