



the Australian College
of Mental Health Nurses Inc.

**Submission to the Senate Community
Affairs References Committee:
Inquiry into Suicide in Australia**

Introduction

The Australian College of Mental Health Nurses (the College) welcomes the opportunity to make a submission to the Senate Community Affairs Committee's Inquiry into Suicide in Australia.

As is widely acknowledged, mental illness and suicide are intertwined. In Australia, health care for people at risk of suicide falls within the domain of mental health services. Nurses comprise the single largest professional group working in mental health. It is estimated that there are around 12,000 registered nurses working in mental health.¹ Mental Health Nursing is a specialty area of nursing and mental health nurses (MHNs) offer specialist treatment and support to those affected by mental illness and in the area of mental health.² The Australian College of Mental Health Nurses advocates for the engagement of MHNs to provide care to people affected by suicide as they hold the skills and expertise required to deliver effective support and intervention required by these clients.

MHNs are on the frontline in providing mental health care to people affected by suicide in Australia. They provide services to people who have attempted suicide or who are at risk of suicide, their family and carers, and people bereaved by a suicide. MHNs work in a range of settings, in clinical roles they work in community mental health services, in-patient psychiatric units, crisis mental health teams, in consultation – liaison roles across hospitals, and in primary health care. MHNs also work in administration and managerial roles in these settings, as well as research, education and policy roles.

This submission highlights the significant role played by MHNs in delivering mental health services to people at risk of suicide, their families and carers and those bereaved by a suicide. It identifies barriers and obstacles to preventing suicide and providing effective services to people affected by suicide based on the observations and experiences of MHNs. The submission also makes recommendations on how services and support for people affected by suicide could be improved.

The submission has been prepared with the guidance of a reference group of members of the Australian College of Mental Health Nurses. It has also been informed by a survey of MHNs conducted by the College.

About the Australian College of Mental Health Nurses

The Australian College of Mental Health Nurses is the peak professional body for mental health nurses in Australia. It was established as a Congress in 1975 and is the only organisation that solely represents mental health nurses in the country.

The College participates in policy development concerning the profession, health care delivery, promotion of mental health and prevention of mental illness and disability. The

¹ Australian Institute of Health and Welfare (2009). Nursing and midwifery labour force 2007. National health labour force series no. 43. Cat.No. HWL 44. Canberra: AIHW

² A Mental Health Nurse (MHN): is a registered nurse who has undertaken specialist training and/or education to gain expertise in the field of mental health and illness.

College also works with members and key stakeholders to promote mental health nursing as a profession and advocate for improved mental health care to the Australian community.

The College has a member base of over 2000 and has active branches and regional branches in every state and territory operating on a volunteer basis. The strength of the membership base is evident in the capacity to organise and host an International Mental Health Nursing Conference every year. In addition, many branches hold their own well regarded and attended conferences or symposiums on an annual basis. Since 2004, with the support of a national office, the College has grown substantially in its scope and influence, and has participated in and directed a number of major projects. The College publishes the International Journal of Mental Health Nursing.

Key issues

A significant component of mental health nursing relates to suicide, irrespective of the setting (clinical and non-clinical) in which MHNs work. Their patients and clients include people who are at risk of suicide, people who have attempted suicide, their family and carers and those bereaved by suicide.³

MHNs roles comprise a range of tasks and activities but at the core of their clinical practice is the therapeutic relationship. The primary tool used by mental health nurses to do this, is their capacity to communicate with patients / clients about complex and uniquely individual subjects. The most significant aspects of their care are listening, engaging, forming a rapport and providing support. This underpins MHNs abilities to assess and manage the risk of suicide, to formulate collaborative care plans, to educate clients and carers, and deliver therapeutic interventions.

MHNs believe that most significant obstacle to providing care to people at risk of suicide and others affected by suicide is the lack of access to services that are adequately staffed by appropriately qualified and skilled mental health professionals. The inadequacy of services is common across all settings, in crisis care, community mental health services and in primary health care.

One of the constraints that limits the access to services is the shortage of appropriately qualified and experienced MHNs. The College actively works to increase the numbers of skilled mental health nurses, but believes that there needs to be better collection of information on the existing workforce - including the numbers of mental health nurses, their qualifications and the settings in which they work. Better data is needed to determine where there are workforce shortages and to develop strategies to address these shortages.

The ACMHN suggests action should be taken in the following areas to improve access to care for people affected by suicide:

³ Unless otherwise stated, references to patients and clients throughout this submission includes all those listed here.

- An effective 24 hour telephone service to provide access to support and intervention to people in crisis is urgently required. The ACMHN acknowledges the counselling and referral services offered by Lifeline and other organisations. However, a 24 hour telephone service that can provide the caller with urgent access to services or support and intervention is also needed. Some of the issues with current hotline services include hotlines that divert to the local emergency department, hotlines that are engaged if more than one or two people ring in at the same time, and services that are not staffed by mental health nurses or other health professionals with specialised mental health training. The ACMHN advocates for a service that is staffed by MHN with specialised training in suicide prevention and which can link the caller with services quickly if required.
- Access to services that provide ongoing, follow up support in the long term. Fragmentation of services and the impact of targeting services to those considered most at-risk impacts on the accessibility of longer term care. Where they are available, MHNs working with GPs and psychiatrists through the Mental Health Nurse Incentive Program can provide affordable and effective services for people with a severe and chronic mental illness. Unfortunately, not all people who have attempted suicide or are at risk of suicide are eligible to participate in the MHNIP program.
- Better access and promotion of counselling services for people bereaved by a suicide.
- Ongoing training and education for mental health professionals in suicide related issues, particularly with regard to latest evidence, is essential.
- Community awareness raising and education about suicide, including suicide risk factors and how to help those who are suicidal is essential to saving lives.

Survey of mental health nurses on suicide

To inform this submission, the College undertook a survey of MHNs via the College website. The survey was open for a period of 28 days and was publicised to College members who were encouraged to participate and invited to ask colleagues to participate. There were 72 respondents to the survey, with a 70% completion rate. The survey asked mental health nurses about their clinical role, their qualifications and training, and their views on suicide prevention activities and services for people affected by suicide. The survey reveals some clear trends and common views which suggests that the survey findings reflect the views of the profession more widely.

Professional settings

The nurses who responded to the ACMHN survey work in a variety of settings. The survey respondents self selected as nurses with a professional interest in the issue of suicide.

In which setting do you work? (Select all that apply.)		
Answer Options	Response Percent	Response Count
Primary health care / GP setting	18.3%	13
Private Practice	11.3%	8
Community mental health	38.0%	27
In patient mental health unit	19.7%	14
Consultation liaison	12.7%	9
Education / Academia	14.1%	10
Administration / Management	4.2%	3
Policy	1.4%	1
Other (please specify)	18.3%	13
answered question		71

There was a fairly even range of responses indicating the proportion of nurses' workload that was suicide related. There was no significant divergence from this breakdown by professional setting, suggesting that irrespective of whether a mental health nurse is working in primary health care or in an in-patient mental health unit, they are just as likely to be dealing with suicide related issues.

How much of your work relates to suicide? This may encompass caring for people who have attempted suicide, caring for the family and carers of someone who has suicided or attempted suicide, caring for people with suicide ideation, suicide prevention and postvention.		
Answer Options	Response Percent	Response Count
Less than 25 per cent	28.1%	16
25 to 50 per cent	24.6%	14
50 to 75 per cent	31.6%	18
75 to 100 per cent	15.8%	9
answered question		57

Clients

Nurses work with people who are at risk of suicide, people who have attempted suicide and the family/carers and friends of people who have committed suicide. They work with many groups of clients including many groups that are at high risk of suicide.

Do you work with clients in any of the following groups? (Select all groups that apply.)		
Answer Options	Response Percent	Response Count
Young females	76.8%	43
Young males	76.8%	43
People who self harm	82.1%	46
People with mental illness	92.9%	52
Indigenous Australians	51.8%	29
People with alcohol & substance issues	87.5%	49
People living in rural and remote Australians	30.4%	17
Other (please specify)	21.4%	12
answered question		56

Other groups of clients that were specified include:

- people who are homeless,
- people with specific illness that place them in particularly high risk categories e.g. those with anorexia nervosa,
- older people, including some responses that specified older males.

Respondents could select multiple groups of clients in response to this question. A very high proportion (over 90 per cent) selected people with a mental illness. This reflects the fact that mental health nurses work in mental health settings and only the non-clinicians didn't select this category. The other common groups of clients are people who self harm and people with alcohol and substance issues. Fewer nurses selected people living in rural and remote Australia, reflecting that there are fewer nurses working in these parts of Australia.

Caring for clients

The Mental Health Nurse workforce is ageing and along with this age, the nurses have extensive experience. Almost 70% of survey respondents have more than 15 years experience in mental health. The majority (more than 65% of respondents) of nurses have a post graduate qualification in mental health nursing. However, only 57% of nurses working in Community mental health settings have been working in mental health for more than 15 years, and 14% have been working in mental health for less than 5 years. This suggests that mental health nurses working in community mental health settings have less experience, although they are equally qualified.

Nurses were asked to identify the tasks, activities and interventions involved in caring for clients affected by suicide. They were able to select from the following options and were able

to specify other activities and roles. The core tasks of nurses in clinical practice when working with clients affected by suicide are to assess suicidality and develop care plans for clients, educate clients and their family and carers and to deliver psycho-social interventions.

Following on from this question, respondents were asked to identify the most important aspect of their care for these clients. Nurses clearly identified listening and engaging with the client to be the most important component of their care. The responses given show that nurses are listening and engaging the client so as to deliver effective intervention. For example: “clinical expertise to engage clients”, “ability to listen, evaluate risk and provide appropriate intervention”. Listening and engaging are two aspects of the therapeutic relationship that are at the core of mental health nursing.

The second most frequent response given to this question was access to available services. This theme is also picked up in the nurses responses to questions about barriers and areas for improvement.

What are the tasks, activities and interventions you undertake in caring for these clients? (Select all options that apply.)		
Answer Options	Response Percent	Response Count
Assessment of suicidality	93.0%	53
Developing care plans for clients	93.0%	53
Administering medication	49.1%	28
Monitoring/observing clients	73.7%	42
Delivering psycho-social interventions	84.2%	48
Educating clients	82.5%	47
Managing other nurses working with clients affected by suicide	38.6%	22
Educating other nurses working with clients affected by suicide	52.6%	30
Educating others working with clients affected by suicide	61.4%	35
Educating family and carers	87.7%	50
Other (please describe any other roles / activities)	17.5%	10
answered question		57

Mental health nurses also work with others such as family and carers of those who have committed suicide, attempted suicide or are at risk of suicide. The nurses believe that the most important aspects of their roles include providing grief counselling, listening and supporting them and educating them, particularly on risk factors and strategies to manage future crisis periods.

Involvement in projects and policy

Half of the nurses who responded to the survey indicated that they have been involved in suicide related projects such as suicide prevention projects, research projects, community capacity building projects. This demonstrates that developing and implementing mental health promotion projects and policies is within the scope of practice for mental health nurses. Some of the specific examples given by respondents include:

- Development and evaluation of SQUARE (a suicide prevention resource for primary health care workers).
- Development of "Hold on" cards for a GP Network
- Working in schools presenting prevention programme
- Suicide assessment/management and policy for non-government workplace providing services to people with a dual diagnosis
- Specialist 4 session Cognitive Behavioural Therapy support programme in Emergency Departments for people who have attempted suicide while they wait for appointments to outside therapeutic services
- Research and education on situational despair in western Queensland
- Development and presentation of life-affirming skills workshops for young people under the auspices of a community suicide issues group

The survey asked nurses to indicate whether they were aware of the National Suicide Prevention Strategy and the Living is for Everyone Framework and how these policies impacted on their work. Most nurses were aware of the National Suicide Prevention Strategy (over 90%) and to a lesser extent, the Living is for Everyone Framework (60%). These national policies are significant drivers of the policy framework the local workplace level. They provide guidance and information about best practice which nurses use to underpin their own clinical practice.

Collaboration and training

Nurses work within a collaborative practice framework. Respondents were asked to indicate the extent to which they collaborated with the following categories of health practitioners and health agencies:

- Other Nurses
- Psychiatrists
- Medical Officers
- General Practitioners
- Allied Health Professionals
- Emergency Departments
- Mental Health Inpatient Unit
- Mental Health Services Acute Care Teams
- Government agencies
- Researchers
- Educators

- Non government agencies
- Drug and Alcohol Services
- Aboriginal Health Services

These responses show that nurses interact and collaborate with a broad spectrum of health professionals, services and agencies. The main areas where there is less collaboration is with researchers, educators and Aboriginal Health Services as around one quarter of nurses reported no interaction or collaboration with these categories. Nurses reported that their collaborations with other health professionals provide a holistic and multidisciplinary approach to suicide management. They firmly believe that collaboration is critical for optimal outcomes, as no service has the resources to meet all of a client's needs.

The survey also asked nurses whether they wanted to collaborate more closely with the following non-health stakeholders. These results show that nurses are keen to work more closely with other professions who interact with their clients, particularly during times of crisis. Opportunities for greater collaboration that results in better outcomes and interventions for people who are at risk of suicide should be pursued.

Do you want to collaborate more closely with any of the following groups.		
Answer Options	Response Percent	Response Count
Police	66.0%	31
Paramedics	51.1%	24
School counsellors and teachers	51.1%	24
Youth centres	36.2%	17
Centrelink	40.4%	19
Housing services	51.1%	24
Justice system	53.2%	25
Community organisations	48.9%	23
Other (please specify) Responses to Other included: religious workers, community aged services, homeless agencies and homeless workers	14.9%	7
answered question		47

The MHNs responding to the survey believe that ongoing education and training for mental health professionals in the area of suicide is a key factor in providing people with access to quality care. Despite many nurses having specialist mental health qualifications and years of experience working in mental health, over 80% of respondents believe they would benefit from further, ongoing training in suicidality and support, particularly following the death of a client by suicide.

What are the main sources of information which inform your care of people affected by suicide? (Select all that apply.)		
Answer Options	Response Percent	Response Count
Other nurses	67.9%	36
Psychiatrists	69.8%	37
Other medical practitioners	39.6%	21
Allied Health professionals	35.8%	19
Journal articles and other publications	77.4%	41
Government policies	54.7%	29
Workshops	56.6%	30
Training courses	62.3%	33
Conferences	41.5%	22
Consumers	60.4%	32
Carers	56.6%	30
Other (please specify)	13.2%	7
<i>Responses to Other included: University course, clinical supervision, personal experience, Suicide Prevention Australia, reference texts on suicide assessment and prevention and gestalt therapy training</i>		
answered question		53

Services and policy

Crisis services:

Mental health nurses were asked to provide their views on how the services offered to clients in a crisis situation could be improved. 72% of nurses responded that their services offer individual planning with the client about what they will do if they feel at risk outside of business hours. However, at the same time, half of the nurses indicated that their service could be improved with better 24 hour services. In response to this question and others, nurses responses suggest that the use of 24 hour telephone hotlines are not well equipped to respond to clients in a crisis situation. Some of the problems nurses referred to include that the hotline may not answer or may divert to an emergency ward, services may not be staffed by people with appropriate skills and training, and the service may not have knowledge of local services.

Nurses who work in a GP setting / private practice report that they make themselves available and accessible during times of crisis. They also report that they have some difficulty in getting access to crisis and acute services for their clients. One of the strengths of the service that nurses in primary health care offer is a single support person.

Services following a crisis:

The period following discharge after a suicide attempt is crucial as people who have attempted suicide are at great risk during this period. In the survey mental health nurses were asked about the services they offer to clients during this period. From the responses provided, it appears that there is a disconnect between the crisis services and the follow up

services available. In many/most cases the follow up care is provided by a different service and / or clinician. In addition, the follow up care may not always be face to face. Based on these responses, the transition point from crisis to post crisis appears to require further attention.

Barriers to effective care:

The survey asked mental health nurses to describe any barriers, obstacles and gaps that they have encountered which have prevented people affected by suicide receiving the care they needed. The most common responses from nurses cited:

1. lack of services,
2. lack of adequate staffing, and
3. lack of suitably qualified staff.

Some of the other responses were:

- Stigma
- Lack of pathways into care – for example, a nurse in primary care might have a suicidal client in crisis, but they can't access crisis care for that client.
- Also the care that is available might be inappropriate – for example hospitalisation isn't always appropriate or best option for adolescents because of the stigma that this carries with their peers, yet some community mental health services are only available after an episode of hospitalisation has occurred.
- Fragmented services, particularly with related services such as drug and alcohol.

Suicide prevention and services:

The survey asked respondents to list the three most important things that should be done to prevent suicide.

- The most common responses (around 30% of responses) called for better education – of the community, of health professionals, of other stakeholders such as the police, media and emergency services and education of clients and their families / carers.
- The second most common response (20%) was that increased access to services would prevent suicide.
- Another 10 percent focused on mental health promotion strategies and campaigns as a means of preventing suicide.

It is clear that nurses believe that the prevention of suicide is the responsibility of the whole of the community and requires widespread awareness and training in how to respond to people who are at risk. In addition, this awareness also needs to be supported by access to responsive, ongoing services.

Some nurses suggested specific strategies that could be adopted to prevent suicide, including:

- Develop a mental health access line to call in case of mental health emergency - this should be staffed by mental health professionals who can access community teams. This should be accompanied by a national advertising campaign.
- Suicide to be mandatory training in all areas: education of teachers, nurses, all primary care staff, university staff
- Easy access to acute, community based mental health services (ie: respond BEFORE the crisis, not just TO the crisis)
- Mental health assessments should be conducted on all people in the at risk category by health professionals who see them - e.g. GPs should conduct risk assessments on older men in rural areas.

As a follow up to the previous question, the survey asked respondents to nominate the three most important things that help people affected by suicide - the family and carers of people at risk of suicide and those bereaved by suicide. A quarter of the responses to this question nominated education, training and awareness raising as important. Another 25% nominated access to services as the most important. In relation to education, training and awareness raising, responses focussed mainly on mental health professionals, but educating and providing information to family, carers and the community was also seen as important.