



Australian Government

**Department of Families, Housing,
Community Services and Indigenous Affairs**

Submission to the Senate Community Affairs References Committee Inquiry into Suicide

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Australian Senate Community Affairs Reference Committee Inquiry into Suicide in Australia

1 Introduction

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is pleased to provide a submission to the *Australian Senate Community Affairs Reference Committee Inquiry into Suicide in Australia*. FaHCSIA's submission focuses on the following Terms of Reference:

- e. the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk; and
- f. the role of targeted programs and services that address the particular circumstances of high-risk groups.

The following submission provides contextual information about FaHCSIA including the Department's role in suicide prevention and a brief description of our clients. We have chosen to predominantly focus our response on terms of reference f - '*the role of targeted programs and services that address the particular circumstances of high-risk groups*' as we perceive this to be our primary contribution to suicide prevention.

We have provided some input to terms of reference e - '*the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk*', as much of FaHCSIA's funded activity is directed towards vulnerable groups.

2 Role of FaHCSIA

FaHCSIA's purpose is to improve the lives of Australians by creating opportunities for economic and social participation by individuals, families and communities.

FaHCSIA is the Australian Government's main source of advice on social policy and manages about one fifth of the federal budget. The Department works in partnership with other government and non-government organisations (NGOs) to manage a diverse range of programs and services designed to support and improve the lives of Australians.

FaHCSIA programs target individuals with varying and diverse needs, across a range of areas including: Child Support, Communities, Families & Children, Gambling & Drugs, Housing &

Homelessness, Indigenous People, Mental Health, People with Disability, Carers, Seniors, Volunteers and Women.

FaHCSIA is consciously adopting a community resilience building approach to reduce the prevalence of social issues including: mental illness, homelessness, family and relationship breakdown, childhood abuse and neglect, drug and alcohol co-morbidity, disability, gambling and debt, unemployment and social exclusion; all of which have been shown through Australian and international research to be associated with the risk and incidence of suicide.

Community resilience can be strengthened by developing programs that reduce disadvantage, support inclusiveness, educate families and communities about risk factors and coping strategies, and improve access to support services.

2.1 FaHCSIA and Suicide Prevention

FaHCSIA is aware that around 1,800 Australians died by suicide in 2007 (ABS, 2007) and that as many as 25,000 attempt suicide each year. Suicide is a leading cause of death amongst young men aged 20 to 34. Suicide impacts families, friends, colleagues and communities and has significant personal, social and financial costs. It is estimated that there are six suicide bereaved for each suicide, and that suicide bereavement increases the risk of associated suicide (Beautrais, 2004).

The rate of suicide in Australia is widely used as a progress measure or indicator of the effectiveness of mental health services. It is used as an outcome indicator for the *COAG National Action Plan on Mental Health 2006-2011*, but not a specific indicator for FaHCSIA programs.

FaHCSIA recognises that suicide is a major public issue for Australia that requires a whole of government, whole of community response. The Department was recently involved in the whole-of-government development of the *Fourth National Mental Health Plan 2009-2014* (The Plan), and is committed to working with state and territory governments and relevant Commonwealth agencies to implement the Plan. The Plan includes actions to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them in Priority Area Two.

The tripartite relationship between FaHCSIA, the states and territories, and the non-government sector has proven to be a successful one. FaHCSIA has a long standing

relationship with the community sector and is able to build on this and its different models of engagement to facilitate contribution and commitment to specific actions.

2.2 FaHCSIA Clients

The clients of FaHCSIA funded services are among Australia's most disadvantaged and vulnerable people. FaHCSIA initiatives are integral to the achievement of suicide prevention outcomes as they are often the first point of call for "at risk" individuals and families.

FaHCSIA recognises that, as stated in the *LiFE Framework*, reducing the rate at which people take their own lives is the responsibility of all Australians (Department of Health and Ageing 2008).

According to the *LiFE Framework Research and Evidence Guide* (DoHA 2008), there is strong evidence to suggest that mental illness, social exclusion, family and relationship breakdown, childhood abuse and neglect, and exposure to negative stressors (financial, homelessness etc) are all major risk factors that contribute to suicidal behaviour. In addition, factors such as age have been implicated in suicide and the elderly are increasingly recognised as a high suicide risk.

3 The Role of Targeted Programs and Services That Address the Particular Circumstances of High-Risk Groups

FaHCSIA programs play a crucial role in providing early intervention services for individuals and families from high risk vulnerable groups. Many FaHCSIA programs aim to build individual and community resilience, which is core to suicide prevention. Programs also provide services that can ultimately reduce suicide risk and increase protective factors. Research suggests that being part of a cohesive and supportive family unit is an important protective factor for children and young people, helping them to better cope with any stressors or adversity they may encounter. As such, suicide prevention is embedded in the principles of many of FaHCSIA's family and community initiatives.

3.1 Targeted Community Care (Community Mental Health)

Through its Targeted Community Care Program, FaHCSIA delivers three community mental health initiatives, implemented as part of the *COAG National Action Plan on Mental Health 2006-2011*. These initiatives are as follows:

- **Personal Helpers and Mentors (PHaMs)** \$284.8 million over 5 years for services to create opportunities for recovery for people with severe mental illness by helping them to overcome social isolation and increase their connections to their community;
- **Mental Health Respite** - \$224.7 million over 5 years, for carers of a person with a severe mental illness/psychiatric disability and carers of a person with intellectual disability; and
- **Mental Health Community Based Projects** \$45.2 million over 5 years, to assist families, carers, children and young people affected by mental illness.

The initiatives adopt an inclusive approach to support recovery for people with mental illness, their carers and families. They recognise that a strong, supportive family environment is also integral to an individual's recovery and also that carers and families have complex needs of their own associated with their caring and support role. Responses are tailored accordingly and are focused according to need. One example of this targeted response is the Children of Parents with a Mental Illness (COPMI) model that has been adopted by several services. The aim of the COPMI initiative is to promote better mental health outcomes for children (0-18 years) of parents with a mental health problem or disorder.

Personal Helpers and Mentors (PHaMs) and Mental Health Community Based Services are linked to suicide prevention through the *LiFE Framework* as COAG initiatives under the *COAG National Action Plan on Mental Health 2006-2011*.

Recent data from FaHCSIA's Community Mental Health Program provides an indication of the positive impact services are having in the community. 30,079 clients Australia wide were assisted by FaHCSIA community mental health services in 2008-09.

Services funded through FaHCSIA's Targeted Community Care Program work collaboratively with the mental health sector and community services to provide information, education, counselling, social network development and referrals to appropriate specialist services for people with mental illness, their families and carers. They are uniquely positioned between clinical and hospital services (managed by states and territories) and the range of community support that assists people with a mental illness with recovery and community participation.

The Targeted Community Care Program, was designed to meet the needs of some of the most disadvantaged and vulnerable people in our community who face multiple barriers in their

recovery. For example, as at 30 November 2009, PHaMs services had assisted a total of 8,301 people with:

- 8 per cent identifying as Indigenous Australians (including Stolen Generation);
- 11 per cent identifying as people who are homeless or at risk of homelessness;
- 15 per cent identifying as people with drug and alcohol co-morbidity;
- 18 per cent identified as people who have previously been institutionalised or incarcerated (including Forgotten Australians and former child migrants)
- 12 per cent identifying as people from culturally and linguistically diverse backgrounds; and,
- 11 per cent identified as young people aged 16-24 years impacted by mental illness

The following case study highlights how PHaMs assists disadvantaged and vulnerable individuals with mental illness to navigate the system and better manage their lives.

Case Study

Personal Helpers and Mentors Program

Anne is an Indigenous woman who has had a severe mental illness since a young age. She lives in a rural community with limited resources and referral opportunities.*

*Anne has regularly been admitted to acute care hospitals to manage her illness. Anne was on a Community Treatment Order**. Despite this, she was unable take her medication regularly and receive fortnightly injections as she did not have enough money to pay for the medication. Anne also had difficulty getting transport to the chemist, to the local clinic to receive her injections and to larger centres for further medical treatment.*

Anne was referred to the Personal Helpers and Mentors Program (PHaMs) through the mental health team at the local hospital. FaHCSIA organised for a Centrepay deduction from Anne's pension to be paid directly to the chemist to cover the cost of her medication.

Each month, the PHaMs staff take Anne into town to collect her medication from the pharmacy, and on a fortnightly basis to the clinic to have her injections. They have also organised appointments with doctors, psychiatrists, mental health workers and other medical specialists and arranged transport with other family members as required.

Since becoming a PHaMs client, Anne's health has greatly improved and she has not been admitted to hospital. Anne says she enjoys the social contact with the staff.

** Name and other personal details have been changed to protect privacy.*

*** A legal order setting out terms under which a person must accept medication and therapy implemented by a mental health facility.*

Source: FaHCSIA 2008-09 Annual Report

3.1.1 Targeted Community Care Program Evaluation

FaHCSIA is conducting a strategic evaluation of the three COAG Community Mental Health initiatives to appropriately address the changing context of community mental health and their role in the broader context of mental health service delivery.

The evaluation is focused on the success of the program with a particular emphasis on effectiveness and appropriateness. Evaluation findings will demonstrate program progress to date and will be used to inform future policy directions. Preliminary findings indicate that the mental health services are well received in the community and are contributing to improved outcomes for individuals and families. The final report is due in February 2010.

3.2 Rural and Remote Issues

FaHCSIA acknowledges that lack of access to services in rural and remote areas is a major issue due to large travel distances and difficulties recruiting and retaining suitably qualified staff. An example is in regional NSW where residents of towns such as Toomelah and Mungindi must travel approximately 130 kms to Moree to access mental health services.

There are reported cases where some Indigenous people in small towns must attend the local Police Station to have medication administered by the local Community Health Nurse, due to the nurse having an Apprehended Violence Order on the patient. Communities are concerned that patients are not receiving other necessary supports such as counselling. These patients often attempt 'self-harm' and some require transportation to major regional centres, which can be more than 400 kilometres away from their homes and family support networks.

Drought and general economic downturn has also impacted heavily on many rural and remote families who, in their quest to gain employment in larger rural centres have been separated from their support networks. This loss of immediate support for families has resulted in a greater need for services in rural areas.

Many smaller communities have long GP waiting periods and limited access to specialist services. For example, members of Parkes Indigenous community report it can take up to 6 weeks to see a doctor in town. Additionally, vacancies in the suicide/mental health positions in

rural areas can be difficult to fill with suitably qualified staff, impacting on the capacity of services to meet demand.

3.2.1 Personal Helpers and Mentors (PHaMs) Remote Service Model

The mainstream service model for PHaMs was recently adapted to recognise and promote spiritual, cultural, mental and physical healing for Indigenous Australians living with mental illness in remote communities. The age restriction was also removed to allow younger people, especially those at risk of suicide, to access the program.

On 14 September 2009, Minister Macklin announced that PHaMs services would be developed in a further seven remote locations in addition to the three existing sites at Yuendumu - Central Australia (Northern Territory), Anangu Pitjantjatjara and Yankunytjatjara Lands (APY Lands) – South Australia and Kimberley/Broome (Western Australia). The additional sites include: Papunya, Tennant Creek and Elliot (Northern Territory), Aurukun, Doomadgee, Yarrabah (Queensland), Narrogin and Warburton (Western Australia). These services are expected to assist with suicide prevention and post suicide interventions for these communities.

3.3 Indigenous Issues

Mental Health is a major emerging issue in Indigenous communities. The suicide rate among Indigenous Australians is nearly twice as high as that of the general population (AIHW 2004). Over one-quarter of Indigenous adults report high or very high levels of psychological distress (2004-05 National Aboriginal and Torres Strait Islander Health Survey). In addition, the stigma attached means that people often do not seek help and consequently can remain undiagnosed indefinitely.

Minister Macklin participated in the Billard Blank Page Summit in July this year, in Western Australia, to discuss the development of an innovative and locally designed model for suicide prevention. On 10 September 2009 members of the Billard community formally presented the Blank Page Summit on Suicide Communiqué to the WA Minister for Indigenous Affairs and Health, the Hon Kim Hames. The communiqué sets out three key messages arising from the Summit:

1. Creating suicide proof communities;
2. Training families to be families; and
3. Healing and self care.

Recent research commissioned by FaHCSIA and DoHA suggests that the two greatest contributors to improving Indigenous life expectancy are employment and education. The importance of keeping people (particularly young people bereaved by suicide) linked to or engaged with employment and education should be an important underlying principle along with managing grief and loss issues in a culturally sensitive way.

Among young people at-risk in remote Indigenous communities, petrol sniffing and other forms of substance abuse have significant health and social impacts. Positive youth diversionary activities have the potential to contribute, either directly or indirectly, to broader social goals by reducing substance abuse, increasing school attendance and creating social cohesion.

3.3.1 FaHCSIA Indigenous Youth Initiatives

FaHCSIA funds the following programs to support Indigenous youth and counterbalance the adverse influences that can lead to substance abuse and other at-risk behaviours:

- **Closing the Gap in the Northern Territory – Youth in Communities:** This program is aimed at benefiting Indigenous youth, 10 to 20 years of age, from Northern Territory urban and remote communities.
- **Petrol Sniffing Strategy Integrated Youth Services Project:** This project provides youth diversion services in four central Australian communities. Services delivered through the project include sport, cultural, recreational, and other diversionary activities; linking to more specialised case management services; assistance to remain connected to or engage with education, training and employment; and infrastructure, including recreation hall upgrade/construction, vehicles, equipment and youth worker accommodation.
- **AFL Partnership:** The Australian Government and the Australian Football League (AFL) have formed a partnership to deliver the AFL All Stars Ambassadors for Life Mentoring Program, AFL Club Fostership Program and Wadeye/Daly River Region AFL Program. These programs provide diversionary activities; promote healthy active lifestyle messages; encourage increased school attendance and provide Indigenous youths with positive AFL role models as mentors.
- **Expansion of AFL activities in the Kimberley:** This project is helping expand AFL training and development opportunities for Indigenous youth in the Kimberley region of Western Australia.

- **Alternative activities to combat substance misuse on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands:** Activities delivered through this project include inter-community sports competitions; training and development for local people to coach, umpire and run sporting activities; and recreational activities such as horse riding, BMX and motocross activities.

3.3.2 Strengthening Indigenous Community Safety

The FaHCSIA funded Substance Abuse Intelligence Desk is working in partnership with the Northern Territory Emergency Response to strengthen Indigenous community safety. The tri-state (Northern Territory, South Australia and Western Australia) operation, which is led by Northern Territory police, has made critical arrests, disrupting commercial drug distribution networks from other states into Northern Territory Indigenous communities. The Intelligence Desk is an important partner with the Northern Territory Emergency Response, providing specialist policing and intelligence to run covert and overt operations and to coordinate disruption activities, building on the Response measures to increase safety in remote communities.

The nine police personnel and four drug detector dogs are based in Alice Springs and Katherine in the Northern Territory and Marla in South Australia. They also gather intelligence to identify offenders and supply routes and work with local communities to help them identify suspicious behaviour.

FaHCSIA has provided almost \$5 million to Substance Abuse Intelligence Desk operations, which have included a focus on the cross-border region of Northern Territory, South Australia and Western Australia. Funding for Alice Springs Intelligence Desk was first provided in 2005-06 and is now provided under the Closing the Gap Northern Territory National Partnership Agreement until 2011-12.

3.3.3 Aboriginal and Torres Strait Islander Healing Foundation

The *Bringing Them Home Report (1997)* estimated that between one in ten and one in three Indigenous children were removed from their families. The effects of this forced separation from families were devastating for the children concerned, their families and, subsequently, their children and families.

The legacy of this trauma and its intergenerational effects continue today, and is reflected in high rates of suicide and psychological stress, as well as other measures of ill-health and disadvantage.

The Australian Government is developing an Aboriginal and Torres Strait Islander Healing Foundation. The Foundation is an independent, not-for-profit organisation which will draw expertise across all sectors and create a national focus for Indigenous healing. \$26.6 million over four years has been allocated for the Foundation, which is also expected to attract funding and support from corporate and philanthropic sources.

The Foundation will empower communities to deal with health and social issues arising through loss and grief by:

- supporting Aboriginal and Torres Strait Islander healing initiatives at the community level and in response to local needs by providing funding and workforce development:
- conducting health promotion and public education activities in relation to Aboriginal and Torres Strait Islander healing, including skills training in the prevention and treatment of trauma: and,
- contributing to an evidence base for Aboriginal and Torres Strait Islander healing through community-driven and culturally appropriate research and evaluation.

The Foundation is currently in the establishment phase, and is expected to become operational in the first half of 2010.

3.3.4 The Indigenous Leadership Program

The Indigenous Leadership Program is open to Indigenous men, women and youth from 18 years of age. The Program has been running since 2004, with some 5,000 participants having undertaken a program. Participants are given the opportunity to consider leadership roles with a specific focus on themselves as individuals, covering modules such as leading with integrity, emotional, social and physical wellbeing, vision and goal setting and creating supportive networks.

The Indigenous Leadership Program is designed around transformational leadership and building individual capacity to continue towards creating better lives for Aboriginal and Torres Strait Islander people. The program provides for a safe environment where participants share their stories and learn from each others journeys. Developing strong networks across the country

provides for ongoing culturally appropriate support for participants. The programs are run separately for women and men, and the youth are provided an opportunity for developing strong relationships amongst their peers as well as the Elders who attend.

The following case study highlights how the indigenous leadership program is developing individual leadership skills and capacity of Indigenous Australians:

Case Study

Indigenous Leadership Program—Women’s leadership

The Indigenous Leadership Program provides residential workshops to develop the individual leadership skills and capacity of Indigenous Australians. The program encourages attendees to apply their learnings from the workshops to develop and carry out leadership activities in their communities.

Cassandra Grant from Silkstone, Queensland and Ivy Hill from Goodna, Queensland attended the Women’s Leadership Program, and upon returning to their communities, held a workshop that gave young Aboriginal and Torres Strait Islander women the opportunity to support each other in personal skills development and to foster new friendships.

The workshop helped to build the self esteem and confidence of participants by offering fun and culturally-appropriate activities that were sensitive to their needs. It gave participants an awareness of health support services and networks.

The workshop strengthened individuals’ capabilities by providing activities that encouraged participants to practice vision and goal-setting and giving information about potential education and employment opportunities.

Source: FaHCSIA 2008-09 Annual Report

3.4 Family Support Initiatives

The Family Support Program, with funding of more than \$181 million in 2009-10, brings together a number of existing family, children and parenting services that share a common interest in supporting Australian families, parents and children. This includes children and parenting and family relationship services that promote early intervention and prevention and strengthen links with the broader community service sector and other levels of government. The Program delivers services to a wide range of families experiencing a range of issues including suicide.

The family relationship services are likely to be a point of referral for clients affected by, or at risk of suicide. The family relationship services delivered under the program are dealing with clients with increasingly complex needs. Significant increases were recorded between 2007/08

and 2008/09 for clients presenting with mental illness and drug and alcohol abuse issues. Diagnosed mental illness increased from 448 clients to 2377 (an increase of 430%) and drug and alcohol use increased from 7645 to 9340 (an increase of 22%). The aim of current program development is to offer more coordinated and responsive services that are a point of contact with the wider service system and to link clients to more appropriate services around specific to needs such as suicide prevention.

Family relationships service providers funded under this program are required to meet specific Approval Requirements including one covering client safety. This includes a requirement that services “recognise and immediately assess and take appropriate preventative action regarding other situations of danger and physical harm involving clients, such as suicide threats, threats of serious self harm and actual self mutilation.” The standard also specifies that organisations need to demonstrate that staff have access to training in suicide prevention. Approximately 250 copies of the Men at Risk of Suicide, Suicide Assessment and Intervention E-Learning Tool were distributed between 2005-2007 to providers of these services to improve the early identification of men at risk and effectiveness of response. The tool was developed by Crisis Support Services.

As part of the Department’s Men and Family Relationships initiative, FaHCSIA funds MensLine Australia. The initiative offers a range of services and programs to support men in managing family and relationship difficulties. These services include:

- counselling, information and referral services for men with family and relationship concerns over the telephone and through electronic and other media;
- working with and supporting men in building and sustaining personal relationships;
- promoting and leading policy and service developments that are supportive of men’s relationship aspirations; and
- promoting and encouraging men’s active engagement in the task of understanding and succeeding in their roles within their families, workplaces and community relationships.

3.5 Children’s Policy

FaHCSIA is committed to ensuring that children and young people are a focus in all policy on prevention and early intervention approaches to complement the efforts of the state and territory governments in fulfilling their role in statutory child protection.

FaHCSIA acknowledges and supports ongoing improvement of services for vulnerable children and young people, including the improvement of prevention and early intervention services. It is essential that a whole-of-government approach is taken in protecting and supporting Australia's young people.

While State and Territory governments have primary statutory responsibility for the welfare of children, it is FaHCSIA's intention to work collaboratively to improve life outcomes for all children. FaHCSIA also recognises that the non-profit sector is a key player in the protection of children and in broader work to promote social inclusion. A strong partnership between government and the non-profit sector is needed to ensure that the right assistance is available to children and families with all agencies working together.

3.5.1 National Framework for Protecting Australia's Children

The Australian Government is committed to addressing the needs of our most vulnerable children, including those at risk of abuse and neglect. Over the last 20 months, the Australian Government has worked in partnership with State and Territory governments and the NGO sector to develop and begin to implement the *National Framework for Protecting Australia's Children 2009-2020* (The National Framework). The National Framework was endorsed by the Council of Australian Governments (COAG) on 30 April 2009 and is an ambitious, long term approach to ensuring the safety and well being of Australian children.

To support the National Framework the Australian Government has committed an additional \$63.1 million over four years and will provide national leadership to keep Australia's children safe and well. FaHCSIA is also refocussing its existing community programs to better target children at risk of harm and vulnerable families.

The National Framework will operate through to 2020 and contains more than 70 actions to be delivered under the first three year action plan. Further information about Australian Government actions to support the National Framework can be found at www.fahcsia.gov.au

3.6 Safety Taskforce

While there is limited research in the Australian context, international studies indicate a significant relationship between domestic and family violence and suicide. Such studies, and anecdotal evidence in Australia, suggest the following factors as potential contributors to suicide:

- **Under-detection and under-reporting of domestic violence** - Research suggests that under-detection and under-reporting of domestic and family violence contributes to the high rates of suicide by victims, predominantly women.
- **Exposure to domestic and family violence as children** - Children and young people who have been exposed to domestic and family violence are more likely to attempt suicide according to international research. People who have experienced domestic and family violence as children are also more likely to attempt suicide later in life.
- **Perpetrators are a high risk group** - Anecdotal evidence suggests that perpetrators of domestic and family violence are a high risk suicide group during the early stages of engagement with police or the courts. Where domestic and family violence escalates to homicide, perpetrators are also a high risk suicide group. While somewhat rare, homicide-suicide is a serious form of domestic and family violence in which women and children are predominately the victims.

The National Plan to Reduce Violence against Women and their Children seeks to increase reporting and detection of incidence of family violence and sexual assault in the short-term while reducing incidence of those crimes in the medium to long-term. This aim will be achieved through both primary prevention and post-incident intervention strategies currently being negotiated across the Commonwealth, States and Territories.

3.7 Housing Initiatives

The provision of affordable, safe and sustainable housing is a keystone to enabling people to actively contribute within their communities, achieve social inclusion, improved economic and education participation and health outcomes.

The importance of effective linkages between housing assistance and other forms of assistance and support has been recognised as central to achieving positive outcomes for particular groups, especially those with mental illness.

Socio-economic factors, such as unemployment, access to housing and education, levels of crime, discrimination, and welfare assistance are significant suicide risk factors.

Recent research has found that 41.9% of surveyed homeless young Australians aged 12-20 years had attempted suicide at some time in their lives, and that 11.6% had done so recently (Milburn et al, 2006, p.5).

3.7.1 National Affordable Housing Agreement

The Government recognises the important role public and community housing plays in providing safe, secure and affordable housing for Australians and their families.

On 29 November 2008, the Council of Australian Governments agreed to the National Affordable Housing Agreement, which commenced on 1 January 2009. The objective of the Agreement is to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.

It encompasses housing assistance provided by all governments in Australia, including Commonwealth Rent Assistance, the Supported Accommodation Assistance Program and various mortgage assistance schemes. The Agreement provides \$6.2 billion for housing assistance to low and middle income Australians in the first five years.

The Australian Government also committed \$7 billion to particular disadvantaged Australians through connected agreements, for social housing, homelessness and Indigenous Australians living in remote areas. This includes \$400 million for building new social housing dwellings or redeveloping existing social housing stock.

Under the National Affordable Housing Agreement, all governments have committed to undertake reforms in the housing sector. These include better integration of homeless and mainstream services; reduction in concentrations of disadvantage in social housing estates; improved access by Indigenous people to mainstream housing, including home ownership; and enhancing the capacity and growth of the not-for-profit housing sector.

3.7.2 Reconnect

The Reconnect program uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless, or at risk of homelessness, and their families. Reconnect assists young people stabilise their living situation and improve their level of engagement with family, work, education, training and their local community.

From 1 July 2009, the Newly Arrived Youth Support Services (NAYSS) were incorporated into Reconnect as Newly Arrived Youth Specialists. As specialist Reconnect providers, these services continue to support young people aged 12-21 years who have arrived in Australia in the previous five years, focusing on people entering Australia on humanitarian visas and family visas, and who are homeless or at risk of homelessness.

Reconnect breaks the cycle of homelessness by providing counselling, group work, mediation and practical support to the whole family. Reconnect providers also 'buy in' services to target individual needs of clients, such as specialised mental health services.

3.8 Disability and Carers Initiatives

The National Disability Advocacy Program assists people with disability to overcome barriers (i.e. physical access, discriminatory attitudes, abuse, and neglect etcetera) that impact on their daily life and their ability to participate in the community. Under the *LiFE Framework Research and Evidence Guide* these barriers could be considered as major risk factors in suicide.

In 2009-10 approximately \$14.5 million in program funding will be offered under the National Disability Advocacy Program to 63 organisations operating across Australia.

In respect of high risk groups the program provides support to Indigenous people and people with mental health issues. Funding is provided to two specific Indigenous providers, Sydney Regional Aboriginal Council and NPY Women's Council and one specialist mental health advocacy agency, Victorian Mental Illness Awareness Council.

Increasingly in the Department's discussions with the disability sector, issues around gaps in the mental health system and suggestions for the role of advocacy have been regular themes. Mental health is often viewed as a health issue only, so the linkages with the disability sector can be overlooked. The role of advocacy in mental health could be strengthened if governments agreed to some common definitions and principles.

The definition of 'disability' has implications for advocacy organisations that are seeking funding through disability advocacy programs to provide advocacy support for people with mental illness. Under the *National Disability Agreement*, governments have agreed to consider improvements in the administration of advocacy services, with a focus on improving service delivery and access to advocacy services for people with disability. This reform process could lay the foundation for strengthening the role of advocacy in the area of mental health by providing certainty in terms of future responsibility for advocacy and/or consistency around program administration and funding across multiple jurisdictions.

3.8.1 Support for Young Carers

Due to the impacts of caring responsibilities, both short and long term, young carers are recognised as being particularly vulnerable in terms of suicide risk. Some of these impacts can be summarised as follows:

- restricted opportunities for social networking and for developing peer friendships;
- limited opportunities for taking part in leisure and other activities;
- health problems and emotional difficulties;
- widespread educational problems;
- limited horizons and aspirations for the future;
- a sense of ‘stigma by association’, particularly where parents have mental health problems or misuse alcohol or drugs, or have AIDS/HIV;
- a lack of understanding from peers about young carers’ lives and circumstances;
- the keeping of ‘silence’ and secrets, again because of the fear of public hostility or punitive professional responses; and,
- significant difficulties in making a successful transition from childhood to adulthood.

Young Carers Respite and Information Services Program support young carers who are at risk of not completing their secondary education or vocational equivalent due to the demands of their caring role. Approximately one-third of current clients are children of parents with a mental illness. The program has two components:

- Respite services and age appropriate support through Commonwealth Respite and Carelink Centres mainly benefit school aged young carers who have significant caring responsibilities. Support includes educational, social and recreational activities e.g. time off to study for exams, tutoring, skill development such as cooking or budgeting, school holiday activities and help in the home; and
- Advice and referral services, including referral to counselling are delivered through state and territory Carer Associations. They are available to all young carers up to 25 years of age to support them in managing the challenges they face in their caring role. Further information is available through the young carers website, www.youngcarers.net.au

3.9 Community Support Initiatives

Through FaHSCIA's Community Support and Recovery Initiatives the Department provides grants and assistance to community organisations to help them respond to identified community issues, build service delivery partnerships, support volunteers and build sector capacity.

Vulnerable individuals and families are supported to build financial capability and resilience through a range of assistance including: income management support, emergency relief payments, financial counselling, information and education.

Key target groups for assistance include people with low incomes, those affected by the Global Financial Crisis and those accessing income management support.

3.9.1 Community Support Program

Under the Community Support Program a number of projects address mental health and suicide prevention for their intended target groups. While these projects are not directly marketed as suicide prevention activities, this is often one of a number of intended outcomes for a particular target group, with a greater emphasis being put on mental health in general. Suicide prevention is clearly one outcome of the wider approach. The following are examples of funded projects:

- **Youth Insearch Foundation – Youth Support project**

Youth Insearch helps young people 12 to 18 years of age who are disadvantaged by family breakdown, substance abuse, physical or sexual abuse, or grief related issues. The program helps them establish new goals and turn away from self-destructive influences.

The Youth Insearch program provides weekend camps where young people can help each other to recognise their issues and find positive alternatives. Follow-up support groups help the participants to achieve the changes they need. The program is delivered by trained volunteer youth leaders, with support from volunteer adults from the local community. Projects have been established in a number of locations across the eastern seaboard of Australia. Youth Insearch has testimonials from young people it has assisted over the past 25 years, suggesting many were directed away from self-destructive and suicidal behaviours by their participation in the program.

- **Inspire Foundation – ActNow Project**

ActNow is an online service that provides young people (aged 14-25) with opportunities to learn about and take action on issues that concern them. ActNow aims to promote social

connectedness and civic engagement – protective factors known to impact on the mental health and well being of young people.

Using the www.actnow.com.au platform, the program aims to increase community participation; awareness and understanding of social issues; skills to take create change or take action; and support the capacity of community organisations to involve young people in their work.

Through website data, user profiling surveys, participant questionnaires and face to face interviews, ActNow measures the number of young people reached, the impact of the program on the mental health, and the wellbeing of young people in general.

ActNow has an indirect focus on suicide prevention via mental health and overall wellbeing. The program is part of a suite of related youth programs (not funded by FaHCSIA) conducted by the Inspire Foundation, which have a more direct response to suicide prevention and mental health.

- **Maronite Community and Social Services – Friends of Friends project**

The Friends of Friends project is aimed at people in the Lebanese Maronite community who suffer from mental health related issues. The project is also aimed at language problems, lack of awareness and cultural issues within the Maronite community, all of which contribute to mental health. It recruits, trains and matches community members with clients from the Maronite Family and Adult Counselling Service in a mentoring relationship.

The Friends of Friends project responds to the growing need by the Maronite community for linguistically and culturally capable support services to bridge gaps in mainstream services. It has increased community capacity and strengthened the volunteer base within the community.

The project is a good example of a response to mental health issues and general wellbeing within a particular migrant community, and is fairly typical of a migrant community based response to the issues.

- **Dads in Distress – DIDS Support Services Project**

The DIDS Support Services project supports non-custodial fathers and their families in the Frankston region of Victoria; Western Sydney; and the mid north coast of NSW.

The project and the organisation in general, have a very strong focus on the mental health of non-custodial fathers, and provide direct advice and support to men displaying self-destructive behaviour and suicidal tendencies.

3.10 *Forgotten Australians and Former Child Migrants*

On 16 November 2009 the Prime Minister, the Hon Kevin Rudd MP, delivered an emotional apology to the Forgotten Australians and former child migrants.

This apology, for the first time, provided national and international acknowledgement of a period in our nation's history where the most vulnerable of our children did not receive the care they deserved. The apology recognised the pain and suffering experienced by so many children while in out-of-home care and through their lives.

The compelling testimonies to the Senate Inquiry from Forgotten Australians and former child migrants tell a moving story of the pain and suffering they experienced and how the effects of childhood abuse and neglect have had life long impacts on them and on their families.

There is evidence that the effects on some adult survivors include:

- life long risk and incidence of mental illnesses such as depression, anxiety, post-traumatic stress disorder; dissociation and personality disorders;
- high risk of suicide, self harm and substance abuse;
- high risk of other dangerous behaviours such as, poor family relationships, difficulty forming and maintaining loving and trusting relationships;
- difficulty in parenting effectively; and
- high risk of poor health, housing, education and employment outcomes.

In addition, many former child migrants experienced a loss of cultural identity and connection to their heritage as well as loss of contact with their natural families. Trauma and feelings of loss, abandonment and alienation due to removal from their birthplace and family have impacted on adult survivors and their ability to lead productive and rewarding lives.

The Australian Government will fund a new national 'Find and Connect Service' that will provide an Australia-wide coordinated family tracing and support service for care leavers (including former child migrants) to locate personal and family history files and assist them to reunite with members of their families, where that is possible.

The service will provide a national database that will collate and index existing state identified records into a national searchable database, accessible to state and other care leaver services and also directly to care leavers themselves.

The Australian Government is supporting two key history projects that will provide a material and visual historical record of the experiences of Forgotten Australians and former child migrants to serve as perpetual remembrance of the history that has occurred. The aim of these history projects is to provide better awareness and understanding about what happened and to provide a permanent record to the general public, educational institutions, support organisations and, most importantly, Forgotten Australians and former child migrants and their families. Further information on these projects and how people can participate is available online at: <http://forgottenaustralianshistory.gov.au/apology>

To ensure people who share this experience continue to be well represented, the Australian Government provides support to organisations that support people who lived through this experience including the Alliance for Forgotten Australians (AFA), the Care Leavers Australia Network (CLAN) and the Child Migrants Trust.

In July 2009 the Australian Government provided funding of \$3.1 million under the National Child Protection Framework to non-government organisations to deliver fifty projects across each state and territory to help protect Australia's children. This included funding to the Adult Survivors of Child Abuse (ASCA) and Heartfelt House to deliver projects to adult survivors of childhood abuse.

The new Family Support Program administered by FaHCSIA will provide a range of counselling and parenting services available to people in need, including Forgotten Australians and former child migrants. These services are also available to the families of Forgotten Australians and former child migrants helping them deal with the inter-generational consequences of institutionalised abuse. Service providers will refer to specialist mental health or other intensive services as required.

FaHCSIA will also work with peak family support industry representative bodies to inform them of the particular needs of Forgotten Australians and former child migrants. In addition, the Department will work closely with Forgotten Australian and child migrant groups to ensure that PHaMs services are accessible and that care leavers are aware of the services. The Community Investment Program will continue to work with funded community organisations to ensure that

they recognise the difficulties faced by care leavers and ensure that their services provide support and are accessible to care leavers.

Centrelink will also liaise with relevant governments to determine how to create greater awareness of services with its customers and how to more effectively link people with support offered through government and non-government services.

4 The Efficacy of Suicide Prevention Training and Support for Front-Line Health and Community Workers Providing Services to People at Risk

FaHCSIA supports a range of programs delivered in the community through non-government organisation (NGOs), volunteers, peer supports, and partnerships to better address mental health concerns. These programs work towards building individual and community resilience by improving community awareness, connectedness and responses to social issues, and by contributing to the promotion of mental wellbeing.

The Department is aware of the importance of providing training and support to front line health and community workers providing services to people at risk.

The *LiFE Framework* promotes a broad collaborative approach, involving government and non-government organisations, community groups and individuals. A key objective of the framework is to support a 'whole of community' approach to suicide prevention.

FaHCSIA would be supportive of a multi-sectoral approach to training across related sectors, which would be an efficient and effective way of achieving the holistic and collaborative intentions of the *LiFE Framework*. Such an approach would also be consistent with the *4th National Mental Health Plan* and the Government's *Social Inclusion Agenda*.

It is not possible to make a formal judgement about the effectiveness of suicide prevention training and support for front line workers, as a systemic evaluation exploring these issues and comprehensive data collections around FaHCSIA's efforts in this area have not been undertaken.

FaHCSIA acknowledges that the absence of a formal review and the difficulties of collecting robust data about FaHCSIA programs in this field limit the conclusions that can be drawn about specific programs aimed at providing support for front line workers.

Initiatives such as the Healing Foundation and the Indigenous Leadership Program, however, are seen as significant complementary programs to other more specific suicide prevention training.

4.1 FaHCSIA Funded Services

Funding provided by FaHCSIA to non-government organisations generally includes provision for training and staff awareness to support them in the delivery of services to vulnerable Australians. This training is complementary to general suicide training and support.

Relevant training materials can assist staff by providing a ‘toolkit’ of knowledge and skills, which in turn, increases the confidence of workers to deal with complex situations in an appropriate manner. It is important to note that training materials and relevant information must be accessible on a regular basis and that staff must also have the time available to attend training courses and workshops.

Due to the complex and stressful work undertaken by frontline workers, adequate support (including professional supervision) is necessary to ensure that staff are de-briefed as required and that professional and personal development needs are addressed.

FaHCSIA’s Community Mental Health services provide education, training and support including peer support for carers and care receivers. In addition, services provide education, training and support targeted at families, carers, children and young people aged 16 to 24 years, affected by mental illness, through a diverse range of community programs, including peer support programs. The program seeks to build on family strengths and improve resilience and family functioning, particularly for Indigenous families and those from culturally and linguistically diverse backgrounds.

4.2 Support for Mental Health Consumers and Carers

The Department is aware that involving consumers and carers in the planning, delivery and evaluation of mental health services is acknowledged more broadly as essential to improving the effectiveness of services and considers that it is important to understand their role in professional education. The development of a National Carer Recognition Framework considers the training and skills development needs of carers who provide other frontline care.

The Department involves consumers and carers when delivering training to PHaMS service providers. Feedback from participants indicates that the first hand experience and perspectives, gives workers the opportunity to gain greater insight and understanding that is not always available to practitioners. Additionally, the Mental Health Programs Evaluation places a major

emphasis on consulting with consumers and carers with extensive interviews and representation on the Evaluation Advisory Committee.

Mechanisms also exist within FaHCSIA's Targeted Community Care Programs to raise awareness among general practitioners for support programs available for carers of people with a mental illness. An example is the important role of Commonwealth Respite and Carelink Centres, funded under the Targeted Community Care Program, in raising general practitioner awareness of the respite service offered under the program.

4.2.1 Carer Engagement Project

As part of the *COAG National Action Plan on Mental Health 2006*, FaHCSIA funded the Mental Health Council of Australia (MHCA) to conduct the Carer Engagement Project. The Project involved a series of carer workshops with over 1500 carers from across Australia who attended 116 workshops delivered by skilled MHCA staff. The workshops were aimed at assisting families and carers to further develop coping and management skills for caring for and living with a person with a mental illness and provided carers with the opportunity to share their views on the most important issues and challenges they face as carers.

4.3 Workforce Issues

Whilst FaHCSIA recognises the importance of training and support for front line community workers, it is acknowledged that there are also service delivery issues that impact the delivery of training and support. Workforce, rural and remote and Indigenous factors are some of the key issues.

Workforce issues are a major concern for the community and mental health sectors. It can be difficult to attract and retain qualified and or experienced mental health professional and community support workers to this area for a number of reasons, including:

- differing levels of remuneration to the government sector;
- limited career structure;
- isolated nature of the work;
- 'burn-out' from high demand, stressful work; and,
- availability of Allied Health Professionals and/or other suitably qualified staff.

FaHCSIA acknowledges that increased funding to non-government organisations in the mental health sector has increased the service response, but also impacted on the shortage of suitably skilled and qualified staff. We are aware that FaHCSIA funded community mental health services have encountered recruitment difficulties including finding appropriately qualified and experienced staff. To counter these difficulties, the Department's Community Mental Health funded services can access program funding to engage and train staff in skills that are transferable, which is contributing to increased numbers of skilled workers in the mental health sector.

4.3.1 Adversity to Advocacy – Workforce Implications

The Carer Engagement Project mentioned in Section 4.2.1 of this submission resulted in the launch of the report *Adversity to Advocacy: The Lives and Hopes of Mental Health Carers* (MHCA October 2009). This report identifies key issues which affect mental health carers including the workforce issues including:

- *The need for more and better trained staff at all levels* - Carers identified inadequate staffing as a key part of current service failure. Access to psychiatry remains extremely limited. Increased access to registered psychology services was not seen as a significant benefit when inadequate workforce numbers impact on availability. Carers reported that access to other forms of care; in particular sub acute care remained a significant issue, particularly in non-metro areas.
- *Knowledge and information for carers* – Carers reported that one of the most debilitating aspects of being a mental health carer is the sense of isolation and helplessness. Carers reported that the knowledge of how to care for someone with a mental illness was rarely available at first onset of illness.
- *Carer and consumer education for all professional groups and agencies* –. Most carers felt professionals appeared to have no understanding of the role of carers, in particular their integral role in the ongoing care of the consumer. There is a real need for increased carer/consumer informed professional development for mental health and other service providers.

4.4 Capacity Building

The Government has examined options to build capacity in the community care workforce and recognises the importance of initiatives that encourage the retention of trained workers in the sector. Several initiatives have been funded by the Government to expand the supply of mental health professionals, including psychiatrists, psychologists and psychiatric nurses.

FaHCSIA has also funded the following two organisations through the Targeted Community Care Program to build capacity in the mental health sector.

- Brisbane South Division of General Practice is currently funded to build the capacity and workforce capabilities within their service catchment this includes mental health first aid training; and,
- Psychiatric Disability Services of Victoria (VICSERV) Inc, as the lead agency for a group of state/territory mental health non government peak bodies, was funded to build capacity in the community mental health family support and carer respite sectors. The outcomes of the project resulted in the development of nationally relevant education and training, resources and initiatives. Findings will also inform future development of FaHCSIA programs and workforce development activities.

4.4.1 Quality Assurance

As mentioned in section 3.4 of this submission, family relationship service providers funded under the Family Support Program are required to meet specific Approval Requirements including one covering client safety. This includes a requirement that these services “recognise and immediately assess and take appropriate preventative action regarding other situations of danger and physical harm involving clients, such as suicide threats, threats of serious self harm and actual self mutilation.” The standard also specifies that organisations need to demonstrate that staff have access to training in suicide prevention.

Australian Healthcare Associates recently undertook an independent audit of some of these providers against the approval requirements and recommended that the centre staff receive formal training in suicide prevention. It also prompted further review of other funded service providers to identify staff who also needed training in suicide prevention. This regular quality assurance auditing provides opportunities for services to receive feedback and timeframes within which to implement strategies to address issues. In light of this and given that FaHCSIA’s

mental health initiatives are now in the final stages of implementation, we are now considering the mechanisms for ongoing quality assurance.

4.4.2 Indigenous Issues

Further to the issues identified in section 3.3 of this submission, there are specific issues that impact the training and support for workers in indigenous programs.

Small town populations can feel a greater ‘ripple effect’ from a suicide as many in the community are already family and friends. This particularly impacts those who live and work in these communities increasing the need for training and support. Additionally, there are also cultural barriers that impact on training and support requirements.

FaHCSIA is aware of existing training packages such as Applied Suicide Intervention Skills Training (ASIST) and can attest to positive capacity building in Aboriginal health and youth workers who have received such training. The Department is aware of a need for indigenous specific training around mental health issues and emergency mental health issues in particular in the remote setting. FaHCSIA commends the current training package being trialled in Central Australia, (Suicide Story) which draws on input from Aboriginal people in the Northern Territory and Queensland based on narrative therapy. It is understood that this package may be completed and ready for distribution in 2010.

As mentioned in section 3.3 of this submission, the Australian Government is developing an Aboriginal and Torres Strait Islander Healing Foundation that will empower communities to deal with health and social issues arising through loss and grief by:

- supporting Aboriginal and Torres Strait Islander healing initiatives at the community level and in response to local needs by providing funding and workforce development;
- conducting health promotion and public education activities in relation to Aboriginal and Torres Strait Islander healing, including skills training in the prevention and treatment of trauma; and,
- contributing to an evidence base for Aboriginal and Torres Strait Islander healing through community-driven and culturally appropriate research and evaluation.

The following case study highlights the need for services in particular locations and the necessity for support and training for frontline workers:

Case Study

The Narrogin 2008 Experience

The town of Narrogin (pop 4238) is situated in the Southern Wheatbelt, 192km by road south-east of Perth. The Narrogin district experienced an anomalous spike of eight suicides between March and May of 2008. Six of the victims were reported to be Indigenous, two reported as non-Indigenous but with close personal links with the Indigenous community.

2006 Census data recorded 305 Indigenous Australians living in the Town and 4 (sic) in the surrounding Shire. In three months 2.6% of the Narrogin population had committed suicide compared to the national average of 1.4% suicides per year.

The reverberations from the eight suicides over such a short period, in this small community are still being felt. No explicit causes have been identified, but there have been no further suicide deaths in the last eighteen months despite at least twenty further suicide attempts since March 2008.

The introduction of a chain of Community Support Service sites through the heart of Noongar Country and including Narrogin is a positive FaHCSIA measure intended to support indigenous people as informed, empowered consumers who access the full range of available services relevant to their life circumstances. FaHCSIA is also funding a remote PHaMs service into the Narrogin region with a secondary site at Katanning. This model focuses on strengthening families with a member experiencing, or at risk of developing a mental illness which should contribute to suicide prevention. Resilience is a focal point of service delivery approaches and is therefore a key component of PHaMS induction training.

4.4.3 Rural and Remote Issues

FaHCSIA acknowledges that lack of access to services in rural and remote areas, identified in section 3.2, also impact on training and support for staff. Large travel distances present a major access barrier to training. Additionally, the shortage of qualified professionals in rural and remote areas presents difficulties for staff in accessing appropriate support such as professional supervision.

- **The Central Australian Petrol Sniffing Strategy Unit Experience**

The Central Australian Petrol Sniffing Strategy Unit (CAPSSU) has funded youth workers in remote communities and mental health first aid is one aspect of training that youth workers need.

The remote setting of many of the Indigenous communities with which the unit works makes collection of any data quite difficult. Data on completed suicides is reported long after the event and data on attempted suicides is not routinely collected nor collected in a consistent and statistically robust way. The unit has been called in to assist with responses to local out breaks of suicide attempts. Such requests are usually triggered by requests from concerned local community members, Government Business Managers or other local groups.

At present there is no early warning system for triggering a response where copy cat or even epidemic behaviour might be occurring. In the face of the need to respond to local outbreaks, the Unit has developed an adjunct to its reporting form for outbreaks of petrol sniffing, to include details of suicides or attempted suicides. This makes use of FaHCSIA's network of government business managers and Indigenous Engagement Officers in local communities as an early warning system and a key adjunct to suicide prevention training.

4.4.4 Training about the needs of vulnerable people

Several special needs groups have been identified as a target group under the Personal Helpers and Mentors program (PHaMs) as noted in Section 3.1. To enhance the effectiveness of existing services specific training was provided on the unique needs of vulnerable groups, including Forgotten Australians and Humanitarian entrants, to PHaMs Round 3 service providers.

Additional training on special needs groups will be implemented in 2010 to all other PHaMs providers. In addition, FaHCSIA will work closely with Forgotten Australian and child migrants groups to ensure that PHaMs services are accessible and that care leavers are aware of the services.

FaHCSIA will also work with Centrelink to help their staff more appropriately respond to the needs of Forgotten Australians and former child migrants through investigating options for training and provision of information to increase staff awareness and understanding of the issues.

4.4.5 E-Learning

Internet based mental health services/programs are receiving greater attention both in the media and through conferences such as the Australian Society of Psychiatric Research Conference in December 2009. FaHCSIA through its involvement in the Mental Health Standing Committee and other associated forums has been exposed to several programs that have been designed for training front line workers. A number of these programs are still under development and some are more focused to clinical services but are perceived to have broader potential.

FaHCSIA's Targeted Community Care Program funds Suncare Community Services Inc in Central Queensland to deliver:

- on-line recovery training (Boston model from the centre of psychiatric rehabilitation) to staff working in the mental health sector. This is a certified on-line training course aligned with contemporary approaches that are recovery focused; and

- recovery based workshops, education and mentoring support through the internet, phone services, DVDs and face-to-face mentoring to meet the challenges of rural and remote carers.

5 FaHCSIA Research

The current emphasis on evidence-based practice in a range of arenas is also applicable to the efficacy of suicide prevention training for frontline workers.

FaHCSIA contributes to the development of the knowledge base around relevant social issues, and provides evidence about how to address risk factors associated not just with suicide but with a range of other outcomes for individuals, families, and communities. This is undertaken through internal FaHCSIA research and external (FaHCSIA funded) research and evaluation. Some general examples of research areas relevant to suicide risk and prevention are given below.

- **Social inclusion among young Australians.**

Projects being undertaken in this space include investigation of social participation by youth with disability, risk and protective factors affecting social inclusion of youth, family breakdown, and how family, socioeconomic, and community factors affect youth outcomes (including subjective wellbeing and mental health).

- **Social participation, coping, and mental health.**

FaHCSIA funds research into community resilience and coping, with particular interest in factors such as locational disadvantage, exposure of rural communities to drought, relationships between social capital and mental health, and how different individuals cope with challenging life events.

- **Ageing**

Research in this space includes building our understanding of overall health and wellbeing (including mental health), ‘active ageing’, and how to strengthen social participation and social networks over the lifespan.

- **Family Wellbeing**

FaHCSIA undertakes and commissions a substantial body of research into family and relationship dynamics and wellbeing, as well as how families respond to adversity (for example, how financial stress can affect relationships, or how different families respond to relationship dissolution).

In addition to FaHCSIA's research activities, the Department funds a range of longitudinal surveys (such as the Household, Income and Labour Dynamics in Australia (HILDA) Survey, the Longitudinal Study of Australian Children (LSAC) and the Longitudinal Study of Indigenous Children (LSIC), which include questions about mental health, stressful life events, financial wellbeing or hardship, social connectedness, social disadvantage, and family dynamics.

Research and Evaluation findings are available through a range of sources including the FaHCSIA Occasional Paper Series, and the FaHCSIA website at: www.fahcsia.gov.au

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