State Community Affairs References Committee

Inquiry into Suicide in Australia

Lifeline Newcastle & Hunter welcomes this opportunity to participate in the Community Affairs References Committee's Inquiry into Suicide in Australia.

Lifeline Newcastle & Hunter (LLNH) exists to support the people of our region.
We have been hearing and addressing the needs of our community since 1966 by providing a crisis telephone counseling service, 24 hours a day, 7 days a week, 365 days a year.
Our service allows the people of our community to reach out and speak to another person knowing that they will be heard, treated respectfully and with full anonymity and confidentiality. Our unique position as the "ears" of Newcastle and the Hunter allows us to identify and react to the specific needs of our community.
As an extension of our crisis telephone counseling service and in response to the needs that we have identified in our community, Lifeline Newcastle & Hunter provides Personal Counseling, Financial and Gambling Counseling as well as Community Education Programs designed to enhance living skills and improve self-confidence.

LLNH Comprehensive Suicide Prevention Service (CSPS)

Originally launched in 2007, Lifeline Newcastle & Hunter's Comprehensive Suicide Prevention Service has helped thousands of local people with its three pronged approach to suicide prevention—**Prevention, Intervention** and **Postvention** (Bereaved by Suicide)
The CSPS - also known as **LIFE MATTERS**, has enabled Lifeline Newcastle & Hunter to conduct Community Training promoting awareness of those at risk of suicide, one-on-one counseling for those at immediate risk of suicide and in supporting the people in our region who are bereaved by suicide.

There are three distinct components of LLNH'S Comprehensive Suicide Prevention Service:

Prevention:

- safeTALK
- suicideAWARE
- Life Skills Training
- Participating in Suicide Prevention Networks

Intervention:

- ASIST Community Education
- Individualized Counseling
- Family and friends support
- Crisis Intervention Response Service (CIRS)

Postvention

- Counseling and Care Calls
- Information & Support Pack
- Support After Suicide Group (SOS)
- Suicide 'Remembering' Service
- Community Education

The CSPS LIFE MATTERS Program is funded by the Federal Government Department of Health and Ageing. ***LLNH is grateful to have received a further two years (2009 - 2011) of funding to continue this vital work in our community.***

Senate Committee's Terms of Reference

a) Personal, social and financial costs of Suicide in Australia

How do you measure these costs to a father who walks past his 18 year old son and says "How was the surf, mate?" and goes up to his study and five minutes later his son goes to the garage and hangs himself - to be found an hour later by his wife and daughter.

The generally accepted tools society would use to measure personal, social and financial costs do not fit the bereaved by suicide.

This is the challenge for any Government to accurately put a costing on the impact of suicide. As an organization who works directly with comprehensive suicide prevention, we know that the impact is far greater than can be measured using statistical models.

LLNH feels this question demonstrates the difficulties for Governments to truly understand the nature of prevention, intervention and postvention as human beings do not fit into a "box"; nor do circumstances fit a category.

"Research is expensive, but suicide attempts and deaths is even more expensive. It costs our community millions of health care dollars every year, it costs families heartache and pain and it still costs too many young lives."
- Professor Fiona Stanley AC

b) How accurate is suicide reporting in Australia?

In addressing the accuracy of suicide statistics Lester argues:
Not only is it possible that there is a systematic bias about the certification of deaths by suicide, but there may also be deliberate attempts to conceal suicidal deaths. There are clearly many reasons to attempt to hide the fact that a death was caused by suicide. Some religious groups refuse normal funeral rites to people who die by suicide. Insurance policies often do not pay the survivors any benefits beyond the premiums after a death by suicide within two years of taking out the policy, and they frequently pay more for a death judged to be accidental than for a suicide or a natural death. We can only presume that the reporting of suicidal deaths would be more accurate if fewer stigmas were attached to suicide by society. Suicide rarely occurs without deep feelings of failure, inadequacy and guilt for those left behind.

A father whose daughter completed suicide insisted that her death not be recorded as a suicide, for the sake of his grandchildren.

A 17 year old boy, whose father had died by accident over a year ago, on the eve of Father's Day, got into his car and drove into a tree at high speed, leaving no skid marks. This death is recorded as a motor vehicle accident.

What impedes accurate identification of possible suicide?

Medical procedures, autopsies and toxicology tests all come at a significant financial cost. They also take time which often prevents family and loved ones from funeral plans, and starting the process of their grief.

What are the consequences of under reporting with regards to understanding risk factors and providing services to those at risk?

Understanding risk factors:

Suicidal risk increases in a family who has had a member complete suicide. Where there is suicide in a school, sometimes a cluster of suicides follow.
An example is where a young man's death is classified as a motor vehicle accident; the community's response is to demand more resources in driver training and safety awareness (drink driving etc). This redirects much needed financial resources in identifying and supporting, vulnerable young people, who lack the internal resources to reach out and seek help.

Providing appropriate services to those at risk of suicide:

Under reporting of suicide, continues the unspoken message that suicide should not be talked about – or acknowledged, thus isolating any people at risk and removing the opportunity to explore any risk thoughts they may be experiencing.
Under reporting suicide does not allow the community to understand the enormity of the impact of suicide and therefore doesn't facilitate a community reaction urging their government to do something about it.
A mother whose daughter died by suicide, talked about her anger at seeing everything turning pink in October. "Why can't the community have the same reaction and response to suicide?"

c) What role do these agencies play in assisting suicidal risk clients?

LLNH recognizes the importance of agencies such as Police, Emergency Departments, Law Enforcement and General Health Services in assisting people at risk of suicide, *however* we also acknowledge how under resourced they are. We have worked with many personnel employed in these agencies, providing training, support, debriefing, referring and accepting referrals and have a deep understanding of their human vulnerabilities and constraints.

As part of our role in our community, LLNH would urge the Senate Enquiry to truly examine the vulnerability and stresses of working in any of the above listed agencies and put in place ***comprehensive training*** and ***support*** to ensure that the staff can be even more effective and appropriate.

We would also seek recognition; financially and crucial acknowledgement of the work of the NFP's working in this field without which the overburdened health system would seriously falter.

LLNH provided Applied Suicide Intervention Skills Training (ASIST) workshops throughout the Mid Coast, Hunter Valley, Port Stephens, Newcastle, Lake Macquarie and Central Coast regions over a two year period. A total of 40 workshops were attended by 725 participants.
In the same time frame, a total of 411 clients were provided with 2573 hours of face to face counseling in Newcastle, Lake Macquarie, Cessnock and Singleton. Of these, 881 hours of counseling was provided for clients experiencing suicide and/or depression.

d) How effective are public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide?

LLNH has been providing community training for many years, offering the Living Works ASIST & safeTALK programs, Building Personal Resilience workshops and Seasons for Growth Adult workshops. All of the feedback had demonstrated the need for these programs and how grateful the participants felt and how they felt more empowered to support those in our community who were experiencing suicidal thoughts or those bereaved by suicide.

As an organization who is working "at the coal face" so to speak, we acknowledge how difficult this subject is for our community – even for those affected by the death of someone they love. The word 'stigma' is often used in association with suicide and mental illness but we feel the most appropriate word is ***fear***.

To truly understand the complexities of how suicidal thinking and behaving sits upon us in our society, we need have a paradigm shift in how we (this includes the government) view the thoughts and actions of suicide. The human brain is our problem solver – starting from a baby. When we find ourselves in a situation where our brain tells us there is no way out – it goes one step further and problem solves by the concept of us not being here to experience the problem.

If our entire population was asked whether they had experienced suicidal thoughts/fantasies during their lives, and were honest about their answers, the majority would say they had thought of it at some time in their lives. This is part of the human experience – but not necessarily acted out.

Education about the alternatives to that thought process is vital in addressing suicide in our society.

We strongly believe that suicide is preventable and that communities will respond to strong leadership in this area.

e) How effective is suicide prevention training?

The answer is ***very effective***. When people are going through a hard time in their lives, they begin to think of suicide as a way out – "Are you thinking of suicide at the moment?" is a very confronting thing to ask someone, as people are afraid of what the answer may be, and their ability to respond appropriately. Being able to offer a well grounded support plan is vital. LLNH has provided ASIST training to over 750 people in our region and we know they are up skilled in being able to identify, risk assess and provide a safe plan and that has made an enormous difference to both the participants and their communities.

Enhancing young children's capacity to deal with problems and teaching skills of asking for help needs to start early. We know that when children become adolescents, their brain development is such that asking for help is not something that comes naturally or automatically. In fact being able to identify how they are feeling is critical to being able to provide appropriate support structures. Suicide Prevention Training needs to be available to all adolescents as part of their life skills development. It also needs to be provided to their parents as they often say *"If only I had known the signs and how to communicate"*.

LLNH has been a vital part of this local community for over 40 years and we have been providing support to our front line health and community colleagues by providing debriefing, Life Matters referrals programs and training.

It can be very confronting for a worker to deal with a suicidal person or those bereaved by suicide and for those organizations where suicide is not their core business, they often feel let down by their policies and procedures. There is an assumption that university trained psychologists and counselors are 'experts' in the field of suicide when in fact our post-graduate mentoring program has revealed that it is a feared area of counseling due to the lack of training and skills in most graduate education. We know how stretched and stressed these workers are and how harrowing their stories are. We have had feedback from many workers who have utilized their EAP (Employee Assistance Program) and found that they have not been offered appropriate support and counseling – one recent client told us *"When I had my first session and told the counselor that my boyfriend had died by suicide, their first response was – "well what did you do to them that they had to commit suicide - ha ha"* – needless to say they did not return but thankfully came to our service.

Much more needs to be done in recognizing that these workers are often isolated and vulnerable and funding needs to be made available to provide appropriate training in suicide prevention.

f) What role do targeted programs/services play that address individual circumstances of high risk groups?

As part of LNH's growth over the years of providing holistic services to our community, we have developed a number of programs which have been vital in not only keeping people alive but in supporting our colleagues who are working in the mental health system. These programs developed as a response to an identified need in our local community and work well because of the close partnerships with other local agencies.

Life Matters Program

Life Matters is a FREE support service for the people of the Hunter, funded by the Department of Health & Ageing. It provides a safe, supportive and caring environment, intensive support for people at risk of suicide for a minimum of three months with generally no waiting time. It offers confidential weekly face to face counseling with the extra option of telephone care call support. It also provides much needed support and referral information to family and friends.

SOS Support Group

The S.O.S. Survivors of Suicide Support Group meets on the first Wednesday evening of each month at 7pm and offers support and networking for those who have had a family member, friend or partner die by suicide.
This group is proudly supported by Lifeline Newcastle & Hunter.

Crisis Intervention Response Service

The Crisis Intervention Response Service is offered to family, friends, bystanders, witnesses and the wider community who need support, information, referral and follow-up counseling, following involvement in or witness to a traumatic event. It is a coordinated response between Police and LLNH.

Lifeline's role is to respond to those affected by sudden violent and/or traumatic events. Initial contact from a qualified LLNH counselor will be made at the earliest possible time following the event.

After the initial contact further contact and/or referral will be made only with the consent of the person requesting the service. LLNH offers immediate support and acts as a referral service and source of information which may include personal, emotional, physical, financial, medical and social welfare issues.

Care Call

LLNH recognizes the isolation felt by many of our clients and we know from our 24hr 131114 telephone crisis line , the difference a listening ear can make to a person. We offer Care Calls (short term) to those who are referred to the Life Matters program and for some of the bereaved by suicide clients. These are a very cost effective way of helping people stay connected and we know from our feedback how grateful the clients are that we care.

Lifeline's 24 hour Telephone Crisis Counseling (131114)

This is the only 24 hour support line for those contemplating or concerned about suicide. It is available as a back-up and /or first line of support and referral to anyone, anywhere and at any time. The 131114 number is offered by all other agencies and cited in news articles – yet remains poorly funded.

LLNH Comprehensive Suicide Prevention Service

Some of the key learning's of the initial three year funding from the Department of Health & Ageing are that:

1. The community will respond to leadership in suicide prevention.
2. We cannot stop all suicides but we can reduce the impact of suicide in the community by providing bereavement support, suicide intervention skills training and mobilizing community networks in suicide prevention.
3. Services for those bereaved by suicide need to be flexible and responsive to the individual and community needs.
4. Front-line agency workers don't have the support they need and often feel challenged in supporting their clients who are feeling suicidal, or those bereaved by suicide.

LLNH thanks the Senate Committee for their work and would welcome the opportunity to speak directly to the Committee where many more stories can be shared.

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Attachment 1 – A Grandmother's Gift

Attachment 2 Reflection from the Manager, Life Matters Program (LLNH)

Attachment 1 – A Grandmother's Gift

I was fortunate to be able to attend The Australian Inaugural Postvention Conference 24th – 26th May 2007 at the University of New South Wales.

One of the most important learning from that conference occurred for me on the very last session of the last day.

The plenary speakers came together in a panel and were answering questions both from the floor and in written format.

One of the letters read out has had a profound impact on my work and in my role as Manager of Lifeline Newcastle & Hunter's Comprehensive Suicide Prevention Service.

An Aboriginal Grandmother wrote of how distressed she was that: "You white fella's" were still using the term *commit suicide*".

She said her "Grandson did not commit anything – he died."

She pointed out that after three days of being at the conference she was horrified and saddened that no-one seemed to understand her grief and distress at this term still being used. She said her grandson did not commit adultery or murder or sin – he died and she hoped that we would all walk away with that reality and never say the word commit suicide.

I feel that grandmother's word's everyday in everything I do especially in offering postvention services.

I would urge the Senate Committee members to duly respect and honor those grandmother's words in all their undertakings.

Kate Munro

Manager

Comprehensive Suicide Prevention Service (LLNH)

Attachment 2 Reflection from LLNH Manager of Life Matters (LLNH)

I wish to acknowledge and welcome the effort of the Senate Community Affairs References Committee for their Inquiry into suicide in Australia.

As manager and a member of the Lifeline Newcastle & Hunter Counseling team, I regularly become part of a person's life while they are experiencing the contemplation of suicide as an escape from the overwhelming, lonely 'psyche ache' associated with living their lives at that particular point in time.

Therapy is not easy work. To routinely seek to relieve suffering in others through any of the arts involving deep listening and true presence, you become an integral part of a special process in a person's narrative. No time, in the brief history of counseling has been more challenging than this one, where we continue to live in a world of increased alienation, disconnection and fragmentation. Our clients are not immune to this and neither are we. Each year paperwork increases and funding becomes more elusive yet the clients are still there, needing to be heard, desperate for that deep healing human encounter.

Our culture has an entrenched assumption that we should rely on ourselves to survive. It even holds 'therapy' as a form of dependency rather than the process of self discovery that it actually is. Our cultural paradigm is predominantly 'outside' without 'inside', skewed towards the extroverted or 'doing' side of life. Yet – where does the practice of 'suicide' fit in our society today? What makes it continue to exist? What would make a difference to where it is today?

We need to accept that the human brain is a 'problem solver' for us and it started solving our problems from birth – how to hold that rattle, get attention, sit up, start to walk. When a person is going through a dark place in their lives, and they can't see a way to escape the terrible aloneness, the heartache, the psyche ache – we, as a society, need to accept that suicide becomes an option.

I hasten to point out that accepting suicide as an option is not accepting suicide as an outcome! Our society has a multitude of covert ways to convey our non acceptance of the contemplation of suicide. How difficult is it to recognize signs in a loved one or an associate that may tell you they may be contemplating suicide? Let me ask you – how comfortable would it be to ask a person you have safety fears about -

"You seem to be going through a hard time at the moment and I feel worried about you. Are you having thoughts of suicide?"

This simple question opens up a door for the person you suspect is at risk of suicidal ideation, to be able to share their present experience with another non judgmental human being. I have asked this question to clients, many times over a number of years, and have never received a negative reaction. Always, when the answer was 'yes', there was a great sense of relief, and we have been able to address their overwhelming desperation and work towards creating a 'safe plan' to keep that person safe while we collaboratively address their suicidality first, and then the issues which have made suicide an option.

I believe it is possible to significantly decrease the number of suicidal attempts and completions in our society by the education of both our young people as well as our adult population, on their Emotional Intelligence. After all, the act of suicide is really an outcome of difficult issues which bring about overpowering, overwhelming emotional response.

Emotional Intelligence is a learnable intelligence that can be developed and honed at any age. It involves an ability to use the information provided by reason plus emotions in a healthy and effective manner. The ability to know what feels good, what feels bad, and to get from bad to good in an effective and healthy manner.

Most educational system stress IQ and reason. Emotional intelligence is expected to be learnt from care providers, peer groups, role models and life experiences. Not all of our population has the opportunity to experience positive role models in their lives and this creates a struggle to cope with difficulties in life.

People with a well developed Emotional Intelligence are happier, healthier and more successful personally and professionally. There is a huge difference between persons with low levels of Emotional Intelligence versus those with high Emotional Intelligence. Fortunately, you can learn and hone Emotional Intelligence at any age.

Characteristics of High Emotional Intelligence (Taylor A.R., 2009)

- Identify, label accurately, assess intensity and express emotions appropriately
- Recognize what the emotion is trying to communicate
- Delay gratification and exhibit good impulse control
- Articulate the difference between identifying an emotion and taking action
- Listen, read/interpret social cues and understand the perspective of others
- Exhibit effective verbal and non verbal skills along with empathy and compassion
- Manage own moods effectively
- Handle relationships effectively, minimizing overreactions and jumping to conclusions

Emotional awareness and emotional management skills enable you to balance emotion and reason to maximize your happiness.

Emotional Intelligence consists of three psychological dimensions that motivate individuals to maximize life productivity, manage life change and resolve life conflict:

Emotional competency –

- Tackling emotional upsets and avoiding emotional exhaustion
- High self esteem
- Tactful responses to emotional stimuli
- Handling egoism by taking initiative to prevent or resolve conflict

Emotional maturity

- Self awareness
- Developing others
- Delaying gratification
- Adaptability
- Flexibility

Emotional Sensitivity

- Able to respond to emotional stimuli of low intensity
- Empathy
- Improved interpersonal relationships
- Able to communicate positive emotions

Prevention is a key factor in the preservation of life. Another key contributor to longevity and wellness of mind is the understanding of how our emotions respond and how it is possible to **'up shift'** ourselves when we find ourselves sinking into a darkness which brings about thoughts of not being here.

Imagine the inner resources we as a society could create, if we implemented an awareness of our Emotional Intelligence into our education syllabus. Suicide, as an outcome of dysfunctional, disempowering thought processes would not be as prevalent. Neither would it be the silent pariah which society covertly avoids acknowledging, at such costs.

While I acknowledge and welcome this inquiry of suicide in our country, I would urge further investment into programs and educational services which cater to high risk groups as well as our educational programs. Implementing a paradigm shift of our society's' contemplation of suicide; that our brains may view it as an alternative escape, but that it isn't the only alternative or escape.

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Lifeline Newcastle & Hunter