

Dear Sir/ Madam

I write to let you know of the only rural prevention strategy which has been community owned and driven which has statistically shown a reduction in suicide and attempted suicides in a rural/remote district. This program over twenty years was based on utilising local resources only (as none other were available) at minimal cost. It was comprehensive and involved the community from reception to year 12 of high school but also involved the whole community. The program has been written up and academically approved for a doctorate of medicine through the University of Adelaide. There is no reason why it cannot be applied universally across all of rural Australia and with minimal modification to urban Australia. It is the only authenticated comprehensive program in rural Australia I am aware of in the literature

The abstract from the project reads as follows

"Suicide rates have been relatively constant in Australia for over a hundred years, albeit peaking in 1997 and since returning towards historically average levels. Suicide now represents the commonest cause of violent deaths and exceeds deaths from motor vehicle accidents and armed conflict. There have been a number of national programs following the lead of Finland in the 1980s. Modern research has clearly demonstrated many of the risk factors, but they lack specificity in terms of prediction, and therefore the numbers needed to demonstrate the effectiveness of any intervention are particularly daunting. This makes research problematic and it is probably impossible to ever get Level 1 evidence because of the large numbers and expense required. Therefore many research studies are either epidemiologically oriented or directed to crisis care and treatment algorithms. Rural suicide presents particular challenges because of the increasing numbers of young and elderly men who take their lives, the lack of services available locally and the paucity of research in rural societies, with it usually being confined to examining risk factors and comparing them with urban populations. This thesis describes an approach to rural suicide which, whilst cognisant of the broad range of risk factors, was more directed to tackling poor mental health on a community basis, utilising local resources. It used four main approaches: educating the community to enhance mental health literacy by appreciating the causes of poor mental health; building the social capital or community capacity of existing resources; emphasising early identification and intervention of problems; and the establishment of a community child and adolescent program based in the local school, but with close liaison with the local medical practitioners. The educative approach to mental health literacy was to engage the whole community as widely as possible with special programs for general practitioners, nurses, and teachers; community capacity and social capital were increased by teaching the community warning signs, techniques to engage and refer to known entry points into the system; early identification was undertaken by screening for poor mental health within the doctors' office, the hospital and the school; and a child and adolescent program was devised to detect dysfunctional students, formulate an assessment and management plan, and then evaluate the outcome. The most important results were a statistically significant reduction of suicides from twelve in ten years to one in the following decade, as well as a statistically significant reduction in the number of suicide attempts. In addition there was the establishment of a primary mental health service within the community which was independent of specific government finance and resources."

The complete thesis can be found at following address in the public domain
<http://digital.library.adelaide.edu.au/dspace/handle/2440/39465>

Yours sincerely

Graham Fleming