



## **Submission**

# **Senate Inquiry into Suicide in Australia**

Community Affairs References Committee

**May 2010**

Iris Foundation Vision of Light for the Prevention of Suicide

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## **1.0 Executive Summary**

A national inquiry calling for submissions has meant that suicide has been recognised as a health concern in Australia reflecting the need for reform. Through advocacy, government initiatives, and lobby groups the rate of suicide amongst Australians is yet to remain stable. In the terms of reference established by the Community Affairs Reference Committee have drawn attention to a number of factors that contribute to the suicide rate in Australia.

Iris Foundation is focused on suicide prevention and has seen this submission as an opportunity to voice its opinion on two areas connected with suicide, these include:

1. The effectiveness of public awareness campaigns
2. The efficacy of suicide prevention training and support

Iris Foundation proposes the following recommendations for the prevention of suicide amongst Australian Communities:

- (a) produce more public awareness programs that target a wider group of people
- (b) produce advertising material using a wide range of mediums
- (c) programs that show the aftermath of suicide- Recognition as a major health issue
- (d) promote hope
- (e) increased knowledge of understanding detection and intervention
- (f) regional Psychologist Initiative
- (g) promoting the One Stop Shop Approach
- (h) family inclusion for treatment
- (i) consider location of support services and facilities
- (j) youth friendly intervention
- (k) up to date training and research

## **2.0 Introduction**

This inquiry has highlighted the significance of suicide as a national problem and that it must be addressed in order to overcome the devastating effect it has on society. The core of this submission reflects methods and approaches that should be adopted to deal with the issue of suicide amongst Australian communities. The Iris Foundation places a strong belief that by adopting certain procedures, suicide detection and intervention processes will become more effective. The submission will provide the following

- Background information on Iris Foundation
- Recommendations

### **2.1 Key areas for action:**

Of the terms of reference outlined for the inquiry into suicide, Iris Foundation have focused on:

- The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide.
- The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk.

### **3.0 Background- Iris Foundation**

Iris Foundation: For the prevention of suicide welcomes the opportunity to formally respond via the submission process held by the Community Affairs Reference Committee.

Through numerous fundraising campaigns, corporate sponsorship and hard work Iris Foundation are able to assist local services in early detection and appropriate intervention. Through the work of the foundation there is a clear link to the inquiry with a primary purpose for the prevention of suicide. The submission addresses the terms of reference that are related to public awareness programs and suicide prevention training. Recommendations are provided throughout the submission.

### **3.1- About Iris Foundation**

Iris Foundation is a not-for profit organisation, operated by Bev Baldwin and Dawn Hooper who deal daily with issues associated with the prevention of suicide. In particular, the need for early detection and appropriate intervention. They are primarily focused on young people and their families on the Central Coast of New South Wales.

“Iris” was chosen as the name because it means “vision of light” and it is also the name of the mothers of Bev Baldwin and Dawn Hooper who established the Foundation in 2006 under the United Way Central Coast Community Chest Trust.

From the support of individuals, community groups, and organisations in conjunction with local business people and corporate sponsorship, the Foundation has successfully reached its base goal of \$100,000. This was achieved through numerous donations and fundraising events.

Iris Foundation has the following aims and objectives:

- (1) To continue raising funds and build the Foundation as a lasting legacy.

- (2) To engage individuals, groups, and companies to assist in any way they can to make this a reality.
- (3) To encourage identification of gaps in current service provision and provide resources aimed at addressing the issue.
- (4) Where possible resource services, programs for at risk individuals, and their families when no alternatives are available.

*“Help us to prevent the tragedy of suicide and create hope”*

### **3.2 Suicide and the Central Coast (NSW)**

Iris Foundation believes that suicide is an issue that has the potential to affect every single one of us. Through the advocacy of suicide a kind deed can be the one small thing that creates hope in someone’s life.

Suicide on the Central Coast has been recognised as a significant area of public health policy. Such an issue has been brought to people’s attention over the years through government initiatives and more recently the 2010 Australian of the Year Patrick McGorry, a well-known advocate fighting for the prevention of suicide. Research has produced a connection between suicide and mental health, reinforcing that stress and mental health issues are ever present in our society.

Central Coast statistics show that suicide since 2006 is on the increase again, however such statistics are not as incrementally high as they were in 1996. Suicide rates are higher when comparing the Gosford region to the Wyong region. There are predominantly more males suiciding than females, with a drastic difference in numbers. However females are more likely to have failed attempts.

Iris Foundation is working towards changing these outcomes through public awareness programs and suicide prevention training and support.

### **4.0- Terms of Reference**

This submission is in response to two of the terms of reference outlined by the Community Affairs Reference Committee.

## **4.1- The effectiveness of public awareness programs**

### **Produce more public awareness programs that target a wider group of people**

Public awareness programs are limited and usually target select groups. For example workers in the department of health, in the social welfare field or a particular group of people affected by family suicide or tragic accident and deemed at risk. This is acknowledging the fact that current public awareness programs are only effective because they are targeting those who may need early detection or appropriate intervention. Programs need to be designed and implemented to target different demographics, for example:

- Strategies in place for people living in rural, remote and isolated areas.
- Improved counselling services in the workforce- not just for occupations dealing with traumatic experiences. By broadening and establishing procedures amongst all occupations.
- Programs that detect depression in school children. Such a program would be effective for university students, in relation to feelings of anxiety, stress, and failure.

Such programs should connect with the everyday person, without reference to a particular group. By generating more effective public awareness programs it will break the silence, making more people aware that suicide in fact does exist.

### **Produce advertising material using a variety of communication mediums**

By noticing the public awareness programs for other issues of public policy, they utilise a wide range of communication mediums in order to interact with a particular audience. For example, programs associated with lung cancer and drink drinking have numerous campaign strategies to reinforce and promote a particular message. Suicide prevention is predominantly advertised through literature, brochures, and the print media, lacking to utilise a variety of formats that reach a wide cross section of the general community. It should consider other media such as television, radio, the internet, billboards, and various forms of social networking. The radio and billboards

could help to promote the support services that are available, by generating awareness of chat help lines. Such advertising would encourage someone to utilise the service if they need it. Other support services could use networking sites such as Facebook as a way of providing links to intervention services. It must be reminded that visuals on television may be minimal as the reporting of suicide is not common knowledge.

### **Programs that show the aftermath of suicide- Recognition as a major health issue**

Whenever a suicide death is heard of and mentioned the effects and aftermath left behind are never mentioned. A similar approach could be adopted that other public policy areas utilise, by linking suicide and the devastating affect it has on family and friends. As a result this may eventually create an awareness that suicide is a major health issue. By reaching out in this manner it is not sensationalising suicide any more than the drink driving campaigns by young people and the horrific results of an accident.

### **Promote hope**

In all ways of generating public awareness it is important to support all advertising with a message of hope. It is important that the message gives hope, and that it encourages help-seeking behaviour. It should also inform the person where they can obtain help and most importantly impart the message that there is help available and no shame in admitting you need support.



## **4.2- Efficacy of suicide prevention training**

### **Increased knowledge of understanding detection and intervention**

It is crucial for front line workers in health, community services, teaching, and doctors to give a greater understanding of suicide detection and intervention to the wider community. They should be trained in early identification of at risk patients, clients, and students. They also need a thorough knowledge and understanding of appropriate interaction, support, and referral process as required. They must develop their skills in order to identify those needing help and support. These front link workers in health are an important tool in preventing suicide and recognising the need for support in such circumstances.

### **Regional Psychologist Initiative**

Rather than sending a suspected 'at risk' patient/client to a local psychologist there could be a regional psychologist who specialises in patients that are at risk of suicide whether it be at the detection of intervention stage. These psychologists can be identified as a suitable support and resource when needed, by front line workers. They are equipped with the knowledge and experience to deal with any given circumstance and can assess and treat or refer as appropriate.

### **Promoting the 'One Stop Shop' Approach**

A suicide prevention strategy 'Headspace' targets youth with a 'one stop shop' approach. It has had a much better chance of success not only because of the simplicity of access for young people but for ease of referral for health/education professionals and family. It enables a co-ordinated approach to service delivery in a safe and secure environment. It is imperative that the service is staffed by highly trained and supervised staff and that the family of the young person is not alienated in the process.

## **4.3- Other initiatives for Suicide Prevention**

### **Family inclusion for treatment**

Ideally all family members should be included in a young person's treatment plan as appropriate. Therefore they are aware of the current situation and know how to deal with specific problems if they arise. Once the issue is identified if appropriate, the family should be involved. This has the potential for a positive outcome due to better understanding and a joint effort in appropriate support techniques.

### **Consider location of support services and facilities**

Support services should be located close to major transport links and have some form of outreach service available. Bear in mind, when youth are at the stage of seeking support they may not wish to disclose the issue, particularly to family members, therefore a strong reliance on public transport is required to enable them to utilise the service.

### **Youth friendly intervention**

It is important to maintain a youth friendly step care approach during early intervention. A step care approach helps to determine the seriousness and likelihood of the issue at hand. Procedures will be carried out depending on the stage that the patient is at. Then when carrying out procedures they should be consistent with a youth friendly approach.

### **Up to date training and research**

All workers that are associated with the field of suicide must keep up to date with training strategies and tactics for dealing with different types of patients in different circumstances. By conducting continual research, knowledge will be enhanced which will therefore enable the support provider to understand the modern approaches for

dealing with suicide detection and intervention, which will impact greatly on prevention.

## **5.0 Conclusion**

It has been brought to our attention that this inquiry is well overdue. Government initiatives and campaigns have not allowed for a stable suicide rate amongst Australian communities. The suicide rate continues to rise and fall and reform is needed to prevent the act of suicide in Australia. Iris Foundation has recognised that this area of health must be fixed nationally however strategies must be implemented locally so that government's can be accountable for programs that are introduced. Health care workers have stressed the importance of a collaborative approach to deal with the situation and with new procedures and partnerships in force governments can determine the effectiveness of the role they play in suicide prevention. Iris Foundation believe that through their work of community awareness and support for intervention strategies they are able to help break the silence that surrounds suicide in the local community. It is making people aware and generating recognition that suicide is a major public policy issue.

## **6.0 Recommendations**

A number of policy recommendations have been made with the intention of preventing suicide amongst Australian communities. We believe that a better approach to public awareness programs and suicide prevention training include the following recommendations:

- (l) Produce more public awareness programs that target a wider group of people
- (m) Produce advertising material using a wide range of mediums
- (n) Programs that show the aftermath of suicide- Recognition as a major health issue
- (o) Promote hope
- (p) Increased knowledge of understanding detection and intervention
- (q) Regional Psychologist Initiative
- (r) Promoting the One Stop Shop Approach
- (s) Family inclusion for treatment
- (t) Consider location of support services and facilities
- (u) Youth friendly intervention
- (v) Up to date training and research

## **7.0 Bibliography**

Ahmed, T 2010, 'Tragedy of humanity's unspoken epidemic', *Sydney Morning Herald*, 23 February.

Althaus, C, Bridgman, P, and Davis, G 1998, *The Australian Policy Handbook*, 4<sup>th</sup> edn, Allen and Unwin, Crows Nest, NSW.

Australian Government, 2000, *Mindframe National Media Initiative*, viewed 12 April 2010,  
<http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/mindframe-1>

Australian Government, 2007, *Operation Life*, viewed 12 April 2010,  
<http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/operation-life-1>

Commonwealth Department Of Health and Aged Care 2000, *Life: A Framework for Prevention of Suicide and Self harm: Learnings About Suicide*, Canberra.

De Leo, D and Evans, R 2003, *International Suicide Rates: Recent Trends and Implications for Australia*, Australian Institute for Suicide Research and Prevention, Canberra.

Fenna, A 2004, *Australian Public Policy*, 2<sup>nd</sup> edn, Pearson Education Australia, Frenchs Forrest, NSW.

Ford, G 2005, 'Suicide in Australia: A Public Health Perspective', *Health Issues*, vol. 85, pp.28-31.

Hall, J 2010, 'Australian of the Year staggered by suicide figures', *ABC News*, 1 April.

Rosenman, S 1998, 'Preventing suicide: What will work and what will not', *Medical Journal of Australia*, vol. 169, pp.100-102

Siewert, R 2009, *First Senate Inquiry in Australia*, viewed 12 April 2010,  
<http://rachel-siewert.greensmps.org.au/content/first-senate-inquiry-suicide-australia> .

Suicide Prevention Australia, 2008, *Strategic Plan 2008-2010*, viewed 12 April 2010  
[www.suicidepreventionaust.org](http://www.suicidepreventionaust.org).

Suicide Prevention Australia, 2007, *What is a senate inquiry?*, viewed 14 April 2010,  
<http://suicidepreventionaust.org/SenateInquiry.aspx>.

Suicide Safety Network (Central Coast) Inc, 2009, *Central Coast Suicide Statistics*, Central Coast Coroner's Office.