

20 November 2009

ELTON HUMPHERY COMMITTEE SECRETARY SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE P O BOX 6100 PARLIAMENT HOUSE CANBERRA ACT 2600

Dear Mr Humphery

Please accept our written submission below for the Committee's inquiry. This report has been developed by the Dr Edward Koch Foundation's Life Program, which incorporates The Life Suicide Prevention Workshops, The Life Suicide Bereavement Response Service and The Far North Qld Suicide Prevention Taskforce.

Inquiry into Suicide in Australia

The impact of suicide on the Australian community including high risk groups such as Indigenous youth and rural communities, with particular reference to -

(a) the personal, social and financial costs of suicide in Australia

<u>Personal</u>. Relationships, personal potential, and health outcomes for people connected with the person who died are affected. This may involve family, friends, work and social colleagues, health professionals eg. doctors, counsellors, and other support workers being affected by vicarious trauma. This may apply also to emergency services personnel and funeral services personnel who are repeatedly facing traumatic events.

There may be lasting impacts affecting children's lifespan development, education, future relationships, career prospects and future responses to changes in the life of people who are affected by the traumatic event/s. This has been found to extend into adulthood and impact on a person's parenting behaviours and an individual's mental health when faced with life's challenges.

<u>Social.</u> Suicide results in the loss of the deceased person's contribution to society as a whole. This loss to society is then compounded through the impact of that loss on the ability to function at an optimum level of productivity (both within the home and the workplace) when people are massively impacted by someone near to them suiciding. Also there is the wider impact on the broader community's psyche following an individual's loss. There is as well, the fear for the wellbeing of that person's social network as this group has been identified as being at greater risk of suicide in the postvention period.

Social stigma affects the family and community in which a suicide occurs and influences how and what acknowledgments are made in respect of a person's death being related to suicide. Out of a caring perspective there may at times be a leaning towards not openly acknowledging a death as suicide. This can be both from "friends" self-protecting and those in authority who have difficulty talking about suicide or owning it as a problem within their community.

<u>Financial</u>. Financial impact from suicide relates both to the person who has died and to those affected by the death. For both groups there is the simple equation of years lost multiplied by income. For the person who died there is no potential for future income and productivity. For those left behind there are additional costs, in respect to both time and finances, of managing the deceased person's estate, to organise and restructure affairs and to focus on supporting those remaining. Financial aspects can be listed and ticked off as they are completed, however, this work cannot be divorced from the very personal emotional costs required from the individual/s trying to recover from their loss following a suicide. In the process of recovery the productivity of these individuals is likely to decrease in quantity and quality. In some instances they may have difficulty maintaining employment.

On another level it may be useful to give consideration to giving tax rebates/support on income tax returns for people doing voluntary work that helps build networks in the community. Prof. Graham Martin of Griffith University has spoken on ABC radio of people needing social connections/networks and that having even one good friend will act as a protective factor for persons often isolated in our communities. Encouraging people to volunteer through tax incentives is one way of building social networks and relationships that are protective. What else works? Building social networks which increase social capital through everyday contacts, for example - Indigenous "yarn and cuppa" or non-Indigenous "chat with a coffee/tea", workingbee style of contact with people who are building community resources such as a soccer oval or cricket pitch, or a scout hut. This may require a public education approach to evaluate "work/life balance" for the long-term benefit of families and communities. This combined with some tax provision for people who take part in voluntary work on social projects, may give an incentive to allocate time for developing community relationships that build resilience in individuals, even Pitfalls of this would be that charitable organisations are not always where money is tight. registered and these are often where volunteers might help out, eg some Indigenous groups.

Financial recognition of the value of work done by volunteers in not-for-profit organisations could also be given serious consideration - possibly through government financial support to the organisations, for example \$1 for every \$100 in volunteer work value.

A more appropriate avenue of enquiry, as we see it, would be to send out an open ended question. This would provide communities with an opportunity to express opinions on what would be of most value on a "wish list" for their community with no cost or other restrictions so as to encourage creative brainstorming.

Long term planning is needed - planning that is not strangled by annual budget constraints, short term election sweeteners, or organisations set up by clever-thinking entrepreneurs using government funding to establish an Australia-wide non government monopoly.

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

Information from Michael Barnes (Qld State Coroner) re classification criteria for deaths indicates the ABS (Australian Bureau of Statistics) acknowledges the problems with All correspondence to: P O Box 2964, Cairns Old 4870

6 Aplin Street, Cairns, Qld. 4870 Ph 07 40310145, Fax 07 40310744, ABN 19 078 012 576 Email dulcie.bird@kochfoundation.org.au Website: <u>www.kochfoundation.org.au</u> Patron – The Governor of Qld, Her Excellency, Ms Penelope Wensley AO maintaining accurate statistics in this field. It is difficult to determine the intention of a fatal injury, whether accidental or intentional, and therefore whether suicide or not. For example, the classification of a single vehicle accident or drowning may be used rather than suicide/external causes of death, mechanism by intent. However, since the removal of firearms from the community, farm accidents and home workshop accidents should be more closely scrutinised.

Consequences of under-reporting on -

(1) understanding risk factors. The classification of a death may affect the way bereaved family, friends and work colleagues process the grief. Difficulties the deceased may have experienced before the death encompass such things as personal, relationship, mental health and psychological issues. These issues may have their origins in the family, work or social context, and are less likely to be addressed by associates subsequent to a death when it is classified other than as a suicide. Thus problems may continue to compound for the surviving family and friendship groups of the deceased, resulting in these people being at a higher risk of suicide but not recognised as a high risk group for suicide.

(2) providing services to those at risk. When suicide is underreported, this may reduce the chances of people receiving appropriate services at the depth required for those at greater risk of suicide.

Where a death has been classified other than suicide, it may not reflect the real picture of what is happening in a family and the wider community. Thus service provisions will not be made available at the true level required by that community.

(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

What causes these people to be at risk and come to the attention of these agencies? Alcohol, substance misuse, mental health disorders, domestic violence are some of the more common reasons for agency involvement. Cooperative, effective action is needed from community and government agencies, with each agency functioning to contribute their expertise while avoiding duplication of responses.

For example, in our Far North Queensland region, the Dr Edward Koch Foundation has implemented an effective three phase program (Life Program) which involves cooperation between multiple community agencies, including emergency services, general and mental health services, and regional councils from Cardwell to Cape York. All consider themselves to be partners in a Community Taskforce (the FNQ Suicide Prevention Taskforce). Suicide awareness and prevention workshops are conducted across the region, community specific resources are provided, and bereavement counselling support is offered.

(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

Since 1995, the FNQ Suicide Prevention Taskforce has worked towards implementing, supporting and promoting strategies which aim at the reduction of suicide and self-harm. These activities are carried out under the auspices of the Dr Edward Koch Foundation. The experience of one local Indigenous community provides evidence of the effectiveness of planned local community led and focused intervention. In the late 1990s, this community suicide rate was a sadly regular event of two or three a month. After a community generated program to support All correspondence to: P O Box 2964, Cairns Qld 4870

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people at risk was introduced, no suicides were recorded until 2004, when one occurred. However, the community was stunned when in 2007 three suicides took place in one month. The community rallied to strengthen its support networks. While suicides still occur occasionally, the rate is nothing like what it was in the 1990s. The family and community support networks are more effective and penetrate into all levels of social, educational and health agency structures. The psycho-education of the community has influenced a reduction in the perception of shame and stigma surrounding suicide in this community.

The workshops run by the Dr Edward Koch Foundation on suicide awareness and prevention have drawn very positive responses from participants. They have been impressed with resources that have been produced specifically for their community, and with the opportunity the workshops have provided for participants to develop networks within their community.

Cairns Regional Council takes part in Safe Cities projects. Through a similar project, perhaps local government money could be used to provide information for public awareness, health and wellbeing including suicide awareness and prevention, as they currently do with cyclone awareness, with local rates notices or other community activities.

(e) the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk

In our region interested people can access the Life Workshops (suicide awareness and prevention workshops), the Lifeline-run ASIST (Applied Suicide Intervention Skills Training) program, the Queensland Health Mental Health First Aid Training program and the Qld Health Mental Health First Aid Multicultural training program to support front-line health workers and community workers in serving people at risk. These training programs are highly sought after by people in the field and effective in helping develop their skills. However, these are not always accessable because of financial reasons. A solution could be to offer a tax rebate to anyone who attends this type of training.

(f) the role of targeted programs and services that address the particular circumstances of high-risk groups

The Dr Edward Koch Foundation, in partnership with PCYC and Cape York Indigenous Communities, has rolled out a series of workshops as part of a larger government funded initiative to target these high risk community groups. This needs to be an ongoing area of emphasis so that all community members have the opportunity to develop skills and understanding relating to suicide and suicide prevention.

A similar initiative using the Dr Edward Koch Foundation has been conducted across the Atherton and Mareeba Tableland Districts with the support of the Tablelands Regional Council. Again this should be ongoing to increase social capital with the participants trained and resulting increase in skills in this area of community work.

Similar programs have been run in coastal areas between Mossman and Cardwell. The outreach for this work is currently constrained by financial limitations on our not-for-profit community based organisation.

Suicide is not easily marketable as the recipient for philanthropic donations when large corporations seek kudos or wider community recognition of their "social conscience". The constant search for funding requires an inordinate amount of time and is a drain on the very limited resources (personal and monetary) for small community organisations.

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Unemployment is currently 13% in the Cairns region – an important risk factor for suicide. It is important that local projects use local employers and employees, particularly for government funded projects. This is aimed at helping to keep people in the district, avoiding social disruption and reducing homelessness for families, especially those with school aged children.

Opportunities for work need to be provided and long term planning done to ensure employment for youth as well as adults with children. This should include apprenticeships for school leavers. Introduce a series of advertisements for all ages promoting the "hand safety and support" symbolism currently used in teaching protective behaviours to children. This activity identifies on the fingers and thumb of one hand, the personal support people for that individual (family, friends, workmate etc). It then uses the other hand to identify community supports the person would choose to contact (youth organisations, Lifeline, church, health professionals etc).

Perhaps there needs to be an emphasis from childhood on building self confidence in accepting counselling, and promoting help seeking behaviours, as a valuable and socially acceptable way of getting the best out of life.

(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

There appears to be large quantities of information coming from research and going into the community on aspects of depression. However, the same cannot be said for research into ways of promoting wellbeing, thus building protective factors that enhance resilience.

(h) the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress

While statistics cannot be relied upon completely, there has been a gradual increase in a more open approach to discussing suicide and associated risk factors. The public education campaigns on depression, anxiety, domestic violence, personal safety and other issues, have contributed to more community awareness and discussion. In reviewing the Queensland Government's strategy in this area, it has to be acknowledged that much of the project's aims appear to have been achieved. Barriers though would have to include the widespread acceptance of the abuse of alcohol and drugs by even very young people, as the depressive effects of alcohol can disinhibit normal behaviours, increase impulsivity, and is frequently associated with the act of suicide.

Below is an example where promotion of general wellbeing has had positive effects on people here, and how this idea can transcend age groups and be used more widely in suicide prevention.

Example: Positive Ageing Cairns Incorporated Association was established in Julv 2009. It grew out of the Cairns Regional Council's initiative of conducting a Positive Ageing Forum in July 2008. The Council is now developing a Corporate Plan for Seniors. Their Mission Statement reads:- Positive Ageing Cairns Inc encourages and supports all people over 50 to lead richer healthier and useful lifestyles, particularly when preparing for and during retirement years. Members are known as PAGERS; P for Positiveness and Agers for Ageing. Pagers have a yen to put something back into the community for the benefit of all in the wider community regardless of race colour or creed. The Association will harness the skills, time, energy and expertise of the older generation towards helping help each other and then plan and coordinate community events for the benefit of all seniors. The Cairns Council and Positive Ageing Inc All correspondence to: P O Box 2964, Cairns Old 4870

6 Aplin Street, Cairns, Qld. 4870 Ph 07 40310145, Fax 07 40310744, ABN 19 078 012 576 Email dulcie.bird@kochfoundation.org.au Website: <u>www.kochfoundation.org.au</u> Patron – The Governor of Qld, Her Excellency, Ms Penelope Wensley AO are working towards involving other organisations; local, state and federal, public and private enterprise in the overall Council's Seniors Corporate Plan.

Finally, the goal of a strategy is to provide a framework for action. These strategies need to be revised and a new strategy put in place on completion of its timeframe. The Qld Suicide Prevention Strategy 2003-2008 has exceeded its timeframe and is well overdue for revision and publication, so that community agencies can have a document for referral and direction – one which provides a whole of Government approach and encourages partnership development that impacts positively on reducing suicide in Queensland.

Yours sincerely

Dulcie Bird Executive Officer