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Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Re: Inquiry into Suicide in Australia

Introduction

ACL thanks the Committee for this opportunity to comment on the significant issue of the impact of suicide on the Australian community. In its submission, ACL:

- notes the success of the National Suicide Prevention Strategy in reducing the annual incidence of suicide from 2720 in 1997 to 1881 in 2007;
- acknowledges that individuals in high-risk groups are likely to be assisted most effectively by a diversity of approaches, and that this is a shared responsibility across the community;
- wishes to emphasise the role played by various Christian organisations and churches generally in assisting people facing crisis in their lives; and,
- considers that there is a significant role for targeted programs to reduce the incidence of suicide and that, in this context, there is merit in extending the ambit of the highly successful chaplaincy program currently operating in schools.

Our comments relate primarily to c), f), and h) of the Committee's Terms of Reference.

While it is noted that a focus of the inquiry is on indigenous youth and rural communities, ACL considers that particular emphasis also needs to be given to reducing suicide among men aged in the 25-34, 35-44 and over 85 year cohorts. In this context, ACL notes that male suicides continue to outnumber female suicides by nearly 4 to 1, accounting for 77% of all suicide deaths in 2007.¹

¹ (2008, 5 November), National Suicide Prevention Strategy, www.health.gov.au

National Suicide Prevention Strategy

ACL recognises the substantial commitment of the Australian Government through the National Suicide Prevention Strategy to reduce the incidence of suicide in the community, and strongly supports the principles expressed in the *Living Is For Everyone (LIFE) Framework for Action*, in particular, that: “Suicide prevention is a shared responsibility across the community, including families and friends, professional groups, and non-government and government agencies”, and “activities should be designed and implemented to target and involve the whole population.”²

The success of this program in reducing the annual incidence of suicide from 2,720 in 1,997 to 1881 in 2007 is a positive step forward.

ACL agrees with the methodology outlined in the Living is for Everyone (LIFE) Framework that seeks to identify various ‘risk factors’, sometimes called ‘vulnerability factors’ which increase the likelihood of suicidal behaviour. These factors may be specific to the individual or they may relate more broadly to the environment surrounding a ‘high risk’ community. Specific examples include depression, anxiety, isolation, or substance abuse.

The LIFE framework seeks to minimise the impact of these risk factors on communities and individuals by promoting certain ‘protective factors’ that reduce the likelihood of suicidal behaviour and work to improve a person’s ability to cope with difficult circumstances. For example, the impact of social isolation – a risk factor – potentially can be modified by encouraging social connectedness via involvement in sporting, social or other community groups.

The framework groups, within broader overlapping ‘domains of care and support’,³ those generic activities and interventions that are seen as promoting these ‘protective factors’. The domains include ‘universal interventions’ that “aim to engage the whole of a population to reduce access to means of suicide” together with more ‘selective interventions’ that “entail working with groups and communities who are identified as high-risk to build resilience, strength and capacity and an environment that promotes self-help and support”.

ACL notes the recognition in the LIFE Framework of various factors that are significant contributors to an individual’s health and wellbeing, including a spiritual dimension that relates to a ‘sense of purpose’ embodying motivation; purpose in life; spirituality; beliefs; and meaning.⁴ These factors influence individuals’ sense of self-worth, identity and sense of belonging in the community in which they live.

The Framework also recognises the desirability of a diversity of approaches and the role that community organisations, including religious organisations,⁵ undertake in providing support to individuals who may be contemplating suicide, and to their families. These organisations perform a valuable role in preventing suicide by building the resilience – the ability to cope with traumatic events in life – of individuals and their families.

² (2008, 2 July) Department of Health publication, ‘A Framework for prevention of suicide in Australia’ by the Australian Government Department of Health, p. 22

³ (2008, 2 July) Department of Health publication, ‘Living is for Everyone (LIFE) Fact Sheet 1 published as part of the National Suicide Prevention Strategy

⁴ Living is for Everyone (LIFE) Fact Sheet 6

⁵ Living is for Everyone (LIFE) Fact Sheet 15

Role of Christian Organisations

Christian organisations are at the forefront of providing targeted assistance to members of the community who are at risk from suicide.

The Salvation Army has been assisting people in crisis, including those impacted by suicide, for over 100 years. Salvation Army Officers, counsellors and chaplains continue to provide support and encouragement to people whose lives have been devastated by the loss of a loved one through suicide. The Army also provides information and training programs through *Hope for Life*, which is intended to assist individuals to respond appropriately to “people who may be at risk of suicide and to those who have been bereaved by suicide”.⁶

The Wesley Mission offers assistance through *LifeForce*, a national suicide prevention program that educates the community about suicide, how to recognise the signs of suicide and how to intervene effectively. The program is targeted primarily towards people in rural and remote communities, men aged from 25 to 45 in the workforce, and young people with literacy and social support issues who are no longer in school.

St Vincent de Paul is providing educational assistance to provide increased employment opportunities to the children of the Tiwi Island people who, it is understood, have the highest suicide rate in the world⁷.

Organisations such as Anglicare, Teen Challenge and many individual churches also provide valuable assistance to individuals at risk from suicide.

Extension of Chaplaincy Program to high-risk groups

As well as providing a range of welfare services to the community, Christian organisations such as Scripture Union make a less obvious, but equally relevant, contribution in promoting ethical and other positive community values in schools. This contribution was recognised by the Government when it established the *National School Chaplaincy Programme* in 2006. The program provides financial support to schools and their communities that wish to establish school chaplaincy services or enhance existing chaplaincy services.

This financial assistance is intended to assist schools and their communities to promote the spiritual wellbeing of their students. Chaplains provide support and guidance, inter alia, on issues related to ethics, values, relationships, spirituality and religious issues; the provision of pastoral care; and enhancing engagement with the broader community.

While school chaplains are sourced predominantly from Christian organisations and local churches, they do not have to be Christian. Chaplains may be from other faith groups but they do need to be appropriate to the circumstances of the school.

The success of the chaplaincy program is reflected in the findings of a report published earlier this year by Dr Phillip Hughes (Edith Cowan University) and Professor Margaret Sims (University of New England) titled, *The Effectiveness of Chaplaincy as provided by the National School Chaplaincy*

⁶ www.suicideprevention.salvos.org.au

⁷ www.vinnies.org.au – the Tiwi islanders are an indigenous Australian people culturally and linguistically distinct from the Aboriginal peoples of Arnhem Land, who live just 80km north of Darwin at the junction of the Arafura and Timor Seas.

Association to Government Schools in Australia. The report's findings indicate a very high level of satisfaction by school principals, students and their parents with the role being undertaken by chaplains in the schools.

Chaplaincy is viewed as a unique program in that it is proactive in building the relationships that underlie effective pastoral care. School principals indicated that 97 per cent of chaplains have been effective in performing the major role of providing pastoral care for students as described in the National School Chaplaincy Program.⁸ On a scale of 1 to 10, chaplains were rated at 8.6 for: providing an opportunity for students to talk through issues; and offering support to students with significant problems; and at 8.5 for offering support to students in special risk categories.⁹

Chaplains are viewed positively by both staff and students particularly because they are 'unaligned', i.e. they are not employed by the Education Department and they do not have a disciplinary role in their schools.¹⁰ Given its obvious success in government schools, ACL considers that there is a strong case for continued funding for this program for the obvious contribution of the pastoral care in which it excels, to suicide prevention in youth.

However the success of chaplaincy in the school environment also suggests that there may be merit in extending this role to address the particular circumstances of the high-risk groups that are the subject of the Committee's inquiry in other parts of the community.

Chaplaincy role in preventing suicide

While the school is the context for the current chaplaincy program, many of the responsibilities of a chaplain, and related activities, parallel the 'domains of care and support' specified in the 'Living is for Everyone (LIFE) Framework model' (LIFE Fact Sheet 1). School chaplains are already performing roles and activities similar to those specified in 'Domains' 3-5, 8¹¹ in the following ways:

- Domain 3: *Indicated interventions* target people who are showing signs of suicide risk or symptoms of illnesses that heighten risk of suicide.
- Domain 4: *Symptom identification* – knowing, and being alert to, signs of high or imminent risk, adverse circumstances and potential tipping points; and providing support and care when vulnerability and exposure to risk are high.
- Domain 5: *Finding and accessing early care and support* when treatment and specialised care are needed. Chaplains perform a role of keeping an eye on 'high-risk' students including those who are showing signs of severe depression. They can also provide emotional support in these situations or refer students to doctors or psychologists for treatment and specialised care.

⁸Hughes, P. & Sims M. (2009), *The Effectiveness of Chaplaincy as provided by the National School Chaplaincy Association to Government Schools in Australia*, p. 52

⁹ *Ibid*, p. 5

¹⁰ *Ibid*, pp. 45, 47, 52

¹¹ (2008, 2 July) Department of Health publication 'Living is for Everyone (LIFE) Fact Sheet 1 published as part of the National Suicide Prevention Strategy

- Domain 8: *Ongoing care and support* involving professionals, workplaces, community organisations, friends and family to support people to adapt, cope, and to build strength and resilience within an environment of self-help. Chaplains are involved in this type of activity as part of their ongoing support for high-risk individuals. This can involve the provision of ongoing pastoral support for the student and the family involved, often while they are receiving support from a professional agency. In more isolated communities where resources are scarce, chaplains have undertaken a role that complements the role of welfare staff.¹²

The report on the chaplaincy program indicates that in the two weeks prior to the survey undertaken by the researchers, 44% of chaplains reported dealing with issues related to self-harm or suicide. One principal advised that, “The chaplain has averted student suicide on more than one occasion.”¹³

Anger, loneliness, family relationships, grief, sense of purpose, self-esteem, and mental health are conditions that are common to all human beings, whether child or adult. Dealing successfully with these problems can be greatly facilitated by having access to people with effective skills in pastoral care; people who can listen in a non-judgemental way and, where appropriate, assist traumatised individuals to develop solutions to their particular problems. The same can be said for individuals who, for cultural or racial reasons, experience social isolation.

Implementation/ Administration

In recommending the extension of the chaplaincy program to the abovementioned high-risk groups, ACL recognises that the chaplains would perform a function complementary to existing counselling and support services in the community.

ACL considers that this could be achieved most effectively by having chaplains located (administratively) within or, at least, given access to existing local community networks where they could take advantage of the collective knowledge of those networks. Physical locations for chaplains might include clubs and community support organisations.

Under the current chaplaincy program, the initiative in applying for funding and for selecting candidates lies with the school principal. Subject to appropriate consultation with local community organisations, ACL considers that, given their proximity to the community, regional or local authorities may be the most suitable bodies to determine whether chaplaincy services are required and where chaplains could be most effectively located. Some research and local consultation will obviously be required to identify the most appropriate sponsors for chaplains to particular high risk groups, but existing churches should be examined as possible administrative bases for them, as this role would in most cases be a specialised extension of the churches’ general role in the community.

Appointments should also be subject to the existing provisions in the chaplaincy program that the candidate be a person who is recognised by the relevant appointing authority and the community:

- as having the skills and experience to deliver chaplaincy services to the community; and

¹² Hughes & Sims, *op cit*, pp. 22, 46

¹³ *Ibid*, pp. 20, 29

- through formal ordination, commissioning, recognised qualifications or endorsement by a recognised or accepted religious institution or a state/territory government approved chaplaincy service.

As noted previously, Chaplains do not have to be Christian (i.e. they may be from other faith groups) if appropriate to the circumstances.

As is the case in schools, chaplains should be seen as being 'independent' of the recruiting organisation. The report on chaplaincy in schools indicates that this independence is viewed by staff and students as a valuable characteristic of the chaplain's role within the school.

Funding

Given the commitment of time and personal resources on the part of chaplains, and the need for an appropriate venue and facilities to undertake the chaplaincy role, ACL considers that funding should be at a level comparable to that for chaplains in the schools.

The chaplaincy program currently provides funding of \$20,000 per school per year and up to \$60,000 over the three year life of the program.

Where a high risk area is in a particular industry it might be possible for a government–industry partnership, where government subsidises the role of the chaplain into an industry, as redressing the precursors to suicide would also certainly benefit the business. The mining industry is an example of one where isolation and long periods of absence from family can result in high rates of drug and alcohol abuse and family breakdown for instance. Several Christian ministries already exist who look to provide chaplaincy into business.

Alternative Option

An alternative lower cost option to that outlined above might involve the use of a register, similar to that used for 'marriage celebrants'. Such a register would identify suitably qualified individuals as chaplains who would operate on a voluntary basis and whose details would appear in brochures and websites that are available for people seeking help. Some funding would still be necessary to ensure that the chaplains were properly compensated for expenses related to training and travel, and in circumstances where they incur costs in relation to the use of venues and facilities used to provide their services.

Conclusion

The incidence of suicide continues to be a serious blight on our community and requires innovative, broad-based solutions if we are to continue to reduce the number of people who die in this tragic way. The school chaplaincy program has been very successful in addressing, in that environment, many of the problems that also are faced by groups at 'high-risk' of suicide in the wider community.

ACL is of the view that the chaplaincy role could and should be extended to many of the 'high-risk' groups identified in the paper and calls on the Committee to consider recommending:

- continued Federal Government funding of School Chaplaincy for the important part it plays in suicide prevention in schools; and,

- the extension of the program by offering the services of chaplains to community organisations that work with other high risk groups.

Thank you for your consideration of our views.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Lyle Shelton', with a stylized flourish at the end.

Lyle Shelton

National Chief of Staff