Adult Community Education & Mental Health Reforms: Community driven suicide prevention Canberra Friday 14th October 2016

Suicide is an impulsive act - often the result of a multiplicity of factors that become overwhelming and fuse into a single moment in time.

And last week we heard the news that there were more than 3,000 of those moments in time - right here in Australia - last year.

Middle-aged men account for the largest number of suicides each year – almost half were men aged 35-55 years. Female suicides increased by 26% over the last five years from 580 to 735. And, there is a *regrettable* trend in number of women who are choosing violent means.

Sadly, Indigenous rates are more than twice that of non-Indigenous Australians. The rates for young Aboriginal and Torres Strait Islander males & females are four & five times higher than their non-Indigenous counterparts.

And, suicide is more common in rural areas – twice that of metropolitan areas

Whilst you ingest those numbers – remember that every number is a person and their deaths affect families, friends and whole communities.

Suicide is a serious public health problem…..

SPA is the lead agency for the National Coalition for Suicide Prevention and we have a single ambitious agenda to1/2 the number of suicides in Australia within a decade.

We believe this is achievable …. because suicide can be prevented.

This is a very challenging, but true statement. Challenging because of its complexity…. too often suicide is simplified to being the result of mental illness.

It is because of this complexity that the message: suicide prevention is everyone's business is so apt. Irrespective of where you operate within a community you can help to prevent suicides.

Sadly, motivating communities to address suicide and its prevention is most often driven by a passionate few who have been personally impacted by a suicide or an attempted suicide.

The challenge here is that ***good will*** does not necessarily equate with safety or ***good quality***. Training is very important.

For decades, National & State governments invested in programs & services to reduce suicides in Australia. Regrettably - with little achievement & the numbers of people dying by suicide remained stubbornly static. As I mentioned, the ABS reported that more than 3,000 moments in time – happened last year.

That's 58 moments in time each week - and with recent US research showing that every suicide impacts 135 people that means almost 8,000 Australians experience this tragedy.

In its review the National Mental Health Commission clearly stated that approaches to suicide prevention have been piecemeal. They lacked leadership. They lacked coordination. They have not put the person at the centre of decision-making nor the delivery of programs & services.

In its response to the National Mental Health Review the Government has set four priorities for suicide prevention:

1. National infrastructure & leadership – with greater cooperation at all levels of Government

2. A systematic & planned regional approach to community-based suicide prevention – local approaches driven by local needs

3. Refocusing efforts to prevent Indigenous suicide – recognising that culture and context are integral to social and emotional wellbeing

4. Working with states & territories to ensure effective discharge follow-up support for people who have attempted suicide. – an important indicator for future attempt.

Each of these priority areas has an element of training, particularly the discharge planning, because of the need to link to community services that support individuals when they leave the healthcare system.

Important to your discussion today is the transition of program funding from the centralised Department of Health model to 31 Primary Health Networks.

During this financial year PHNs are responsible for developing localised activity plans for suicide prevention, and mental health promotion, based on their needs analysis. They are then responsible for commissioning the requisite services.

I believe this presents a significant opportunity for community based education.

By reviewing the activity plans, which are available on each PHN website, you have the opportunity to identify training needs and to actively work with your PHN to develop competency based training for both community and health based settings – remembering suicide prevention is everyone's business.

But training for suicide prevention is not simply an addition to the mental health curriculum.

The curriculum needs to incorporate understanding of the social determinants of health such as meaningful employment, relationship management, drug and alcohol control and the many other factors that sit outside the health system.

But, there is no need to re-invent the wheel. There are organisations already working in this area. Think about exploring partnerships with some of these:

LivingWorks: Suite of programs include SAFETalk, Applied Suicide Intervention Skills Training and Suicide to HOPE

Wesley LifeForce:Wesley LifeForce provides tailored suicide prevention training programs for frontline community workers.

United Synergies Standby program: United Synergies StandBy Response service have expertise in the areas of postvention, prevention and traumatic loss

Importantly training needs to ensure that communities have immediate, appropriate & effective responses in place for people who are vulnerable to suicide.

So…. when you develop your curriculum there are a couple of insights to take into consideration:

1. **Suicide prevention must be person-centred.**

Critical to achieving this is harnessing the wisdom of those with personal experience

All stakeholders & communities must work with the individual, their clinicians & family & carers to provide meaningful & effective responses to suicidal behaviour.

2. **Suicide prevention must be successfully delivered.**

You need to reinforce the message from many different avenues within your communities.

This requires a commitment to building capacity within communities and their relevant workforces…..again this will require quality training.

For example, first responders, healthcare staff and community gatekeepers, such as sporting coaches, church leaders, teachers and those working in community education!

All people in a position to recognise vulnerable individuals, and can be trained with the knowledge, skills & confidence to direct those individuals to relevant and appropriate support.

However….. we know we cannot be all things to all people. That is just not possible, it will not work.

Suicide Prevention Australia and its partners in the National Coalition want to galvanise all Australians behind that ambitious agenda to 1/2 suicides in Australia within a decade.

This means we need to work across whole communities to harness the support from other agencies, to bring resources – human, financial and physical – to the table in a combined and collaborative effort.

While nationally we can design campaigns and influence government policy, the real work to halve suicides in 10 years will be on the ground.

Training is a critical component of turning good will into good will with good quality.

To help communities design and deliver quality locally driven suicide prevention, in partnership with the Mental Health Commission of NSW - SPA launched *Communities Matter* - an on-line toolkit designed with communities - for communities.

It is designed in line with a new approach to suicide prevention – *collective impact*. This calls for the coming together of community leaders from government – business - community organisations & individuals. Each to share resources & experiences to deliver planned & coordinated suicide prevention.

This combined effort should include education, police, healthcare, employers, sporting and social groups along with many others, simultaneously working together to deliver a suite of strategies proven to reduce suicide.

For example:

1. Training for GPs & health professionals
2. Using the media to raise awareness and reporting about suicide safely & responsibly
3. Training teachers & community leaders to notice marked changes in behaviour and know where to direct individuals to appropriate care.
4. Delivering follow-up care to those who have attempted suicide

I am confident that bringing together government, business and community leaders to work as one team will achieve our ambitious agenda.

That will mean more than 1500 people will continue to lead contributing lives each & every year.

THANK YOU