



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: South Metro Community Drug Service (Palmerston Assoc Inc) Mandurah WA

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?

Information transfer from Coroner's database, hospitals, schools to enable demographic overview of client risk, for eg: Aboriginal people, region specific, impacts, effects

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

More indepth, ongoing refresher training courses with a component for professionals to report on programs operating within their area.

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

Record all suicide attempts, eg: through client presentations to hospitals, GP's etc.

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

Relevant, regional specific updated training/seminars on a regular annual basis and disseminating information at these functions.

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)?

Improve communication, networking and building of relationships with key stakeholders and provision of ongoing annual training/seminars

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

Trust fund specific to mental health issues, increase staff in core group (eg: Ministerial Council)

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

Yes

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

Normalising disorders, trauma's and support. Men's health facilities

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?

Funding, leadership, time, resources, planning

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

Teleconferencing, links to other organisations, data base

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

• Reduce key risk factors?

Network meetings

• Strengthen protective factors?

Bringing professionals and families together, conferences, community meetings, information days/evenings

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?

Memorandum of Understanding, Quality Frameworks, Policies, Increase specific funding for suicide prevention

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

State Government provide guidelines (mandated) with flexibility for agency specific guidelines

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

Joint funding, collaborative planning, consultative process, including proportionate representation of key stakeholders

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?

Teleconference facilities

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?

Rapid follow-up, records, feedback, evaluations, register of all agencies contacted

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?

Sufficient Aboriginal Officers and Workers (50D positions), provision of training, adequate time given to build relationships, consistency of employment, cultural and regional awareness and appropriateness of service delivery and support

Given that reducing suicide in Indigenous communities is 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?

Implementation of 50D positions

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

Cultural awareness and understanding towards Aboriginal values and beliefs, regional specific awareness and understanding

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

Sustained, ongoing positions to maintain relationships, networking, capacity building, consistencies within the Aboriginal community

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

No

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

Funding both from State and Federal Government, availability and access to training programs that are regionally-based to respect and understand local communities

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

Alcohol and Other Drugs misuse, unemployment, homelessness, domestic violence, mental health issues, lack of adequate housing,

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

Alcohol and Other Drug – provision of one Indigenous Counsellor/Educator working in the Mandurah area 2 days per week. Domestic Violence and healing process 2 Indigenous Workers. In reality, the 5 key areas for action need to be acted on as provision of services at the moment is not sufficient

3b. What important actions are not occurring locally?

Housing, unemployment, 50D positions, increase sustainability of 50D Workers

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

i) At a state level?

Funding, 50D positions

3c. ii) At a local level?

• Bringing professionals and families together • Ongoing training • Follow-up of suicide training • Increased staffing • 50D positions • Cultural awareness training respecting local communities cultures