

Executive summary

This submission is intended to represent both actual findings and considered reflections of an organisation intervention into risk of suicide which took place in Sydney in 2009.

In April 2009 an Australian Federal Agency engaged Whyte and Coaches to assist them in responding appropriately to the suicides of five employees and elevated levels of distress being experienced by employees at all levels of the organisation. To cater for differing levels of need, Whyte and Coaches designed an intervention that included one-on-one and small group work, along with formal workshop training and the creation of organisational protocols for addressing workplace distress. The intervention took place between May and October 2009. All five suicides over the 18 month period leading up to March 2009 involved middle aged males, and all the deaths were in a single city location.

In October 2009 the organisation commissioned an independent review by Dr. Gordon Spence from the Nardoo Partnership, of the intervention facilitated by Whyte & Co., and many of the findings are included in this submission.

Terms of reference

Our reflections are in consideration of the following suggested Terms of Reference put forward by the Parliament of Australia Senate:

- a. The personal, social and financial costs of suicide in Australia;
- b. The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);
- c. The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;
- d. The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;
- e. The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;
- f. The role of targeted programs and services that address the particular circumstances of high-risk groups;
- g. The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and
- h. The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

a. The personal, social and financial costs of suicide in Australia;

From Whyte & Co's perspective the five suicides had a considerable personal, social and financial cost on the organisation. Apart from those personally impacted by the deaths, and their understandable emotional distress and trauma, many more employees, managers and senior leaders within the organisation were operating at reduced levels of effectiveness. Some managers talked about how unsure they were as to what to do and say, for fear of any subsequent action on their part contributing to any further deaths. There was confusion as to what the 'right' thing to do was.

In times of considerable organisational distress, the senior leadership showed considerable courage in commissioning external consultants to review and advise on how best to proceed. An organisation was engaged to review a critical policy which had a considerable impact on the sense of wellbeing of some staff; experts were engaged to investigate the presence or not of a suicide cluster and Whyte & Co were engaged based on the charter previously mentioned.

To date the organisation has spent some \$500,000 seeking to understand and reduce the risk of further suicides amongst its workforce. Reductions in effectiveness and increased levels of absence from the workplace due to non-physical conditions also have a financial impact; this data is not available to us at this point in time.

b. The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);

When we began our work some employees spoke of their frustration with the way the suicides were notified. Often the news was passed on via email, leaving many employees frustrated. Others commented as to email being such an effective way of telling many at the same time the same news. Those employees that we spoke to, who had been personally impacted by the deaths reported that they wished for more reporting concerning

- the suicides themselves. Employees said they would have liked to have been briefed face to face rather than by email
- how the organisation planned to respond
- their role in a prevention strategy
- progress in implementing a prevention strategy and in strategies to address the wider issues of mental health and wellbeing

From our experience, reporting was a challenge in terms of communication and leadership with multiple approaches required across the different dimensions of the workplace culture. A critical aspect was the ability and opportunity to create healthy progression through individual and organisational stages of grief and perspectives of grief and denial.

c. The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;

In general, our experience was such that engagement with the above mentioned agencies was limited. Feedback from those impacted was as follows.

People commented on how they believed just being on medication for depression or another mental illness was insufficient in terms of providing them with support to maximise wellbeing and healthy functioning. Also critical was the value of having “somebody to normalise things for me”, “somebody to talk to”, “somebody who was available and cared”. From Whyte & Co’s perspective the value of supporting individuals and groups in crisis by offering psychotherapy, counselling and coaching was clear. General Health services available to employees did not routinely extend to practitioners offering psychotherapy/counselling (including psychologists, psychotherapists, counsellors, social workers); to compliment any considered pharmacological approach.

Protocols for engaging with appropriate psychologists or specialists in assessing lethality were unclear.

d. The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;

Whyte & Co received positive feedback on the implementation of the following awareness interventions:

- five awareness workshops were delivered to circa 100 participants, with a focus on both suicide and effective dialogue
- a one page flier entitled ‘Suicide – myths and what to do’ was circulated to management
- leadership and management groups were engaged in discussions on suicide and what they could do.
- review meetings with human resources and line managers were held to support clearer identification of persons at risk

Participants talked of their belief that the organisation (and society) could do so much more in generating an increase in awareness about mental health in general. The initial focus on suicide was generously accepted by many but not all. Many within the organisation spoke of the need for a wider focus on mental health, beyond suicide.

e. The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;

Our charter did not extend itself to this particular term of reference, however as one of the many supporting initiatives implemented by the organisation, recruiting an onsite counsellor to provide not only services to people at risk, but also to those employees wishing to avail themselves of counselling services was determined to be a key additional resource going forward to increase the efficacy of suicide prevention training within the organisation.

f. The role of targeted programs and services that address the particular circumstances of high-risk groups;

High risk groups were a consideration during the work carried out during the 6 month period to October 2009, and particularly the following high risk groups

- Males in their late 30s to mid 50s
- Those employees most closely impacted by the suicides who concurrently were suffering from depression, anxiety or alcohol abuse.

Of the employees who received support whilst being deemed at risk of suicide, six of the seven were males, based at the same location as the five suicides.

Our primary focus addressed these high risk groups based in a single location. The feedback during the intervention and from those who participated in the external assessment in October 2009 was that the one on one programs were particularly successful, across three categories – client focus, independence and responsiveness.

- g. The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and**

Whyte & Co designed its intervention with advice from suicide experts within Australia.

- h. The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.**

A key learning for us from this intervention has been that until a suicide prevention strategy has full participation and support from those affected, it will not be as effective as it could be. An effective strategy provides everyone in the organisation with a clear understanding of their own role in preventing suicide.

We wish for a national suicide prevention strategy which is known by all Australians and supported by all Australians.