CAPS INC.
community action
for the prevention of suicide

9th November, 2009

Australian Senate
Community Affairs
Reference Committee

Dear Committee Members

RE: INQUIRY INTO SUICIDE IN AUSTRALIA

Firstly, I would like to extend my thanks for providing the opportunity for CAPS (Community Action for the Prevention of Suicide Inc), to present its experience, in responding to people at risk of suicide. Although this submission will be presenting its material from an anecdotal perspective, CAPS' intent as part of its model of service, is to properly evaluate its support program to determine fully and with sound evidence its short, medium and long term benefit to those who access it.

As a little background information, CAPS (currently a very small 100% self funded not for profit organisation based in Brisbane Qld) has been providing free, grassroots, direct service delivery across SE Qld, to people at risk of suicide and their family and friends for the past two years. (Prior to that, over several years, CAPS supported many of the research projects of AISRAP at Griffith University and provided the seed funds for their Life Promotion Clinic). Today, CAPS provides non-therapeutic and non-clinical, emotional and practical support directly to the person at risk and/or their family, friends, colleagues etc.

During 2008 and 2009 one counselling practitioner employed by CAPS has supported approximately 130 people who were either directly at risk of suicide or who were trying to help a family member, friend or work colleague to manage the suicidality of the one they care for and for whom they were greatly concerned.

The rationale behind our model of service delivery came as a result of a community based needs analysis that was conducted in the first half of 2007. This helped to determine gaps in current service delivery and find what the most beneficial support method would be to someone at risk of suicide and for those who are concerned for someone at risk (who more often than not, also have extremely high levels of stress and anxiety themselves as a result of their feelings of helplessness and fear in assisting the one they care for and love).

CAPS has found that 60% of our work is with the family and friends of someone at risk and not with the person at risk directly. Furthermore, this support of the "supporters" of someone thinking about suicide seems consistently to be of direct and valuable assistance to the person at risk themselves. Helping the family and friends to cope and respond better seems to have an extremely effective direct benefit to the suicidal person. It appears to assist them towards reducing their suicidal thoughts and then finding the space to enhance their coping mechanisms and develop resilience. It seems from our work that the supporters of someone at risk, often contribute to the pressure felt by the suicidal person as a result of their lack of understanding of the issues surrounding suicidal thinking, their limited understanding of the best way to

CAPS INC.
community action
for the prevention of suicide

respond to someone at risk, their concern and fears about taking "responsibility" for the suicidal person and their choice between life and death, and their sense of helplessness and hopelessness at not being able to access appropriate and effective support for themselves or for the suicidal person.. This in turn, often reinforces the suicidal person's sense of nobody understanding or being able to help, thereby increasing their sense of lack of hope and optimism about their future and the increase in pressure at not feeling like they can cope and that there is little value to them staying alive. We have found that those who support someone at risk of suicide generally have the best motivation, and just want their loved one to get "better", but they often do it in a way that increases the pressure on the suicidal person. CAPS provides emotional and practical support to the "supporters" thereby increasing their own sense of wellbeing, giving them greater understanding of the person at risk and giving them skills and tools to respond to the person at risk in a more effective and helpful way. Our experience is that this directly assists the suicidal person as the support person reduces the pressure on the person at risk, which in turns creates the space for the person at risk to develop their own sense of wellbeing, their capacity to cope and to develop a little patience for their own situation.

We have found it very interesting that in our experience with the clients that we have worked with, approximately 70% of those who are at risk of suicide, are either currently or have been under the care of a GP and/or psychiatrist and/or psychologist and yet seem to have made very little progress under this sort of care. We have found in some of our clients that the first point of assistance to them has been medication such as anti- depressants, which on many occasions appears to have had little effect in improving their capacity to cope or to understand their suicidal thinking, or to reduce or stabilise any apparent symptoms of depression or anxiety. Our experience is that the disappointment that is often felt that "even medication can't help" reinforces yet again that "nothing can help me so I may as well kill myself". We suspect, that in some cases at least, they are not in fact clinically depressed, and consequently do not have a chemical imbalance that requires stabilisation, which is why medication does not assist. Most of our clients have suggested to us that, having a medical response as the first option is not necessarily the most effective or appropriate response and that other methods such as the model that CAPS provides, may be a more appropriate starting point. Clearly, if a mental illness can be appropriately diagnosed, then medication and other specialist responses should be included as part of the multidisciplinary support for that client. CAPS is very keen to ensure that our clients are diagnosed correctly and appropriately for any possible mental illness, but we also understand that for some people, considering the external and internal experiences they have had and may be continuing to have, it is not surprising that they feel like taking their own life. Medication is not necessarily going to help these people to manage the suffering that they are experiencing.

Additionally, we have found in our client base, that although therapeutic responses may be helpful at some point in their recovery, it is often not appropriate in the first instance. Our experience is that they struggle to think clearly, often feel totally disempowered and out of control and even feel quite intimidated by psychiatrists and psychologists. We have found that they are usually very, very low on internal and

CAPS INC.
community action
for the prevention of suicide

external resources, and need instead a very gentle, very patient, persistent, consistent and stable hand to assist them start a journey of recovery. Also we have heard from many of our clients that the amount of time provided by professionals such as psychiatrists and psychologists tends to be extremely limited and constrained and not adequate to support someone at risk of suicide. Rather, they seem to find more helpful, assistance that provides them some possible solutions to external events and situations that they may feel out of control of, that gives them a sense of hope and optimism that they can find some contentment and peace in their life in spite of the difficult external or internal conditions they are experiencing, that helps them understand better their suicidal thoughts and behaviours, and that assists them towards a realistic appreciation and resolution of their situation . Sometimes the resolution may simply be for them to accept that there is no solution and we assist them in learning to accept that that is ok and then how to manage the ups and downs that life brings, whether minimal ups and downs or significant.

CAPS provides intensive support as necessary, with no time limitations. We support the person at risk for as long as necessary for them to emerge from this experience with greater resilience and with a wish to move forward in a positive and constructive way. Our goal is to help reduce the "pressure" felt by the person at risk in order to give them the space and capacity to think more clearly and find a greater sense of perspective in their situation. We have also found that the majority of clients we have worked with have required only short term support in order to move forward. The model is intensive, but clients typically require this intensity of support for only a few weeks. For some, it does take longer, and the time frame is different for everyone. However, our model also allows for their entry back into the service at anytime in the future if they need support again. Sometimes that is because the suicidal thoughts are arising again, or it may be simply that they are struggling to cope with a particular situation but they have recognised the potential for them to react in a destructive way if they do not seek some support.

Our model of support provides clients - whether the person at risk themselves or someone who is concerned for them - time, information, care, attention, linking in to external resources where needed, access to tools and techniques to help them cope and understand what is happening to them and ways they can respond to situations they feel out of control of. As well as practical support, the model provides non-clinical and non-therapeutic emotional support which gives the client space and time to develop clarity, perspective and insight into their particular situation which then allows them to develop better ways of coping and working with their external and internal conditions.

CAPS has had great success with this model of service delivery over the past two years. Although the model is simple in structure and application, it is proving to be very effective in assisting people who feel like their world is collapsing onto them and in assisting their loved ones who take the journey with them. CAPS' vision is to continue to provide this intensive service, to formally evaluate it and refine it and to see it rolled out throughout the community. It is also part of CAPS' model that

CAPS INC.
community action
for the prevention of suicide

members of the community be trained to provide practical help as volunteers, especially in cases where extended families and friendship groups are absent. However to date, we have had limited opportunity to commence this part of the model due to time and staff constraints and the number of clients that have sought our assistance. Working with clients is our first priority always. But we are extremely confident that the model would be easily applied to any community in any part of the country.

CAPS is of the view that a whole of community response is necessary to reduce the suicide statistics. We cannot just rely on our mental health system or our mental health specialists; they are under-resourced to manage the numbers and the type of support required. Also sometimes, a "mental illness" response is totally inappropriate even though it seems to be the accepted model of response. Our model is a community based model that utilises community resources (including mental health where appropriate), increases community knowledge about the issue and encourages and develops family and community support systems to reduce the sense of isolation that is often felt by someone at risk of suicide. CAPS struggles to fund the service solely from community and individual donations. However we are committed to seeing a reduction in statistics of both deaths and attempts and we will continue to provide this service in whatever capacity we can afford to give people better options than suicide.

Thank you for the opportunity to present our experiences. Suicide is an absolute tragedy and the long term effects for those left behind can be devastating. Our experience is that for most people who think about suicide, if given the *appropriate* response, their will to live is just lingering below the surface and they just need help to access it. We know that most people don't want to die, they just want their "pain" to go away. CAPS helps people to manage their "pain", to accept that sometimes suffering is an inevitable part of life and to give people the time and space to heal and develop resilience.

I have also attached a testimonial from one of our clients for your information and a letter of support of our model of service from Professor Graham Martin.

If you require any further information please do not hesitate to contact me on 0400 991 266.

Yours sincerely
Carla Pearse
(B Soc Sc; B Couns; M Int St)
CAPS Inc

16 Morley St, Toowong Q Australia 4066 +61 7 3870 8359 +61 7 3870 8569 caps.org.au 85 829 842 950

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Discipline of Psychiatry

PROFESSOR GRAHAM MARTIN OAM
MBBS, MD, MRCGP, FRANZCP,DPM
DIRECTOR CHILD AND ADOLESCENT PSYCHIATRY

The University of Queensland
Mental Health Centre, K Floor
Royal Brisbane and Women's Hospital
Queensland 4029 Australia
Telephone +61 7 3365 5098
Facsimile +61 7 3365 5488
Email g.martin@uq.edu.au

23 November 2009

To Whom it May Concern

I am writing in support of CAPS' (Community Action for the Prevention of Suicide, Inc.) application for funding for their Suicide Prevention Support Service here in South East Queensland.

CAPS is providing a unique and much needed service to those people who are at risk of suicide, and their family and friends who may also need support and assistance in helping the one they love. In 2008, a single staff member at CAPS provided support and care to 94 separate individuals - improving resilience, enhancing coping skills and encouraging hope and optimism. CAPS continues to provide this service for as long as required in order to minimise suicide as a serious option.

CAPS' provides both emotional and practical support, assistance and information free of charge to the client. The commitment provides a service that is really useful in a day-to-day way to the client, in reducing the pressures that a person at risk of suicide often feels. This in turn, provides 'space' for the person at risk to reflect honestly, develop insight and consider realistic alternative solutions.

CAPS fills a unique and significant service gap in what is available to those considering suicide because they perceive their life as not worth living. The organisation has both personal and professional expertise and experience in working with people at risk and consequently has much to offer the community. CAPS personnel are passionate about reducing the statistics both in suicide deaths and attempts. As a result, their model of service is flexible, grounded in a unique and caring personal response, community-based and applicable to many regions of Australia.

As a small 100% self-funded not-for-profit organisation CAPS has found it challenging to find sufficient ongoing funding to maintain the service. As someone who has studied suicide and its prevention for over 20 years, I am convinced of the benefit such a service provides and I hope that you will give favourable consideration to their application for funding.
Yours sincerely,

QuickTime™ and a
decompressor
are needed to see this picture.

Graham Martin OAM