

Senate Inquiry into Suicide in Australia Wesley Mission Response



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1. The impact of suicide on a family

The Personal Cost

My son Darren died by Suicide on September 13 2006, he was 31 years old & he was my firstborn child, my age at his birth was 16

Darren has five siblings & I have tried my hardest to keep them all safe after his passing to Suicide. Darren's only brother Scott wanted so desperately to be with his brother, his pain was so bad. Scott couldn't cope on his own & came home to live, I remember not wanting to dish out the night meal until he was standing safely in front of me, I was so frightened that I would lose Scott too. Darren's sisters seem to be able to cope ok as they were all in their 20's, but his youngest sister Lauren was only in her teens, Lauren has had to spend some time in a Psychiatric Facility as two years after her brother passed she could no longer cope. For Lauren she thought drugs were the way to go, combined with self harm. We are talking about a teenager who has no memories of her brother but so desperately wanted some & if she couldn't have the memories then the next best thing in her mind was to be with her brother.

All Darren's siblings have grieved differently, I have tried to be there for them all, I have listened to them cry, scream, get angry & I've listened to them say nothing at all, for me as a parent that's the worrying part

We the whole family are on an emotional roller coaster

I myself have four sister's two of whom can talk to me about Darren at any time, two (who are University Educated) find it hard to even utter his name, let alone visit Darren's final resting place.

The Financial Cost

*The day after Darren's passing his Dad didn't want to go to work, he wanted to be with us his family, but how could he stay home & give support to a family that has just had it's heart ripped out he **had** to go to work as we were self employed & the customers had to be serviced. Do the customers care, not really, they just needed their freight to be delivered. The same happened for Darren's funeral, we had to lose two days pay just to pay our respects to our eldest son. We all needed time to grieve together as a family but financially we just couldn't do it. Would Centre Link help us? **Get real....***

The Social Cost

Oh you lost someone to suicide that's the coward's way out.....

*Suddenly a lot of people don't want to know you any more, maybe you could relate it to being a **leper**. People will put their heads down when they pass you so they won't have to talk to you. People don't know what to say to you, so they say nothing at all, the whole time you are screaming inside, **just say his name, just talk about him, you know he was a real person, he did matter to people, he mattered a lot to me!!!!***

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The Pain

My pain is intense even three years on, as part of me is missing. No parent should have to bury a child that's not the way it's supposed to be. The pain for us that are left behind will go on for the rest of our lives.

We will live each day asking why? We have no answers.....

Is anyone out there listening?

A parent in pain

Faye Hawley

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2. Wesley Mission Overview

Wesley Mission congratulates the Federal Government on initiating the Senate Inquiry into Suicide. Suicide is a major issue for our society, it cuts across all social strata and directly affects millions of Australians. Wesley Mission has been at the forefront of those making a response to this tragedy in our midst through both Lifeline and our LifeForce programs..

Our broad range of services amongst the vulnerable in our community means that we experience suicide and its aftermath in a variety of contexts. Staff and volunteers working amongst the aged, homelessness, disabled, youth, unemployed, mentally ill, substance dependent, gamblers and families in crisis bring reports of the impact of suicide on their clients.

Wesley Mission has a commitment and history of responding to suicide in the community and has been a leader in providing suicide prevention services. Many Australians do not know that it “birthed” the Lifeline movement under the visionary leadership of (Sir) Reverend Alan Walker in 1963. Wesley Mission shared the idea of a “Life line” and encouraged the establishment of Lifeline Centres Australia wide. It has supported the establishment of a national body in Lifeline Australia and the establishment of Lifeline centres internationally.

Another key initiative of Wesley Mission has been the establishment of the Wesley LifeForce Program. Wesley LifeForce is a national suicide prevention program established in 1995 as a direct response to the growing number of suicides in Australia. The program which has a particular emphasis on supporting rural, remote and indigenous communities across Australia, develops and delivers programs to promote individual and community well-being, with a specific focus on identifying and dealing with the issues of potential and actual suicide. Working collaboratively with organisations and local communities, Wesley LifeForce has developed strategies to raise awareness of suicide and mental health in communities across Australia.

The Wesley LifeForce Program provides a number of distinct yet interrelated suicide prevention components:

1. LifeForce Networks

Wesley LifeForce has developed a suicide prevention network model, Life Networks, which provides a framework in which to develop localised suicide prevention networks. Specifically the Life Networks:

- Identify and bring together community participants with an interest in suicide prevention, mental health issues and mental health promotion;
- Facilitate the exchange of information;
- Coordinate suicide awareness and prevention activities to minimise silo service delivery and duplication of services;
- Encourage sharing of skills and learning; and
- Advocates to raise the community’s awareness of the risk of suicide and the contributing factors in that community.

Wesley LifeForce performs the function of facilitator and driver in this process, assisting in establishing and supporting a framework appropriate to each

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community, adopting a co-ordinated, in-depth approach to local prevention activities.

The LifeForce Networks program has the potential to have a profound impact on suicide prevention in all communities across Australia. The Project has in recent years experienced enormous success in New South Wales particularly in relation to the establishment of one of the first indigenous specific suicide prevention networks in Australia.

Wesley LifeForce has received enormous support and numerous requests from established and establishing networks, community members, service providers, government departments and organisations across Australia for the implementation of the networks model and continued development of an Online Networks Resource Centre. This Online Resource Centre will provide resources and information relating to suicide prevention, intervention and postvention services. The ongoing implementation of community networks along with the development of an Online Networks Resource Centre will provide a coordinated strategic approach to suicide prevention within high risk community areas across Australia.

2. Suicide Prevention Gatekeeper Training Programs

Wesley LifeForce training is aimed at educating, empowering and resourcing Australian communities in a sustainable and ethical way. Delivered by professional facilitators the training, delivered in workshop and seminar formats has clear objectives that include:

Educating

- Knowledge with practical strategies;
- Understanding of suicidal ideation;
- Knowledge to help identify those at risk;
- Skills in how to approach a person who is experiencing thoughts of suicide;
- Development of active listening skills;
- Learn about using intervention strategies in your community.

Empowering

- Enhance confidence in handling crisis situations;

Resourcing

- Learn basic strategies useful in detecting warning signs, active listening and taking appropriate action;
- Identification of resources in your local community;
- Involve, where possible area mental health to equip participants with local service knowledge.

The Program is aimed at training community members from all walks of life to know what to do in a time of suicidal crisis, appropriately and confidently. Over the last few years LifeForce has continued to experience increased demand for the delivery of training programs particularly in rural and remote areas across Australia.

Feedback has revealed that 95.3% of our participants say their knowledge of suicide increased after attending the training, 95.6% of participants reported an

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increase in confidence and 98.7% said they would recommend the LifeForce training programs.

3. Suicide Bereavement Self Help Support Groups

As a direct result of community demand, Wesley LifeForce has in partnership with the Penrith Suicide Prevention and Support Network established the first of our suicide bereavement self help support groups in the Penrith area of Sydney.

The groups aim to provide emotional, psychological and moral support for its members. This group has proven to be so popular that our organisation has been inundated with requests to establish further suicide bereavement groups along with the establishment of groups specifically for young people bereaved by suicide.

Our suicide bereavement group practice is informed by evidence based research as to what constitutes best practice in supporting those bereaved by suicide.

4. LifeForce Memorial Day Services

The Wesley LifeForce Memorial Day Services are community events that have been held by Wesley LifeForce over the last 14 years. The Services enable those who have been impacted by suicide to have a place to come together in the 'spirit of comfort and hope'. Conducted in an atmosphere of peace and serenity, the services provide an opportunity for participants to reflect and remember their loved ones. At each of the Services participants have an opportunity to place a sunflower into the water as an act of remembrance, place a photo and message on the LifeForce Memorial Wall which is displayed on that day and have in the past also been given keepsake gifts. Wesley LifeForce ensures that all participants are supported prior, during and after the Services by providing a team of volunteer professionally trained counsellors and in addition pastoral support workers who are available if required to provide on site support to all participants and staff. (Please see Appendix A)

The LifeForce Memorial Day Services are important postvention activities which not only support those bereaved by suicide but also raise awareness and the public profile of the issue of suicide thereby working to reduce the stigma associated with suicide by publicly acknowledging the issue surrounding the subject.

5. Community Liaison and Collaboration

Overall, LifeForce provides an integrated suite of high quality community based approaches to suicide prevention which has the ability to support a whole-community response to suicide.

'Living is for Everyone; a Framework for Prevention of Suicide in Australia' states that:

"interventions should be provided in a co-ordinated and integrated way according to the needs of the individual and community"

Wesley LifeForce is committed to supporting and developing suicide prevention activities at a local community level by consulting and partnering with key service providers, community members and organisations in the planning and implementation of suicide related activities and programs. This commitment clearly demonstrates that Wesley Mission considers, as a priority, the importance

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of consultation and development of partnerships with local services to respond to identified community need. This method of delivery of services ensures that services are professionally delivered, responsive to community need and working towards the reduction in duplication of service delivery.

Partnerships are a cornerstone of effective suicide prevention activities, allowing individuals, communities and organisations to leverage resources, building a sense of community and reducing the likelihood of expensive and/or unnecessary duplication of services. Wesley LifeForce acknowledges the importance and benefits of collaboration and has successfully partnered with national, state and local organisations to deliver suicide prevention activities. At the national level, for example, the partnership with *beyondblue* has provided LifeForce with the ability to extend the scope of distribution of information cards, and *beyondblue* with a valuable tool to profile the issue of depression. At the community level, LifeForce has partnered with Suicide Prevention Networks to deliver learning programmes, significantly increasing the capacity to deliver training, through significant costs savings, and raising the profile of prevention activities and resources within the community.

6. Resources and Information

Wesley LifeForce has for many years, attempted to assist with the resourcing and information needs of local communities. One such initiative is the Wesley LifeForce Community Information Card. This card includes 24 hour crisis numbers, local community and support service numbers. For each community that Wesley LifeForce works, a card is produced and distributed to community members and key stakeholders.



3. Research Findings and Recommendations

Our findings and recommendations have been sourced from our experience as service providers and from a consultative process undertaken by Wesley Mission staff with individuals and organisations that have had experience of suicide. The questionnaire used in survey work can be found at Appendix B

In our work, we hear many different stories from people who have lost someone they love to suicide, been at risk or who have supported those bereaved or at risk. It is important to Wesley Mission that these stories are heard. Wesley Mission received 42 responses to a detailed questionnaire that was widely circulated within a two week period to individuals, organisations and government departments across Australia. (Please see Appendix C for the collated questionnaire findings)

Our respondents included service providers, people at risk, people bereaved by suicide and also carers of people at risk. The information and personal stories shared by respondents provides this Inquiry with a unique insight into the experiences of people who are living with suicide whether in their personal or professional day-to-day life.

All personal stories and questionnaires received from respondents can be located within this document. (Please see Appendix D)

Following is a summary of findings and recommendations organised under the subject heading of the terms of reference.

A. The personal, social and financial costs of suicide in Australia

Findings
1. Personal costs experienced by the bereaved include: <ul style="list-style-type: none">• extreme emotional pain and grief;• extreme risk of suicide of close family and friends;• consequential mental illness, depression and anxiety;• relationship breakdown with family and social network; and• financial hardship through loss of income and cost of finding support.
2. Suicide in the life of a child creates profound loss that requires specific attention. Support services and programs for children are scarce.
3. Carers and service providers report significant personal cost; reporting high levels of emotional stress, extreme sadness, despair and guilt.
4. Community services staff report high costs associated with responding to the needs of a person presenting at risk of suicide. These costs relate to the additional time required to manage the client, emotional impact and potential longer term costs associated with the support of that family member e.g. Employee Assistance Programs and Workers Compensation.
5. There are identifiable service gaps and resources required for those bereaved by suicide.

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Recommendations

1. Undertake research projects (both qualitative and quantitative) to ascertain the personal, social and financial costs of suicide in Australia. Research should identify service gaps, high risk groups and resources.
2. Establish and support suicide specific bereavement support groups (both physical and online) with particular reference to high priority areas and rural and remote communities across Australia. Consideration should also be given to developing suicide bereavement support groups and programs for youth.
3. Conduct a review into superannuation and insurance policies and procedures to ensure that there is consistency, mandatory timeframes and support offered to the bereaved by suicide.
4. Provide access to debriefing and supervision should be provided to all frontline health and community workers, and people working in areas where there is a high incidence of clients at risk of suicide.
5. Provide funding to expand and support the 'StandBy Response Service' which is a community based program that provides a 24 hour coordinated crisis response to assist families, friends and associates who have been bereaved through suicide. The Service established by United Synergies used uses a community and evidence based model which was developed from the theories in trauma, loss, grief and suicide bereavement. The continued expansion of this Service into every State and Territory in Australia will provide a reliable, single point of contact coordinating existing services to enable an immediate response.

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B. The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk).

Findings
<p>1. All respondents were of the opinion that suicide statistics are significantly understated. It was also noted that local coroners face influence from families to make a finding other than suicide due to the influence of religious affiliation and community stigma.</p> <p>2. As a consequence of the under reporting of suicide statistics it appears that it is difficult for government to justify the appropriate allocation of funding and for the Australian public to understand the significance of the problem.</p>

Recommendations
<p>1. Continue to investigate the reasons that may lead to the underreporting of suicide statistics. This will involve the identification of any cultural, religious factors community attitudes, stigma, legislative or financial which may lead to the incorrect reporting of a finding of a death. Consultation should be conducted with local coroners, those bereaved by suicide and front line workers to identify factors that could encourage accurate reporting.</p> <p>2. Establish national standardised reporting methods informed by the research findings.</p> <p>3. Develop legislation that provides streamlined and consistent reporting of suicides with penalties for incorrect reporting and breaches of confidentiality (thereby encouraging the accurate reporting of suicides).</p>

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C. The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide.

Findings

1. Many respondents reported their appreciation of emergency service personnel in their response to incidents of suicide. However, it was found that these services are significantly under resourced and personnel lack specific suicide training and access to resources and service provider information.
2. Other respondents indicated a failure of emergency services to respond appropriately to a person at risk of suicide. This included a lack of understanding in relation to their situation and/or mental health illness and at times being labelled a nuisance or attention seeker.
3. Respondents reported that there were instances of those at risk of suicide being discharged from health facilities without adequate follow up.
4. Respondents also reported that due to the current privacy legislation that they were unable to access services on behalf of a family member at risk of suicide.

Recommendations

1. Develop a national policy which guides best practice for agencies where front line staff and workers are in contact with those at risk of suicide and/or those bereaved by suicide.
2. Identify the training needs of front line staff and or agencies, such as police, emergency departments, Child Support Agency, Centrelink etc.
3. Introduce suicide intervention skills training as a mandatory part of professional training for key groups including medics, law enforcement, Child Support Agency staff key staff at Centrelink including skills specifically relating to deescalating situations with those at risk.

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D. The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide.

Findings

1. Respondents were concerned about the impact of the stigma and taboo around suicide, particularly for those at risk and those bereaved by suicide.
2. The majority of respondents could not identify specific suicide prevention campaigns, however depression initiatives were recognised, in particular the work conducted by *beyondblue* the national depression initiative.
3. There is disagreement as to whether “speaking up” about suicide and media campaigns may increase rather than decrease risk factors.

Recommendations

1. Develop and implement national media campaigns which promote help seeking behaviours, provide information about warning signs, provide national and state crisis numbers, provide information about suicide prevention training and remove the stigma associated with suicide, mental health and seeking help. Campaigns should also be specifically developed and targeted at youth, men, indigenous communities and other high risk groups.

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E. The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk.

Findings
1. Front line staff require mandatory training which should include provision for refresher updates.
2. Front line health and community workers lack skills to be able to effectively intervene when a client is at risk. It was noted that there are issues around the promotion, availability, under resourcing and case load of service providers.
3. Respondents who have participated in suicide prevention training reported that they felt that they had significantly increased their awareness, understanding and ability to respond to a person at risk of suicide

Recommendations
1. Funds suicide prevention training in all communities across Australia with a particular focus on identified high risk communities and rural and remote locations. Consideration should be given to ensuring that follow-up is provided so that skills learnt are not lost through time i.e. refresher training.
2. Develop training packages to provide essential training to family, work colleagues and friends who are supporting a person at risk of suicide. Informative resources and contact information should be provided to each participant attending the training.
3. All community suicide prevention training is advertised as part of a targeted national public awareness campaign.
4. That suicide prevention training, mental health first aid and bereavement awareness sessions be a mandatory requirement for all community service personnel. Particular consideration should be given to providing police officers with the skills and resources to manage a death by suicide including the notification of a death by suicide to family and friends.
5. That suicide prevention and mental health awareness training be specifically developed for all schools across Australia. This training should be a mandatory requirement for all education staff working with students and also made available to parents and carers.
6. That suicide prevention training is established as a mandatory component of studies for front line health and community workers including all psychology and medical students.
7. That all suicide prevention training staff have access to regular supervision, debriefing and support processes.

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F. The roles of targeted programs and services that address the particular circumstances of high-risk groups.

Findings
<p>1. Many respondents were not aware of programs and services that address high risk groups. Those that were cited included Rural Men's Programs, Mensline, Kids Helpline, beyondblue, Personal Helpers and Mentors program, Dads' in Distress, Lifeline, Palliative Care Services and Wesley Mission.</p> <p>2. There was strong agreement that targeted services to high risk groups would be an effective way of reducing suicide.</p>

Recommendations
<p>1. Develop targeted strategies and programs for groups at high risk of suicide e.g. indigenous, youth, men, people experiencing family breakdown and divorce, rural and remote etc.</p> <p>2. Evaluate current programs that are being conducted within prison systems across Australia e.g. Prison Listener Scheme to ascertain their effectiveness with a view to providing consistent services in every prison and remand facility across Australia.</p> <p>3. Develop standard independent evaluation programmes of services and programmes particularly those that work with high risk groups.</p> <p>4. Funds those programmes that are shown to demonstrate efficacy.</p> <p>5. Develop residential 'safe house' programs that provide live-in-support for groups at high risk of suicide. These programs should ensure that the needs of specific groups are met and that the residential service is based in local communities utilising local housing. Care should be taken to ensure that the 'safe houses' do not become institutionalised but remain a home offering services and support for people at risk.</p>



G. The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.

Findings

1. There was strong agreement that further research was required into the issue of suicide,
2. Research findings are difficult to access.
3. There were concerns noted that the allocation of funding to research not reduce funding for direct service provision and prevention activities. That it be used for the identification of services and programs.
4. There is a lot we do not know about suicide. For example, understanding the aetiology of suicide and suicidal behaviours. What are proven, effective means of reducing the high incidence of suicide in Australia?

Recommendations

1. Develop a national research agenda to increase the understanding of suicide.
2. Establish an Australian best practice registry that promotes service standards based on evidence based approaches to suicide prevention activities.

H. The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

Findings

1. The majority of respondents had no knowledge of the National Suicide Prevention Strategy unless they had been directly involved with the program.
2. Respondents believed there are barriers with progress of the strategy due to low public interest unless personally impacted by suicide.

Recommendations

1. Involve consumers in the ongoing development, delivery and evaluation of the National Suicide Prevention Strategy.
2. Ensure a whole of government response, involvement and support in the ongoing development and evaluation of the National Suicide Prevention Strategy.

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4. Contact Details

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Appendix A - Senate Inquiry Questionnaire

See Attached

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Appendix B - Collated Questionnaire Findings

See Attached

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Appendix C – Respondent Individual Responses

Respondent	Name	Category
Respondent 01	Anonymous	Community Member
Respondent 02	Annette Rushby	Service Provider
Respondent 03	William and Sue Beck	Bereaved by Suicide Carer
Respondent 04	Anonymous	Community Member
Respondent 05	Anonymous	Community Member
Respondent 06	Anonymous	Bereaved At Risk Service Provider
Respondent 07	Anonymous	Community Member
Respondent 08	David Allen	Service Provider
Respondent 09	Anonymous	Service Provider
Respondent 10	Greg Barnes	Bereaved by Suicide At Risk Carer
Respondent 11	Janine Newell	Bereaved By Suicide
Respondent 12	Anonymous	Bereaved by Suicide Carer Service Provider
Respondent 13	Anonymous	Community Member
Respondent 14	Anonymous	Service Provider
Respondent 15	Anonymous	Bereaved Carer Service Provider
Respondent 16	Margaret O’Riordan	Bereaved by Suicide At Risk
Respondent 17	Anonymous	Bereaved By Suicide Service Provider
Respondent 18	Anonymous	Service Provider
Respondent 19	Noel Braun	Bereaved At Risk Carer Service Provider

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Respondent 20	Rev. Ross Ellwood	Minister of Religion
Respondent 21	Anonymous	Bereaved By Suicide At Risk
Respondent 22	Anonymous	At Risk Carer Service Provider
Respondent 23	Anonymous	Service Provider
Respondent 24	James McMaster	Bereaved by Suicide Carer
Respondent 25	Denise Livingstone	Bereaved by Suicide Carer
Respondent 26	Anonymous	Bereaved By Suicide
Respondent 27	Anonymous	At Risk
Respondent 28	Mo Stauner	Service Provider
Respondent 29	Colin and Val Reeves	Carer
Respondent 30	Jeanette Southam	Community Member
Respondent 31	Anonymous	Service Provider
Respondent 32	Anonymous	Service Provider
Respondent 33	Anonymous	Service Provider
Respondent 34	Anonymous	Service Provider Carer
Respondent 35	Anonymous	Service Provider
Respondent 36	Anonymous	At Risk Carer
Respondent 37	Anonymous	Bereaved By Suicide At Risk Service Provider
Respondent 38	Anonymous	Bereaved By Suicide
Respondent 39	Anonymous	Community Member
Respondent 40	Margo Irvine	Bereaved by Suicide
Respondent 41	Anonymous	Community Member
Respondent 42	Fay Hawley	Bereaved by Suicide Carer

See Attached

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Appendix D - Wesley LifeForce Memorial Service DVD 2009

Wesley Mission holds a memorial service for those bereaved of suicide and we have sent a DVD presentation of this event for the benefit of the inquiry.