

NSW Suicide Prevention Strategy 2010- 2015

Showcase of Innovation

In Suicide Prevention

7 September 2010

Showcase Report

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1. Introduction

Background

The new NSW Suicide Prevention Strategy 2010-2015, was launched by the Minister for Health on World Suicide Prevention Day, 10 September 2010. The Strategy is the NSW Government's statement of intent to work with the community to reduce the rate of suicide and suicidal behaviour in NSW.

The Strategy has been built on the previous NSW strategy, *Suicide Prevention: we can all make a difference 1999* and aligns with the national suicide prevention framework: *Living is For Everyone (LIFE)*.

It has been developed to provide a basis for a coordinated whole of government approach to suicide prevention in NSW, which promotes a whole of community framework for collaboration and partnerships with academics and researchers, non government organisations, service providers, people bereaved by suicide, and families, friends and individuals in the provision of suicide prevention initiatives.

To inform the development of the NSW Suicide Prevention Strategy 2010 - 2015, the following consultation was carried out:

- On 2 July 2009 a forum of key stakeholders including government agencies, non-government organisations and academia, was convened in Sydney to consider the priority issues for the new strategy.
- In September 2009, a discussion paper was circulated to key stakeholders for comment, summarising the key issues and proposed directions of the new strategy.
- Informed by stakeholder feedback on the discussion paper, the existing 1999 NSW Strategy and the Commonwealth Suicide Prevention Framework: *Living Is For Everyone (LIFE)*, a draft strategy was prepared for further stakeholder consultation.
- On 15 October 2009 a second stakeholder forum of approximately 100 participants including government agencies, non-government organisations and academia was convened in Sydney to consider the draft strategy in detail, and provide an opportunity for stakeholders to identify their priority actions under the strategy to Government.
- In November 2009 a discussion paper was circulated to key stakeholders for comment, summarising the key issues and proposed actions under seven strategic directions, including;
 - Improving the evidence base and understanding of suicide prevention
 - Building individual resilience and the capacity for self-help
 - Improving community strength, resilience and capacity in suicide prevention
 - Taking a coordinated approach to suicide prevention
 - Providing targeted suicide prevention activities
 - Providing support for people affected by suicide
 - Implementing standards and quality in suicide prevention
- Informed by stakeholder feedback on the discussion paper, the draft strategy was circulated for public consultation in July 2010, with submissions received from government agencies, non-government organisations, academics and other state/territory health departments.

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2. Context of the 'Showcase of Innovation' in suicide prevention

Stakeholders involved in the public consultation forums in 2009 on the development of the NSW Suicide Prevention Strategy told NSW Health they wanted to be more aware of suicide prevention programs available in NSW; have improved access to suicide prevention resources and information; and that the Strategy should promote the development and sharing of good practice in the community.

In response, NSW Health committed to hosting an annual 'Showcase in Innovation – approaches to suicide prevention in NSW'. NSW Health hosted an inaugural Showcase of Innovation on 7 September 2010. The purpose of the 'Showcase of Innovation' is to provide an opportunity to bring together relevant government agencies, key stakeholders, peak bodies, non government organisations, medical professionals, service providers, researchers and other experts to share knowledge and ideas for best practice and innovative approaches to suicide prevention and resilience building in NSW.

In addition the Showcase provided the opportunity to seek the views of participants on the key components of a new community resource to help reduce stigma and help people feel more confident about talking about suicide and its prevention.

Prior to the Showcase, stakeholders were provided with the opportunity to nominate programs/projects which demonstrated they: improve our understanding of imminent risk and how best to intervene; improve our understanding of whole of community risk, protective factors, and how best to build resilience of communities and individuals; apply and continue to develop evidence base for suicide prevention among high risk populations; and improve access to suicide prevention recourses and information.

NSW Health received twenty-two nominations. Fourteen programs were selected to present at the Showcase, with a further eight programs highlighted as part of audience participation.

In addition, a workshop was held with stakeholders to scope the development of a set of principles or guidelines for discussing suicide. The development of community guidelines was also an idea that stemmed from discussion with key stakeholders at the two public consultation forums held in 2009 on the development of the Suicide Prevention Strategy. The discussion centred around an agreement that the Strategy should identify the need to reduce stigma in the community by encouraging more public discussion, and one way this could happen is to support open communication about mental health and suicide in the community. The idea is about fostering environments where it is safe and acceptable to talk openly about suicide, where discussion about suicide is normalised and open. As a result of this discussion there was an action built into the Strategy to develop 'whole of government, whole of community guidelines for dealing with and discussing suicide within families, workplaces and communities'.

A list of Showcase stakeholders is attached at Appendix A.

Format of the Showcase

As set out at Appendix B, the agenda for the Showcase aimed to guide discussion through the use of Showcase panel members, divided into two sessions and an afternoon workshop on the development of community guidelines for discussing suicide.

The purpose of the first interactive panel session was to showcase programs that target people under pressure. Further details are in section three of this Report.

The purpose of the second interactive panel session was to showcase programs that target key settings. Further details are in section four of this Report.

The purpose of session three was to use case studies of programs that focus on communication as a starting point to get people thinking about what helps people talk about suicide and then discuss the following in small groups:

- What are the barriers to talking about suicide?
- How might these be addressed?
- What could be some guiding principles to help people talk about suicide?
- What would be the most useful resources/formats for these guidelines to help target specific groups?

Further details are in section five of this Report.

In advance of the Showcase, participants were provided with information about the selected panel speakers and the programs they would be discussing (Appendix C).

Showcase report

The purpose of this report is to document best practice in suicide prevention and of lessons learnt by participants from the Showcase of Innovation.

The Report also provides a record of feedback from the participants on scoping the development of new community guidelines to help families, schools, workplaces and others to talk about suicide and its prevention such as what would need to be included in the guidelines and what these guidelines might look like to help support fostering environments for people to talk more openly about suicide. This information was drawn from the following contemporaneous records:

- scribe records from the plenary sessions and expert panel discussions;
- scribe records from small group sessions; and
- written submissions from forum participants.

The report aims to capture the range of views raised rather than just focus on consensus positions.

It should also be noted that facts and other information reported from the floor and included in this report have not been independently verified and should not be treated as such.

The final report will be submitted to the Minister Assisting the Minister for Health (Mental Health) and sent to all Showcase participants.

3. Session 1: Showcase of Innovation – Panel One

Showcase of Innovation - Targeting People under Pressure

- Inspire Foundation
Reach Out Program Target group: Young people at risk
- BoysTown
Telephone and online support for young people Target group: Young people at risk
- South East Sydney Illawarra Area Health Service
Family and Carer Mental Health Program Target group: Families/carers under pressure
- Lifeline
Suicide Bereavement Support Groups - Standards, Guidelines and Practice Handbook for Facilitators Target group: People bereaved by suicide
- Salvation Army
Hope for Life Suicide Prevention Bereavement Support Service Target group: People bereaved by suicide
- NSW Department of Justice and Attorney General
Work and Development Orders Scheme Target group: people under financial pressure

Audience participants included:

- **The Corner Youth Health Service**, Sydney South West Area Health Service
- **NSW Elderly Suicide Prevention Network (ESPN)**, Sydney South West Area Health Service

The table below lists examples and key lessons learned. Further details about each program/ project is provided in the program papers at Appendix C.

Programs highlighted

Organisation	Program discussion
Inspire Foundation	<ul style="list-style-type: none"> ▪ Inspire uses the internet (Reach Out!) to connect with youth, using a range of resources including educational factsheets and stories and community forums focusing on a range of issues from relationship breakups to drugs & alcohol use to suicidal ideation ▪ The use of personal stories are important for connecting with youth (young people to young people – using a voice that is relevant to them) ▪ The different resources available on Reach Out! are rigorously evaluated ▪ Studies have found that 40% of people who use Reach Out! go on to seek formal help with a professional ▪ Using the internet is a cost effective way to reach millions of people, the Kessler survey found that 70% of people using their site suffered from high psychological stress and 40% were identified as going through a tough time ▪ Inspire has developed relationships with a number of other social networks– Habbo, Facebook and MySpace ▪ A mixture of methods should be used to connect to young people, these include; virtual, face to face, specialist/ expert groups, online surveys and youth involvement forums

Organisation	Program discussion
	<ul style="list-style-type: none"> ▪ In order for suicide prevention resources/ programs to be successful the community must be involved in the development, implementation and evaluation stages, in a meaningful way that resonates
BoysTown	<ul style="list-style-type: none"> ▪ BoysTown facilitate a 24/7 hour Kids Helpline service offering information, support and counselling – a service they have provided for the last twenty years ▪ Last year they received 470,000 calls and respond to 62% of these calls (270,000) ▪ They developed the first web-based counselling service in Australia which has undergone redevelopment in the last twelve months. The site now caters to three different age groups – young people up to 12yrs, adolescents and adults. They receive hits from all over the world ▪ They have found that counselling sessions over the internet take twice as long to complete compared to telephone counselling, however, the most complex cases are coming through their website and unfortunately they have had to cap their hours to 50 hours per week ▪ The service has experimented with different ways to reach males (a hard to reach population) e.g. using email, however this was found to be ineffective and they have had the most success with online and face to face services ▪ 40% of their service users are from rural and remote areas ▪ They have developed relationships with different Aboriginal services with 4% of their users being Aboriginal ▪ Skype presents a great opportunity to negate phone call costs with 60% of the calls they receive coming from mobile phones – this is the greatest deterrent against using the line (Optus currently cover the costs)
South East Sydney Illawarra Area Health Service	<ul style="list-style-type: none"> ▪ The Family and Carer Mental Health Program is a state-wide initiative with the aim to assist families/ carers of people with mental illness, providing them with information, support and referral pathways ▪ They also build up the skills of clinicians to work with families and carers of mentally ill people ▪ They have also held a number of free community forums with approximately 100 participants attending each forum, which continues to increase the communities awareness of risk of suicide ▪ However, more organisational partnerships are needed to improve their scope of help
Lifeline	<ul style="list-style-type: none"> ▪ Lifeline has a number of collaborative project partners with broad consultation ▪ Adhering to standards is key for safely facilitating groups for at risk, bereaved people. Principles to do no harm and the use of guidelines protect both the facilitator and group members ▪ A key challenge Lifeline have experienced is getting funding and the recognition of the importance of bereavement support groups ▪ Their training program is registered on the Suicide Prevention Resources Centre – a best practice register ▪ For information about the other registered programs/ resources or how to evaluate your program visit www.sprc.org
Salvation Army	<ul style="list-style-type: none"> ▪ The Salvation Army has created a bereavement quilt to honour the lives of loved ones who have taken their own life, this exercise has been very

Organisation	Program discussion
	<p>therapeutic for families</p> <ul style="list-style-type: none"> ▪ They also have a 24/7 hour HopeLine (1300 467 354) for the bereaved which is largely used by people living in remote and rural areas where due to a lack of infrastructure there is a lack of support for these people ▪ A major challenge that the Salvation Army faces is that people see suicide as something that is 'distant' or 'remote' to them ▪ Online training programs e.g. LivingHope, Mental Health First Aid and Question, Persuade, and Refer (QPR) are offered on their website which build up a person's capacity to recognise the signs of suicide and provide support and advice
NSW Department of Justice and Attorney General	<ul style="list-style-type: none"> ▪ 25% of people who receive fines are disadvantaged, unable to pay these fines they build up and create greater disadvantage ▪ The NSW Department of Justice and Attorney General along with other agencies have developed a Work and Development Order scheme. ▪ Currently in a pilot phase the scheme is directed at people suffering from e.g. mental illness, financial hardship, drug & alcohol problems, cognitive impairment and homeless who are ending up in hardship due to their inability to pay the fines ▪ The program works by offering rehabilitative alternatives to help engage people in the community, including regular counselling, community service and mental health assistance ▪ Currently running at half capacity, there are approximately 1000 placements left on the program
The Corner Youth Health Service	<ul style="list-style-type: none"> ▪ The Art of Fighting Depression has been developed as a way to get people talking about suicide ▪ Teachers are provided with a kit of cards, with each card having a different scenario on them. The cards serve as stimulus for conversations with children selecting cards that reflect what they're going through ▪ In-school evaluations show that the cards are getting young people talking ▪ Kits have been distributed to schools and youth centres
NSW Elderly Suicide Prevention Network (ESPN)	<ul style="list-style-type: none"> ▪ The NSW ESPN uses a state wide coordinated approach to the prevention of suicide and depression among older people. ▪ They have developed suicide prevention training packages and resources and providing education and training opportunities to members.

Key Messages
<ul style="list-style-type: none"> ▪ Innovative technology is a useful way to connect to particular target groups, in addition to traditional fact to face service provision ▪ As technology evolves, services need to stay current and make use of new developments to improve targeted responses as a way to engage geographically and socially isolated young people e.g. youth and the use of Habbo, a virtual world where people can visit a counsellor ▪ The male population continues to exhibit significantly lower patterns of help seeking behaviour, particularly the older generations. One thing that is understood is that people are much more likely to speak to people they know and trust e.g. their GP

- There are approximately 450 Men's Sheds across Australia targeted at males who are reluctant/ don't know how to seek help. In order to be successful the message to men must be subtle (health by stealth), particularly for older men over the age of 75 years
- It has been found that for services to be more effective they must be owned by local communities
- There needs to be a wide range of available services to cater to peoples different needs (youth, middle aged, elderly). However, there also needs to be awareness about how services connect to one another
- Referrals are an important part of engaging people- however, appropriate referral pathways need to be developed to pass on clients to complementary services rather than just giving people information about the different options
- With so many available services there needs to be a simple common message throughout (must not be prescriptive)
- Organisations need to provide services beyond the realm of health e.g. to improve social factors
- Aboriginal people have different concepts about mental health – more needs to be known about how best to support this population e.g. connection with the land, ancestors, family, place and history
- Community members have the potential to serve as access points – e.g. hairdresser, butcher. There need to be more programs targeted at reaching community members as people are more likely to accept messages from peers (particularly in remote and rural areas)
- The use of public campaigns to up-skill the general population by de-stigmatising suicide and improving people's ability to have conversations and ask difficult questions is needed
- Organisations need to be more aware about the financial cost of accessing their services and how this can deter someone from using the service, this is true right down to the cost associated with using mobile phones to call help lines
- Every individual is different, with different means of accessing help. For this reason there needs to be a diverse range of access points e.g. through the GP, online, community services

4. Session 2: Showcase of Innovation – Panel Two

Showcase of Innovation – targeting key settings

- | | |
|--|---|
| ➤ Centre for Rural and Remote Mental Health
Farm-Link Project | Target setting: Rural and remote |
| ➤ RailCorp
Reducing risk of self harm on the rail system | Target setting: Rail system |
| ➤ Justice Health
Study of suicide among prisoners in NSW | Target setting: Prisons |
| ➤ TAFE NSW
Staff educational training program | Target setting: Schools/learning institutions |
| ➤ Consumer Activity Network (Mental Health) Inc.
Community Connections Peer Support Services | Target setting: Hospital to Home |

Audience participants included:

- **Response Ability**, Hunter Institute of Mental Health

The table below lists examples and key lessons learned. Further detail about each program/ project is provided in the program papers Appendix C

Programs highlighted:

Organisation	Programs
Centre for Rural and Remote Mental Health	<ul style="list-style-type: none"> ▪ Farm-link works to improve pathways of care for people who live or work on NSW farms ▪ Mental Health First Aid training is provided to a range of people e.g. vets, business men, bankers, live stock officers and teachers ▪ The challenge they face is that rural communities only trust people who have been a part of the community for a long period of time. Funding timeframes need to be lengthened as they need more time to make a greater change and continue to connect with people ▪ In rural and remote areas longevity of programs and staff are important. They have found that personnel are more important especially with a lack of resources ▪ Their key achievement is the delivery of locally coordinated services – (rural service networks)
RailCorp	<ul style="list-style-type: none"> ▪ RailCorp has been working on increasing staff awareness and their ability to identify people at risk on train platforms, by providing education and training about mental health issues and suicide prevention (e.g. Mental Health First Aid) and how to approach people considered at risk ▪ The challenge has been up-skilling a diverse workforce. Training has to cater to people from different cultural and educational backgrounds ▪ People who self harm using trains impact not only staff but the general public is also affected and they need better services for the public who witness a self harm incident ▪ Staff receive counselling and also undergo psychological first aid which provide them with resilience tools

Organisation	Programs
	<ul style="list-style-type: none"> ▪ A number of stations have been identified as high risk areas- infrastructure has been built to provide physical barriers to prevent people from taking their own lives e.g. smart t.v. are used on stations to detect loiterers' ▪ In the long term they would like to introduce telephone help lines at each station platform
Justice Health	<ul style="list-style-type: none"> ▪ Suicide in prison has been an issue highlighted since the 80s with the Royal Commission into Aboriginal Deaths in Custody ▪ Since this time there has been a decrease in the number of people committing suicide in prison, however, it is still at a rate of 70 per 100,000 population. Ten fold the rate in the general population ▪ A study was completed from 1995 to 2005 to gain better understanding of suicide among prisoners in NSW ▪ It has been suggested that since the deinstitutionalisation of mentally ill people that there has been a rise in the number of mentally ill people in prison, however there is no direct evidence to suggest this, another possible reason for the increase in people with mental illness in prisons is better recognition of the illness ▪ People at higher risk of suicide are those on remand, people serving a sentence of less than 6 months and those that have been newly released from prison ▪ Self harming was also found to be associated with suicide risk, with 68% of people who have died by suicide having had a documented history of deliberate self harm ▪ Since completion of the study a number of changes within the system have occurred which have reduced suicide rates e.g. front door assessments and court liaison services ▪ There is a need for an improved chain of care for people released from prison with a lack of connections between agencies and NGOs, however, they do have some reintegration support services including Housing
TAFE NSW	<ul style="list-style-type: none"> ▪ TAFE NSW has the challenge of up-skilling staff in addressing students with a mental health disorder, including those that possibly are exhibiting suicidal symptoms ▪ They have developed a training program to meet the challenge of reaching a large number of staff, for example, there are over 10,000 teachers in TAFE NSW. This training will be implemented through a series of train the trainer workshops. So far up take has been great, people have been keen to be part of the program ▪ The use of videos in the training has been key for modelling effective practices so that teachers gain a better understanding of responding to someone at risk of suicide.
Consumer Activity Network (Mental Health) Inc. (CAN)	<ul style="list-style-type: none"> ▪ CAN is run by people with mental illness for people with mental illness providing hospital to home support services ▪ They also provide a peer support help line, which has been running for the last 3 1/2 years ▪ The key message they promote is that recovery is possible. It's about having a life of one's choosing – asking and listening to a person's hopes and dreams and going from there ▪ They recognise the role of faith in recovery, something other programs don't focus on enough ▪ CAN help in the hospital to home phase for the first 28 days after

Organisation	Programs
	<p>discharge which are the most critical, by providing practical assistance e.g. peer support</p> <ul style="list-style-type: none"> ▪ They are currently looking into providing care for 6 weeks as 28 days has been recognised as not enough time ▪ The use of peer to peer interaction is important as opposed to just being told what to do by a clinician ▪ A current challenge they face is program funding ▪ It is also a challenge getting health professionals they trust to refer people onto
Hunter Institute of Mental Health	<ul style="list-style-type: none"> ▪ Research indicates that children with resilience have different characteristics and knowledge of how to handle their feelings ▪ Response Ability is a resilience resource, starting in early childhood, working with universities that train teachers in Australia, providing resources to include in teachers training and follow up support to university lecturers

Key messages:
<ul style="list-style-type: none"> ▪ In rural and remote areas community members respond better to people they know and trust. In order for programs to be successful they have to be well established in a community, allowing for greater connections; the longevity of staff is crucial, particularly with a lack of other resources ▪ A lot of support programs for people suffering from mental illness and suicidal tendencies focus on cure, when in fact they should be focusing on recovery. People with mental illness often feel that that they have no future, carers need to be listeners, it's about giving a person back the power to determine their own life path ▪ Children need life skills training from an early age, this is important to build up their resilience in dealing with life's challenges ▪ Up-skilling the frontline workforce in suicide prevention is critical, however, a lot of agencies have several thousand employees with a diverse range of backgrounds, which making developing a single training program difficult. Training has to cater to people from different cultural and educational backgrounds ▪ There should be more public awareness about self-harming behaviour with a study conducted by Justice Health finding that self harming was associated with suicide with 68% of people who died by suicide having had a documented history of deliberate self harm in prison ▪ Members of the general public are affected by public suicides. There needs to be more support available to these people, which calls for greater public awareness about mental illness and the de-stigmatising of suicide so that people feel comfortable seeking help after witnessing a self harm incident ▪ The importance of leadership in the workplace needs to be fully realised if suicide prevention training is going to be supported and properly integrated. ▪ It was noted that more emphasis needs to be placed on demonstrating the evidence base for suicide prevention programs that are showcased.

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5. Session 3: Workshop on development of community guidelines for discussing suicide

This section was different to earlier sessions because it focused on how the proposed community guidelines could be developed.

The initial interactive panel discussion and small group discussion in Session 3 included case studies of programs that focus on communication to get people thinking about what helps people talk about suicide. Case studies included:

- Mate Helping Mate Program
- Hunter Institute of Mental Health *Mindframe* Media initiative
- Southern Highlands Suicide Prevention Program

To inform development of the new guidelines, there was opportunity for discussion in the small group work, with the purpose to identify key barriers for talking about suicide and ways to address these barriers; guiding principles to help people talk about suicide; and useful resources/formats for these guidelines to help target specific groups.

A detailed report on Session 3 is at Appendix D of the report. However issues were structured as follows.

Key barriers to talking openly about suicide

In relation to barriers the following key issues were identified:

- Lack of knowledge of how to initiate conversations about suicide;
- Lack of appropriate services to cater for different culture, gender and age needs to encourage help seeking behaviour;
- Personal barriers including a lack of opportunities to seek help, including geographical, physical and financial barriers;
- Stigma associated with mental health and suicide include the consequences of disclosure within settings such as the workplace, family life and the community;
- Lack of knowledge in the media industry as to how to generate public discussion in the media without encouraging more suicide;
- Community barriers such as a lack of leadership, responsibility and trust within local communities ;
- Availability of appropriate resources.

Ways to address these barriers

In relation to ways of addressing the above barriers the following areas were identified:

- Use of established services and resources and availability of emerging services/resources such as online help;
- Utilising all mediums of media to their full potential but being mindful of the sensitivity of the issue, normalising mental health conversations through public campaigns;
- Use of networking opportunities to further develop and strengthen collaborative interagency networks involving a range of relevant government and non-government agencies to increase opportunities of communication and knowledge building;
- Utilisation of strategies in place within schools, workplaces and the community e.g organisational guidelines, policies and training

- Co-ordination to provide an effective response for government and non government sectors and institutions and the general community
- The provision of services beyond the realm of health to improve social factors and focus on social connectedness and social inclusion
- The use of public educational campaigns to up-skill the general population
- Increase promotion of recovery stories with a philosophy of 'Recovery Orientated Practice' - Key concepts important to recovery include understanding one's illness, medication and symptoms; developing a healthy lifestyle; having supportive relationships; nurturing one's whole self and spirituality; and social inclusion in the community, including access to education and training, employment, and accommodation.

Guiding principles to help people talk about suicide

In relation to guiding principles to help people talk about suicide the following key issues were identified:

- Resources that have a clear purpose and objective;
- Information that is easy to find, understand and be audience appropriate - both culturally and in an acceptable format;
- Support the building of community resilience, reducing the stigma attached to suicide;
- Emphasise community ownership over actions/ policy by getting local community members involved e.g. using community gatekeepers such as GPs and other front line workforce ;
- Facilitate opportunities for networking to enable better coordination to provide appropriate care pathways.

Useful resources/formats for these guidelines to help target specific groups

In relation to useful resources/formats for these guidelines to help target specific groups the following key issues were identified:

- Age and culturally appropriate resources and formats;
- Applicable to different settings, such as in the community, hospital, workplace;
- In hard copy as well as on line;
- Provide training and education resources;
- Use existing best practice initiatives and resources in developing the guidelines
- Information should be appropriate for children and young people and include use of new technologies such as online forums and mobile phones.

Workshop Outcomes

It was agreed the guidelines should:

- Include interactive online resources e.g. web based community forums , as well as be available in hard copy;
- Use a broad enough message to achieve uniformity through services, however, the message should not be prescriptive
- Be evidence based and evaluated
- Have a clear purpose and objective
- Provide advice on how to have conversations, they need to be behaviour and attitude focused, beyond simply raising awareness
- Use non- judgemental language and should not cause further harm

- Information should be accessible to all using a diverse range of access points - which are easy to find, understand and be audience appropriate - both culturally and in an acceptable format
- Use wellbeing messages as well as suicide prevention message e.g. primary intervention strategies which identify warning signs, tipping points and imminent risk factors associated with suicide
- Increase community awareness about the importance to talking to people thought to be suicidal and the importance of listening and being supportive;
- Reinforce the message that we all have a responsibility to help one other
- The use of local strategies, developed by local communities to better target the needs of that community
- Increase promotion of recovery stories
- Services that take messages to the people rather than expecting them to come to the service
- Be skill based to give people the skills and confidence to talk about suicide
- Reinforce that suicide is not just a mental health issue
- Be humanised and informal – using plain English that can be understood by all
- Involve different populations to tailor guidelines to their cultural, gender and age specific needs.

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6. Next steps

Key messages:

Based on stakeholder advice, the most important key messages identified at the Showcase that should be prioritised for future action are identified in the following table:

Key message	Examples of action in Suicide Prevention Strategy to support the key messages
The use of public campaigns to up skill the general population by de-stigmatising suicide and improving people's ability to have conversations and ask difficult questions	<ul style="list-style-type: none"> • Development of whole of government, whole of community guidelines for dealing with and discussing suicide • A social marketing campaign to raise awareness of suicide prevention and at-risk people, encourage help-seeking behaviour and challenge the stigma associated with suicide
Every individual is different, with differing means of accessing help. For this reason there needs to be a diverse range of access points, eg. Through a GP, online, community services	<ul style="list-style-type: none"> • Trial of "Postcards from the EDge" to target those at risk and build connectedness • Suicide prevention risk assessment training for non-mental health specialists working with young people • Development of a complementary Aboriginal suicide prevention action plan
Innovative technology is a useful way to connect to particular target groups	<ul style="list-style-type: none"> • Development of multimedia resources to target young people and provide support and information for those affected by a suicide death or attempt • Development of an online "community of practice" to link various community health and non-health professions and specialists
Suicide prevention approaches need to be continually evidence based with ongoing research needed	<ul style="list-style-type: none"> • Additional analysis and collection of NSW data on suicide, on an age and geographical basis, and among high risk groups where statistically measurable • Analyse the Young People in Custody Survey 2009 to improve understanding of self harm and suicide among this risk group

The NSW Suicide Prevention Strategy 2010-2015 includes an accompanying Implementation Plan which sets out for the first time how the government intends to deliver on its Strategic Directions. The above examples of action under the Strategy that supports the key messages are just some of the actions identified in the implementation Plan. For a complete list of action to support the key messages and timeframes for completion, the Implementation Plan can be accessed at: http://www.health.nsw.gov.au/pubs/2010/pdf/suicide_pip.pdf

In terms of results, it should be noted that under the new Suicide Prevention Strategy, NSW Health will convene annual whole of government and whole of community showcases for innovative approaches to suicide prevention and resilience building, with future emphasis being placed on showcasing evidence based approaches for suicide prevention.

In addition work will commence on development of whole of government, whole of community culturally appropriate guidelines for dealing with and discussing suicide and attempted suicide within families, schools, workplaces and communities, including using advice from the workshop to develop draft guidelines and convene a further workshop with stakeholders in early 2011 to progress this work.

Appendix A – showcase participants

Facilitator

Julie McCrossin

Speaker

Associate Prof John Allan, Chief Psychiatrist, NSW Health

Panel members

Atari Metcalf, Inspire Foundation
John Dalgleish, BoysTown
Toni Garretty, Family and Carer Mental Health Program
Susan Beaton & Ceiny Maybury, Lifeline
Alan Staines, Salvation Army
Wilma Gallet, Salvation Army
Veronica Chan, NSW Department of Justice and Attorney General
Anne-Marie Holley, Centre for Rural and Remote Mental Health
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Brian Crisp, TAFE NSW
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Stakeholders

Australia Suicide Prevention Foundation
Peer Support Australia
Suicide Prevention Advisory Council
Neami Limited
Council of Social Service of NSW (NCOSS)
Faculty of Psychiatry of Old Age, The University of Sydney
The New South Wales Institute of Psychiatry
The Salvation Army
Hope for Life
General Practice NSW
Hunter Institute of Mental Health
Alcohol & Other Drugs Council of Australia
Hunter New England Mental Health
Legal Aid NSW
South Eastern Sydney Illawarra Mental Health Service

Royal North Shore Hospital
SHINE for Kids
Australian Mens Sheds Association
Pacific Shores Healthcare
Northern Sydney Central Coast Area Health Service
Central Coast Specialist Mental Health Services for Older People (SMHSOP)
NSW Consumer Advisory Group
Suicide Prevention Australia
University of New England
Official Visitors Program
Department of Environment, Climate Change and Water (DECCW)
Headspace
Mental Health Review Tribunal
NSW Health
Department of Premier and Cabinet
Department of Human Services (DHS)
Mona Vale Hospital
Greater Southern Area Health Service
Sydney South West Area Health Service, Mental Health
Greater Western Area Health Service
Transport NSW
Roads and Traffic Authority
RailCorp
NSW Maritime
Psychiatric Rehabilitation Australia
The Children's Hospital
Justice Health
NSW Centre of Advancement for Adolescent Health
Australian Association of Social Workers
Australian Psychological Society
Mental Health Coordinating Council (MHCC)
Mental Health Association NSW
Department of Education and Training
TAFE NSW
Centre for Rural and Remote Mental Health
BoysTown
Aboriginal Legal Services (NSW/ACT) Limited
Industries & Investment NSW
North Coast Area Health Service
Lifeline
Australian College of Mental Health Nurses
Communities NSW
Schizophrenia Fellowship NSW
Crisis Support Services
Clinical Excellence Commission
NSW Central West Division of General Practice
Inspire
Family & Carer Mental Health Program, South Eastern Sydney Illarwara Area Health Service
Consumer Activity Network (mental Health) inc
Southern Highlands Suicide Prevention Program, Sydney South West Area Health Service
Mate Helping Mate
NSW Elderly Suicide Prevention Network (ESPN)
Department of Justice & Attorney General
ACON
Wesley Mission
Ambulance Service of NSW

Appendix B – showcase agenda

Tuesday 7 September 2010
Yarra- Kirralaa Room, Level 2, Grace Hotel, 77 York St, Sydney

AGENDA

Aims:

1. To share examples of innovative and effective projects designed to build resilience and prevent suicide – and to identify the lessons we can learn from these case studies to improve our work in this area in NSW.
2. To seek the views of participants on the key components of a new community education resource to help reduce stigma and help people feel more confident about talking about suicide and its prevention.

OPENING SESSION

- 9.30am **REGISTRATION: tea and coffee**
- 9.50am **Welcome to Country**
- 10.00am **Welcome and plan for the day**
Julie McCrossin, Facilitator
- 10.05am **Opening Address**
The Hon Barbara Perry MP, Minister Assisting the Minister for Health (Mental Health)
- 10.15am **Introduction**
Associate Professor John Allan, Chief Psychiatrist, NSW Health.
- 10.20am **Questions and comments**

SESSION 1. Showcase of Innovation Panel One

- 10.30am Interactive Panel - targeting people under pressure:
- Inspire Foundation
Reach Out Program Target group: Young people at risk
 - BoysTown
Telephone and online support for young people Target group: Young people at risk
 - South East Sydney Illawarra Area Health Service
Family and Carer Mental Health Program Target group: Families/carers under pressure
 - Lifeline
Suicide Bereavement Support Groups - Standards, Guidelines and Practice Handbook for Facilitators Target group: People bereaved by suicide
 - Salvation Army
Hope for Life Suicide Prevention Bereavement Support Service Target group: People bereaved by suicide
 - NSW Department of Justice and Attorney General
Work and Development Orders Scheme Target group: people under financial pressure
 - Highlights of best practice from members of the audience
- 11.20am **Morning Tea**

11.35am **Key Lessons and issues**
Plenary feedback facilitated by Julie McCrossin

SESSION 2. Showcase of Innovation Panel Two

12.05pm Interactive Panel – targeting key settings:

- Centre for Rural and Remote Mental Health remote
Farm-Link Project Target setting: Rural and
- RailCorp system
Reducing risk of self harm on the rail system Target setting: Rail
- Justice Health
Study of suicide among prisoners in NSW Target setting: Prisons
- TAFE NSW Schools/learning
Staff educational training program Target setting: institutions
- Consumer Activity Network (Mental Health) Inc.
Community Connections Peer Support Services Target setting: Hospital to Home
- Highlights of best practice from members of the audience

12.50pm **Key lessons and issues**
Plenary discussion facilitated by Julie McCrossin

1.20pm **Lunch**

SESSION 3. Workshop on development of community guidelines for discussing suicide

2.05pm **Community Guidelines – What we want from you today**
Mini interview with Julie McCrossin and Associate Professor John Allan

- Where did the idea for this resource come from?
- What are the 3 or 4 key questions you'd like the participants to answer?

2.10pm Interactive panel:

- John Harper, **Mate Helping Mate program**
- Jaelea Skehan, **Hunter Institute of Mental Health, Mindframe Media initiative**
- Mary Brasile, **Southern Highlands Suicide Prevention Program**

2.35pm **Small group discussions**
Each participant will have a worksheet of questions to answer. Individuals can complete this, as well as contribute to the group response.

2.55pm **Key feedback from small groups**
Plenary session facilitated by Julie McCrossin

3:15pm **Evaluations and wrap up**

3.20pm **Thank you and Farewell**

Appendix C – showcase papers

Tuesday 7 September 2010

Yarra- Kirralaa Room, Level 2, Grace Hotel, 77 York St, Sydney

Background:

The new NSW Suicide Prevention Strategy 2010-2015, to be launched on World Suicide Prevention Day, 10 September 2010, is the NSW Government's statement of intent to work with the community to reduce the rate of suicide and suicidal behaviour in NSW.

The Strategy has been built on the previous NSW strategy, *Suicide Prevention: we can all make a difference 1999*, and aligns with the national suicide prevention framework: *Living is For Everyone (LIFE)*.

The Strategy has been developed to provide a basis for a coordinated whole of government approach to suicide prevention in NSW, which promotes a whole of community framework for collaboration and partnerships with academics and researchers, non government organisations, service providers, people bereaved by suicide, and families, friends and individuals in the provision of suicide prevention initiatives.

The inaugural Showcase of Innovation is the first of an annual showcase of innovative approaches to suicide prevention in NSW. The idea of the showcase developed from public consultation forums with stakeholders in 2009 during the development of the Strategy.

Stakeholders told us they wanted to be more aware of the suicide prevention programs currently happening in NSW, have improved access to suicide prevention resources and information and that the Strategy should promote the development and sharing of good practice in the community.

The annual Showcase of Innovation is an action in response to this need.

Purpose of the day:

The purpose of the "Showcase of Innovation" is to provide an opportunity to bring together relevant government agencies, key stakeholders, peak bodies, non government organisations, medical professionals, service providers, researchers and other experts to share knowledge and ideas for best practice and innovative approaches to suicide prevention and resilience building in NSW.

Programs:

The Showcase will feature 14 government and non-government programs as well as highlighting all of the 23 nominations received for inclusion in the Showcase. Information on each of the programs is listed in the following pages, including contact details should you wish to find out further information.

SESSION 1. Showcase of Innovation Panel One - Targeting People under Pressure

Organisation: Inspire Foundation

Contact name: Atari Metcalf

Contact number: 8585 9308

The Inspire Foundation is a national non-profit organisation established in 1996 in response to the then escalating rates of youth suicide. Inspire's vision is to have a global impact on young people's mental health and wellbeing. In 1997, the proposal for Inspire's flagship program Reach Out¹ was accepted by the Federal Government and funded under the National Youth Suicide Prevention Strategy. Reach Out was a breakthrough program and one of the world's first web-based youth mental health services. Fourteen years on, we now lead an international network which includes Inspire USA Foundation² and Inspire Ireland.³

Inspire takes a strength-based, population health approach to focus on mental health promotion and prevention of high risk behaviour, with a particular interest in suicide prevention. We combine technology with the direct involvement of young people to deliver innovative and practical online programs that prevent youth suicide and improve young people's mental health and wellbeing.

Young people are at the centre of all Inspire does – as partners in the development and delivery of all Inspire initiatives. We innovatively use technology to reach young people and build trusted social brands that are part of their landscape. Inspire's work is evidence-based and underpinned by research and evaluation, conducted in partnership with leading academic institutions and research centres including the Brain and Mind Research Institute (BMRI) at the University of Sydney and Orygen Youth Health Research Centre, Centre for Youth Mental Health at the University of Melbourne.

Reach Out

Reach Out - reachout.com – is Inspire's core, and longest running program - an online initiative that offers information, support and resources to help young people improve their understanding of mental health issues, develop resilience, and increase their coping skills and help-seeking behaviour.

Reach Out serves young people, in particular those who are geographically or socially isolated, who may not be comfortable seeking professional help, or who are unsure about where to find the help they need in their community. The service aims to break down the stigma attached to seeking help, and connect young people so they can share their stories and provide support to each other in a safe and positive environment.

Reach Out is directly informed by a comprehensive youth participation program involving a Youth Advisory Board, Youth Ambassadors, Community Builders and Interns who play a central role in the design, development and marketing of the service. Content is written in partnership with expert organisations, such as Family Planning Australia and our Clinical Advisory Group.

When a young person visits Reach Out they experience an online environment that provides engaging and evidence-based resources to help them get through difficult times.

- Factsheets, stories and interviews enable young people to better understand their experience and to reach out for the help they need.
- Community forums provide a safe and moderated network, made up of Reach Out staff and other young people. The forums provide opportunities for young people to connect with and share their story with peers, give or receive support and positive reinforcement, and develop strategies for managing adversity and seeking help.

¹ Reach Out.com (www.reachout.com) provides information and support to young people going through tough times

² For more information about Inspire USA Foundation please see: <http://www.inspireusafoundation.org>

³ For more information about Inspire Ireland Foundation please see: <http://www.inspireireland.ie/>

³ Shneidman, E. S. (1972). Foreword. In A. C. Cain (Ed.), *Survivors of suicide* (pp. ix-xi). Springfield IL: Charles C. Thomas

- Digital storytelling enables young people to tell their own stories about getting through tough times, weaving together video, photos, art, music, narration, print, and sound effects using simple multimedia publishing tools. And podcasts, 15-minute audio clips covering topics such as depression and seeking help, starting university or managing alcohol, can be saved to an MP3 player and played on demand.
- Reach Out Central is an interactive game that helps young people learn and improve life skills such as problem-solving, coping, communication and positive thinking, and helps them to identify the link between their choices, interactions with people and their mood.

Organisation: BoysTown
Contact name: Mr John Dalglish
Contact number: (07) 3369 1588

Kids Helpline, a service of BoysTown is Australia's only 24/7 telephone and online service for children and young people under 25. Young people from New South Wales are frequent users of Kids Helpline services. In 2009, over 94,000 telephone and online interactions occurred with young people from New South Wales.

In 2009, Kids Helpline provided 20,683 counselling sessions to support and assist Australian children and young people experiencing mental health problems including those with a mental illness, emotional distress or concern about how they respond to others, continued disordered eating behaviours, habitual or problematic use of drugs and alcohol, suicidal thoughts or intent as well as those young people engaging in self-injurious behaviours. Specifically, in relation to suicidality and self harming behaviour Kids Helpline received 10,549 contacts from young people about these issues in 2009.

International research confirms that many children and young people will access the internet for information and support if their peers or family are unable to assist. Consequently a recently introduced initiative by BoysTown has been the development of an interactive and educative website that provides both an access point to email and web counselling and also a range of information resources on common issues impacting on children and young people.

This website has three micro sites for 5-14 and 15 to 25 age groups as well as for parents and carers. In line with the Australian Suicide Prevention Framework that supports the assistance of people to help themselves and the creation of environments that support and promote self-help, the Kids Helpline website offers young people strategies to engage them in caring for their own mental health. These range from:

- The opportunity to anonymously gather information from "Information Sheets" and "Hot Topic Tip Sheets" about a range of issues our research tells us is of most interest to children and young people. This includes bullying, eating disorders and body image, anxiety, sadness and depression, exam stress, family relationships and relationships with peers and partners.
- Forums offering the opportunity to exchange ideas with each other about these issues in a safe and monitored environment
- "Tell us Your Story" encouraging young people to share their experiences and the ways in which they overcame their problems
- An age-appropriate games page to engage and build awareness in younger children of the Kids Helpline and help-seeking behaviours in general.

Up to 20, 000 unique visitors view this web site every month. This website is an example of an e-health initiative that can reduce the social isolation of children and young people through harnessing the power of modern Information and Communication Technology.

Kids Helpline acts as a national safety net for young people in relation to suicidality. As Kids Helpline is a national 24/7 service accessible through telephone and online modalities, it has a unique role in keeping young people connected to both low key support and emergency systems during the shifting phases of their lives and frequent "trigger" or "tipping points".

BoysTown through its Kids Helpline database holds a unique data set on suicidality amongst youth. Our data is derived from young people who are either contemplating suicide but have not yet

committed an attempt, or who are making an attempt at the time of the contact. This differs to other studies which predominantly rely on data about people who are in recovery or who have completed suicide. Consequently our trend analysis of risk and protective factors relating to young people and suicide is more immediate. This data set has been used to inform submissions to State and National Governments about the prevention of suicide.

In recognition of our organisation's work with children and young people BoysTown was awarded in 2009 a Life Award by Suicide Prevention Australia.

Organisation: Family & Carer Mental Health Program, South Eastern Sydney and Illawarra Area Health Service

Contact name: Toni Garretty

Contact number: (02) 4220 7900

The SESIAHS Family and Carer Mental Health Program (F&CMHP) is provided in each of the three networks within our health service. The SESI Area Coordinator works across all. Each Network has a Family & Carer Consultant funded by the NSW Family and Carer Program. Southern & Northern positions are funded till July 2013. The Central Network has a long established Working with Families & Carers Program with permanent staff including a WWF&C Program Coordinator 0.6fte and Family & Carer Consultants 1.5fte. Included in each F&CMHP Network team is a consultant VMO (0.1fte)

The team encourages staff to offer carers and families a range of options, including assistance with navigating the system, support, information and education regarding illness, medications and appropriate referral pathways. The Family and Carer Consultants, two VMO Psychiatrists and the Area Program Coordinator drive the development and delivery of initiatives to increase skills & improve the practise of clinicians when connecting with carers to achieve optimal engagement with families and carers.

The SESIAHS Family and Carer Mental Health Program Team are firmly committed to raising awareness of suicide prevention with families and carers of someone with a mental illness, through individual education and group sessions. We have also undertaken several local community Mental Health Forums to reach the broader community.

The clinical component of the forum ***"Recognising Depression and the Risk of Suicide"*** were presented by the VMO Psychiatrists within our team Dr Annemaree Bickerton (Wollongong) and Dr Elizabeth Mackenzie (Bondi) and included information on: Symptoms, risks and protective factors, Suicide warning signs, Professional & self help strategies, Hope, resilience & recovery. Two guest speakers provided their personal stories of living with depression and contemplating suicide and caring for family members who had experienced depression & attempted suicide.

In June & July 2010 two more Mental Health Forums were held by our team in Southern & Northern Network ***"Understanding Dual Diagnosis" – the impact of mental illness & drug & alcohol misuse*** - 196 attendees (another one planned October in Central Network St George Leagues Kogarah). Within the content of this topic the risk of suicide was also highlighted and discussed.

To address this and continue our involvement in educational interventions, our team delivered a forum ***"Understanding the Risk of Suicide" – the whole of community approach during Mental Health Month 12 October*** at Wollongong Master Builders. We have sought support from local Rotary Clubs Wollongong & Corrimal and the Wollongong Suicide Prevention Network.

Organisation: Lifeline

Contact name: Susan Beaton & Ceiny Maybury

Contact number: (02) 6215 9442

In an international first, Lifeline and other collaborative partners developed Standards & Guidelines

as well as a comprehensive Practice Handbook for Suicide Bereavement Support Group (SBSG) facilitators. This was part of a 3 year Commonwealth funded project under the NSPS looking into Standards and Practice for SBSG. An [Executive Summary](#) for that project is available and the resources developed can be accessed here:

[Towards Good Practice: Standards & Guidelines for Suicide Bereavement Support Groups and Practice Handbook - Suicide Bereavement Support Group Facilitation](#). The Standards & Guidelines have since been accepted into the US Suicide Prevention Resource Centre's Best Practices Registry

www.sprc.org/featured_resources/bpr/PDF/TowardsGoodPracticeStandardsGuidelinesSuicideBereavementSupportGroups.pdf

A component of any coordinated "whole of community" approach to postvention includes the provision of suicide bereavement support groups. The sixth Action Area under the National Suicide Prevention Strategy Framework is *Implementing standards and quality in suicide prevention*. As such, the SBSG Standards & Practice project undertook to investigate and reflect on the evidence of what works with support groups and develop tools to support best practice.

Across Australia, there exists a diverse range of suicide bereavement support groups (SBSG) providing much needed support to those bereaved by suicide. These groups provide invaluable support to people experiencing this most tragic loss by providing a safe and comfortable place to make connections with others who have shared a similar experience. Edwin Shneidman (1972) described postvention as "*prevention... for the next generation*"⁴ and as such, support groups can be an effective means of reducing the impact of grief complications, suicidality and enhancing psychological wellbeing.

Before this project there were no minimal national standards or benchmarks available against which groups could guide their development or gauge how well they were performing and few accredited training tools that facilitators could obtain to assist them in running SBSGs. Grief is a uniquely individual experience and not all people bereaved by suicide would seek to attend a support group or find a support group suitable to their needs. However, a caring community should make such a group available for those who choose to attend and ensure that the group is guided by standards and best practice and run by trained facilitators.

These best practice resources provide leadership, direction and support for this vital part of the suicide bereavement support continuum. One of the unique features of the project was the combination of locally developed practice wisdom from Lifeline Centres and other currently operating SBSGs being drawn into and supplemented by research and evidence knowledge to create a rich and practical best practice approach to suicide bereavement support groups. This project has demonstrated the value of building on local service initiatives, and the insights of community carers in suicide prevention, while also introducing the rigour of evidence based service development to create a national model for support groups that will support improved outcomes for people bereaved by suicide.

Lifeline provides Suicide Bereavement Support Groups at 6 locations in NSW:

- Lifeline Harbour to Hawkesbury (Gordon)
- Lifeline Northern Beaches (Balgowlah)
- Lifeline Mid-Coast (Port Macquarie)
- Lifeline Central Coast (Wyoming/Gosford)
- Lifeline Macarthur (Smeaton Range near Narellan)
- Lifeline Newcastle & Hunter (at Newcastle & Maitland) [*Lifeline supports the running of these 2 groups*]

Organisation: Salvation Army Hope for Life Suicide Prevention Support Service

Contact name: Alan Staines

Contact: alanstaines@optusnet.com.au

The primary objective of the Hope for Life project is suicide prevention and bereavement support. Until recent times there has been very little support and comfort given to families and friends who have lost a loved one to suicide, a group that are at risk of committing suicide themselves.

We set out to achieve this through the establishing of our website, which is essentially the gateway to the suicide prevention and postvention initiatives and the portal to access the QPR and Living Hope Training Programs which are designed to raise the knowledge and confidence of the general public and particularly people who work in the area of human services

The 3 most important achievements we are most proud of are:

- The QPR and Living Hope online training programs; www.suicideprevention.salvos.org.au.
- The Lifekeeper Memory Quilt
- The Australian (Bi-annual) Postvention Conference specifically for the bereaved by suicide and those that work in the field.

We have new initiatives which are currently being developed for the Hope for Life program which will be of further support for the bereaved by suicide and plan to launch new bereavement support programs early in 2011.

In July 2011 we are also hosting with the support of other bereavement organisations the 3rd Australian Postvention conference which will be held in Sydney.

Organisation: Department of Justice and Attorney General

Contact name: Veronica Chan

Contact number: (02) 8061 9222

In 2008, the NSW Government approved a two-year trial of a new fine mitigation option, called a Work and Development Order (**WDO**), as part of a wider program of reforms to the fines system.

WDOs are orders, made by the State Debt Recovery Office (SDRO), that allow eligible people to satisfy their court fine and/or penalty notice debt through undertaking certain activities. The WDO scheme is open to people who have an intellectual disability, cognitive impairment or a mental illness, are homeless, or are experiencing acute economic hardship.

Activities which can be undertaken under a WDO include:

- Unpaid work with or on behalf of an approved organisation
- Mental health treatment and/or other medical treatment in accordance with a treatment plan developed by a mental health or other health professional
- An educational, vocational or life skills course
- Financial or other counselling
- Drug and/or alcohol treatment
- A mentoring program (if the person is under 25), or
- Any combination of the above.

Government agencies, non-for-profit organisations and health practitioners are invited to apply to be approved to participate in the WDO scheme. Once approved, these organisations and practitioners can assist individuals to apply for a WDO; a WDO application must be supported by an approved

organisation.

The WDO scheme trial ends on 10 July 2011 and will be the subject of an evaluation, along with the other fines reforms introduced in 2008. Already, there is anecdotal evidence that the impact of the scheme on participating individuals is real and for some, very significant. Informal, interim feedback from participants in the WDO scheme (both individuals and organisations), as well as the wider community, is overwhelmingly positive and supportive.

Background

The WDO scheme was developed by a group of government and non-government organisations, including justice, transport and health government agencies, youth, intellectually disability and homeless persons advocacy groups and large mainstream charities. The group continues to meet to monitor and support the scheme.

The WDO scheme recognises that providing a non-monetary means of mitigating debt could assist the disadvantaged groups who are eligible for the scheme beyond merely 'wiping the slate clean', particularly when they had little or no capacity to pay their fine debt. These people often risk enforcement sanctions for fine default, which may lead to secondary offending, with more serious implications than the original offence, including the possibility of imprisonment. WDOs are an incentive for eligible people to access and maintain contact with services and treatment; it may also help those who live on the margins of society to address underlying issues that are contributing to their offending behaviour and to engage positively in society.

Application and administration process

The WDO scheme is governed by a set of guidelines approved by the Attorney General. The guidelines address eligibility for a WDO, the application process, the criteria and process for becoming an approved organisation and other administrative matters.

The nature and intensity of the work and/or development to be undertaken are set out in a person's WDO application (consistent with guidelines). This ensures that each WDO is appropriate to the applicant's circumstances. The activities under a WDO may be varied (for instance, if the person moves to a new area, or if their capacity to fulfil the requirements changes).

The WDO application must be supported by an approved organisation or a health practitioner (namely, a registered doctor, nurse or psychologist). To be enrolled to participate in the scheme, the practitioner must agree to record-keeping and monthly reporting requirements. Organisations may be approved to participate in the scheme if they meet the following criteria:

- Be either be a non-profit organisation with an ABN, or a NSW government agency or a statutory body representing the Crown
- Have current public liability and other appropriate insurance covering its activities
- Have appropriately trained or accredited staff
- Have established OH&S policy and procedures, and
- If previously NSW Government funded, have complied with the terms of that funding and any performance agreement.

It remains at the discretion of approved organisations and health practitioners, which clients they work with, and what work or development they supervise in the WDO scheme.

Once a person's application for a WDO is approved, enforcement action on the debt is suspended by the SDRO. The supporting organisation or health professional oversees the person's participation in the approved course, treatment or unpaid work.

Approved organisation and health professionals make basic monthly reports to the SDRO on the progress of all the current WDOs they are supervising, and on completion of a WDO. Completed WDOs are taken to fully or partially satisfy the fine or penalty notice concerned, similar to the satisfaction of a debt by work under a Community Service Order. There is no penalty if a person does not complete their WDO; the balance of the fine debt becomes due and payable, and

enforcement action can be recommenced at the SDRO's discretion.

SESSION 1. Other programs highlighted

Organisation: The Corner Youth Health Service

Contact name: Ruth Ferrington

Contact number: (02) 9378 1153

The Art of Fighting Depression resource was developed to support professionals who work with young people experiencing depression and suicide risk. The resource was developed utilising co-research, a strategy informed by narrative therapy. The results of this project aim to generate an evidence base for the efficacy of narrative therapy as a therapeutic intervention with young people. Young people were consulted in groups to identify the practices which support a culture of silence surrounding depression and the resources and strategies young people use to combat depression. With the assistance of local artists the findings were collated into a set of 15 therapy cards. Over 200 kits were printed and distributed to organisations that work with young people. Over 200 individuals were trained in how to use the kit with young people in a variety of contexts. The goals of this resource were: (1) To improve service delivery in supporting young people experiencing depression by providing a greater understanding of what helps, what doesn't help, and how to engage young people who are experiencing depression (2) To support professionals to develop collaborative ways of working with young people around depression and suicide that utilise empowering rather than imposing approaches (3) To encourage professionals to facilitate young people to find their own solutions to problems rather than feeling pressured to provide advice or solutions to young people.

Organisation: NSW Elderly Suicide Prevention Network (ESPN), SSWAHS

Contact name: Ruth Ferrington

Contact number: (02) 9378 1153

The NSW Elderly Suicide Prevention Network (ESPN) was established in 1998 by Health staff working in the area of elderly suicide prevention as a forum for mutual support and information sharing and to facilitate a coordinated state wide approach to the prevention of suicide and depression among older people.

Since then the Network has successfully advocated for the recognition of prevention and promotion approaches as essential to supporting older people across the continuum of care and preventing depression and suicide. In conjunction with relevant stakeholders the Network has promoted positive mental health and wellbeing strategies for older people and worked to build the capacity of health and aged care services to recognise, assess and manage depression and suicidal behaviour in older people. Network activities have included hosting three state conferences on mental health issues for older people, developing suicide prevention training packages and resources and providing education and training opportunities to members.

The Network's strength has been its ability, to adapt to the changing health service landscape over the last decade, and maintain both its support for members and its position as an advocate for older persons mental health issues. It has done this through a combination of the individual efforts of members, collegiate support within the Network and the fostering of key strategic partnerships.

Organisation: Specialist Mental Health Services for Older People (SMHSOP), NSCCMHDA, NSCCAHS

Contact name: Patrick Livermore

Contact number: (02) 4320 3963

Organisation: Specialist Mental Health Services for Older People (SMHSOP), Northern Sydney Central Coast Mental Health Drug & Alcohol (NSCCMHDA) & Central Coast Aged Care Assessment Team, Rehabilitation and Aged Care Service, Central Coast Mental Health, Northern Sydney Central Coast Area Health Service.

Title: Elderly Suicide on the Central Coast: A retrospective analysis of Coroner cases (1995-2007).

Introduction: Suicide in older people appears to be a discrete but nonetheless multifactorial phenomenon which presents particular challenges at both a societal and service delivery level in the context of a rapidly ageing population.

Aim: As part of a 'think global, act local' ethos, the aim of this small research was to review and analyse the data on older people who had died by suicide on the Central Coast between 1995 and 2007. The paper aims to be a catalyst for education, clinical practice and policy development and prevention initiatives at the local level.

Methods: The methods included a systematic review and retrospective analysis of Gosford Coroner's files containing subjects, aged 65 or over, who were determined to have died by suicide on the Central Coast from 1st January 1995 to 31st December 2007.

Results: Seventy people aged 65 years and older were confirmed to have died by suicide on the Central Coast between 1995 and 2007. The majority of cases were male. Hanging, carbon monoxide poisoning and guns were the most common methods for males and prescription medications the most common for women. The majority of cases had depression, a significant physical health problem and a significant stressor present at the time of their death. Living alone and being without a partner appears to be overrepresented in this group. Suicidal ideation was communicated in well over half of the cases and one third had a previous history of suicide attempt. Over half left a suicide note.

Conclusions: The findings, in line with national and international research, reinforce the evidence that the majority of suicidal older people have treatable conditions, most often a depressive illness and other modifiable risk factors. Apart from broader social measures, these findings have clear practice implications for services engaging older people, particularly illness, loss of independence, isolation and depression.

Organisation: Central Coast Specialist Mental Health Services for Older People (SMHSOP)

Contact name: John Cole

Contact number: (02) 4320 2952

Organisation: Central Coast Specialist Mental Health Services for Older People (SMHSOP), Northern Sydney Central Coast Mental Health Drug & Alcohol (NSCCMHDA).

Title: 'The Active & Healthy Group' Pilot Study: A depression relapse prevention approach for older people.

Introduction: Late life depression is a major health priority that is associated with considerable morbidity, mortality and high health service utilization. It is particularly associated with suicide in the elderly. As such, it requires innovative evidence based responses to its treatment and management by Specialist Mental Health Service for Older People (SMHSOP).

Aim: The aim of this pilot study was to determine if consumers of SMHSOP recovering from depression would benefit, in terms of a reduction in depression symptomatology and an increase in overall quality of life, from a group approach drawing on psycho-education, psychotherapy and cognitive behaviour therapy resources incorporating health promotion and prevention strategies for late life depression (exercise, diet and social connectedness). This pilot would complement the

traditional case management approach of the community SMHSOP team.

Methods: The 'Active & health Group' consisted of 6 weekly session followed by a physical and social activity. The ten participants were consumers of SMHSOP, who were recovering from depression, were cognitively intact and were able to participate in light exercise. Participants were evaluated using surveys and validated depression and quality of life scales prior to the group and at two weeks, three months and 12 months post groups.

Results: All participants showed a sustained mean reduction in depression symptomatology and increase in mean quality of life three months and 12 months post group. Importantly, participants reported positively on the impact of the group and they remained engaged in social activities post group.

Conclusions: This small pilot study gives grounds for cautious optimism that group depression programs, as an adjunct to individual case management, can benefit older consumers of SMHSOP in terms of their depression and quality of life.

Organisation: NSW Central West Division of General Practice

Contact name: Bryan Hoolahan

Contact number: (02) 6332 6646

The NSW Central West Division of General Practice received funding under the National Suicide Prevention Strategy to deliver The Specialist Services for Consumers at Risk of Suicide Program. This program targets three groups:

- People who have been discharged into the care of GPs from hospital, including Emergency Departments or from a medical ward following an overnight admission after a suicide attempt.
- People who have presented to GPs after an incident of self-harm.
- People who have expressed strong suicidal ideation to their GPs.

In recognition that suicide deaths constitute a much higher proportion of total deaths in younger age groups than older groups (ABS 2008), the Division took the decision to link its program to the NSW *headspace* centre in Bathurst.

NSW Central West *headspace* utilises the Specialist Services for Consumers at Risk of Suicide program to provide more intensive and responsive support to young people who are low to moderate risk of self-harm and suicide. When young people are assessed as being at risk of suicide or self-harm, NSW Central West *headspace* is able to respond with a treatment session within 72 hours.

NSW Central West *headspace* has provided more than 14,000 occasions of service to over 1,000 young people, or 14% of the local population aged 12-25 years, seen 8.6% of the Indigenous youth population 12-25 years in Bathurst and Cowra.

NSW Central West *headspace* has also taken a leadership role in the Central West community by delivering a range of education programs to more than 200 people from local services, schools, etc to build community capacity to better assist young people. These include: Early Identification Of Psychosis In Young People, Managing Challenging Behaviours in Young People, Aggression, Self-harm and Suicidality, Motivational Interviewing and Behaviour Change Techniques, Problem Solving Skills Training, Working with Families for Early Intervention and Significant Others, Youth Mental Health First Aid and Promoting Access & Support Seeking In Young People. All these initiatives are designed to improve the support provided to young people at risk of mental illness or suicide.

The Division strongly believes this community approach will have the best long term impact in preventing suicide among young people. NSW Central West *headspace* has had significant community involvement, assistance and support in the form of donations, goods and services from local servicemen and businesses.

The young people who access the Specialist Services for Consumers at Risk of Suicide program

services through NSW Central West *headspace* are most often 'stepped down' to regular counselling services within NSW Central West *headspace*. This ensures that young people are supported during their time of crisis, but that they also receive ongoing support to manage the issues that lead to them reaching crisis.

SESSION 2. Showcase of Innovation Panel Two – Targeting Key Settings

Organisation: Centre for Rural and Remote Mental Health

Contact name: Anne-Marie Holley

Contact number: 02 4921 5265

WHAT IT IS

Farm-Link: Improving the health and well-being of people who live and work on NSW Farms " is funded by the Commonwealth Government through the Department of Health and Ageing under the National Suicide Prevention Strategy to develop and test a model of suicide prevention focussed on pathways to care and appropriate for rural areas. It is coordinated by the NSW Centre for Rural and Remote Mental Health in collaboration with NSW Health's rural Area Mental Health Services and the NSW Farmers' Association and General Practice NSW. It is operative in Narrabri, Moree, Inverell, Armidale and Glenn Innes, and in small communities in between.

This unique partnership between a peak industry group, NSW Farmers Association, rural Area Mental Health Services, General Practice NSW and the University of Newcastle through its Centre for Rural and Remote Mental Health has enabled Farm-Link to engage the traditional agricultural workforce in high quality, focussed and relevant suicide prevention strategies for people who live or work on NSW farms.

WHAT IT DOES

1) Provides Mental Health First Aid (with pathways to care) training to front-line agricultural workers.

This builds knowledge skills and confidence to refer farmers who are "doing it hard" to a mental health service.

Pathways to care information includes personal contact with a local mental health clinician and information about current referral practices and protocols in the range of mental health services.

This helps to build trust which is a fundamental component of confident recommendations and referrals. Participants in these courses have included Agribusiness Bankers, Veterinarians, Livestock officers, DII, LHPA and Landcare staff, Catchment Management Authority workers, outreach Preschool teachers, Employment Agency employees, Government and Non-Government employees, community members and landholders. MHFA has been exceptionally well received and attended throughout Farm-Link sites. 133 people have participated in seven courses this year.

People reported they have achieved their learning objectives, have increased their ability to recognise mental illness and would have greater confidence in helping others seek appropriate professional help.

This approach improves community capacity and the capacity of front-line workers to respond to people when they are in need, (*points of imminent risk*) and is delivered at the farm gate and within the communities with whom farmers are engaged on a regular basis. (Aust J Rural Health. 2008 Oct; 16(5):313-8. Improving mental health capacity in rural communities: mental health first aid delivery in drought-affected rural New South Wales. [Sartore GM](#), [Kelly B](#), [Stain HJ](#), [Fuller J](#), [Fragar L](#), [Tonna A](#)

2) A coordinated approach to suicide prevention

Farm-Link works at a regional level with Commonwealth, State, Local Government agencies, non government organizations and commercial agencies as collaborating organizations to establish and develop functional cross-agency partnerships across the agricultural and health sectors. These agencies come together in Rural Support Service Networks quarterly, where they discuss their respective roles in service delivery to the farming community. Their personnel are known to each other and this enables them to respond flexibly and thoroughly to local crises.

3) Works closely with rural mental health services in order to provide support to the farming sector through establishing and maintaining **effective pathways to care.**

Organisation: RailCorp
Contact name: Andrew Hosie
Contact number: (02) 8922 0848

Since 2008 RailCorp has been working closely with other government agencies to develop initiatives that are suitable for implementation on the rail network to assist in mitigating the risks of self harm incidents. RailCorp also partnered with NSW Health who was able to provide advice and assistance on the implementation of proposed initiatives, to ensure they were suitable and consistent with the whole government approach to self harm prevention.

The RailCorp Operations and Health Services Divisions have worked collaboratively to develop a briefing on suicide awareness to deliver to front line employees.

The suicide awareness briefings key objectives are to:

- increase awareness of the prevalence of mental health issues in society, improve resilience and psychological first aid of employees;
- proactively seek to support the reduction of self harm incidents occurring;
- identify signs of individuals potentially at risk of harm to themselves;
- provide tools and strategies for decision making;
- understand the process of critical incident management and escalation;
- reduce downtime to network operations resulting from self harm incidents;
- reduce the significant costs associated with the operational impacts caused by self harm incidents.

By raising awareness among frontline employees of mental health issues, frontline employees will be better equipped to manage and be aware of members of the public who may be at risk of attempting self harm. Reducing these incidents has a potential significant cost benefit, as well as reducing employees' exposure to traumatic events.

Organisation: Justice Health
Contact name: Colman O'Driscoll
Contact number: (02) 8372 3071

A study was completed by Justice Health between 1995 – 2005 to gain a better understanding of suicide among prisoners in NSW. The purpose of this study was to:

- Identify the rate of suicide in NSW Correctional Centres over a ten year period
- Determine if there were significant differences between the NSW Inmate population and the global inmate population in regard to inmate suicide profiles.
- Identify key risk factors for suicide within NSW Correctional Centres.

The study provided current and accurate suicide data specific to the population within NSW Correctional Centres, for example, the study highlighted that:

- Suicide was the leading cause of all deaths in custody between 1995 and 2005 (41%).
- The rate of completed suicides in NSW Correctional Centres is 10 times that of the general population and almost 4 times higher than the global inmate population.
- The majority of completed suicides occurred for inmates in the 25-34year age bracket (40%) with the 35-44 year age bracket at 22% and those aged over 45 years was 16%.
- 66% of inmates were Australian born and of those 14% were Aboriginal and or Torres Strait islander, 21% were born outside Australia across a broad geographical area with 4% being born

in the Pacific Islands.

As a result, these findings have influenced development of appropriate suicide prevention strategies, including:

- Two Risk Assessment and Intervention Teams (RAIT) were put in place in the two largest male and female Remand Centres. This team differs from the standard Risk Intervention Teams located throughout the Correctional Community in that these teams include custodial staff, psychologist/ welfare staff and an experienced mental health nurse and allow for early identification and management of identified risk factors and timely referral to mental health services to prevent self harming behaviour escalating to suicide.
- The establishment of purpose built male and female mental health screening units in the two largest male and female Remand Centres.
- The development of a male mental health accommodation area within the largest male reception centre.
- Revised the health assessment process for the population within NSW Correctional Centres.
- Operationalising a 24 hour mental health access and counseling line for all inmates in custody.

Organisation: NSW TAFE Training and Education Support Industry Skills Unit

Contact name: Ms Jane Fisher

Contact number: (02) 9942 3200

A new educational program is currently being piloted to assist TAFE NSW staff to recognise and respond to students and staff who may have a mental health issue, including those who may be at risk of suicide.

A six hour training program is delivered face to face to all TAFE staff, including teachers, managers, security and administration staff. The program aims to educate staff about mental health issues, break down stereotypes and challenge myths. It covers how to respond in a mental health crisis, including responding to those at risk of suicide or self harm.

Once the pilot has been completed and the program finalised, a series of train-the-trainer sessions will be undertaken amongst relevant staff members in Institutes to assist with the training being implemented more widely within TAFE NSW.

Organisation: Consumer Activity Network (Mental Health) Inc. (CAN)

Contact name: Desley Casey

Contact number: (02) 9938 2886 or admin@canmentalhealth.org.au

CAN (Mental Health) is funded to deliver the Community Connections Peer Support Services, including:

- Hospital to Home – providing practical assistance and peer support for consumers for the first six weeks after discharge from the Liverpool and Campbelltown psychiatric inpatient units. The aim is to decrease readmission and/or attempted or completed suicide. This includes practical assistance such as home visits, touch base phone calls, shopping, transportation to appointments, connecting consumers to their local communities; or any other support as designated by the consumer.
- Phone Connection Project – is a national telephone peer support line based on a similar service in the USA. Phone connections support consumers from five Australian states and one territory. This service is the only peer support mental health support line in Australia and is unique to other support telephone services. Phone connections staff are prepared to ring the consumer to provide support rather than expect the consumer to ring in to receive support. The aim of phone connections is to decrease social isolation and consumers access crisis support lines unnecessarily.

The Community Connections services are funded by DOHA, Suicide Prevention branch.

SESSION 2. Other programs highlighted

Organisation: Department of Education and Training
Contact name: Mr Ron Balderston
Contact number: (02) 9266 8936

School counsellors work with schools to build school community strength, resilience and capacity in suicide prevention. School counsellors are equipped in this work through the School-Link Initiative which:

- strengthens the link between school and TAFE counsellors and Area Health Service Mental Health Services for children, adolescents and young people;
- trains schools and TAFE counsellors in the management of depression and related disorders, self harm and anxiety; and
- supports the implementation of programs in schools for the prevention and early intervention of mental health problems.

Every government school has access to a school counsellor and the skills, resources and training that they have make them an important contribution to the prevention of suicide in NSW.

Organisation: Industry and Investment NSW
Contact name: David Mason
Contact number: (02) 4588 2144

The NSW Drought Support Worker program commenced in January 2003 to assist farmers, farming families and rural communities in drought. Treasury funding is provided until 30 June 2011 for drought recovery assistance. An independent review of the program, completed in May 2010 determined:

- The Drought Support Worker (DSW) program has contributed significantly to the improvement in quality of life of rural people affected by drought by providing support, practical help and strategies to build capacity and empower them and to help others survive the drought.
- The DSWs have provided emotional support for those under stress and referrals to the appropriate professionals.
- DSWs provided information on services, options for change, financial assistance and were seen as someone who cared and was prepared to listen.
- DSWs worked closely with Industry & Investment NSW (I&I NSW) extension officers and were able to act effectively as a link between the programs offered by the Department and their clients.
- DSWs worked with Rural Support Service Networks to coordinate services and activities to reduce duplication.
- DSWs were seen as complementing Department of Community Services in emergency management and disaster relief situations.
- The DSW program has had some influence on the development of drought policy in I&I NSW and other agencies.
- The program has been successful in addressing the State and Federal policy settings which are focused on provision of social welfare support and development of the community's capacity to manage the social impact of drought. This success has been demonstrated through the increased levels of assistance to drought affected farm families, addressing mental health issues in rural communities and an improvement in the cohesiveness of

communities.

- Social justice has been achieved through improved access of rural people and communities to support services.
- Significant public relations benefits have accrued to government and I&I NSW through the program.
- The DSW program has contributed to the credibility of I&I NSW.
- Clients see a continuing role to assist with recovery from the adverse impacts of climate.

Other factors for consideration include:

- Since 2002 the evolution of the DSW program has moved towards farm family and farm business resilience and a community development approach in the context of climate variability away from a crisis response modus operandi. The DSW program has developed strategies that integrate the human coping aspects of development with the core agricultural production and industry development programs of I&I NSW.
- Working in partnership with other local service providers, government and non-government, and in particular with 'Beyondblue – the national depression initiative' the program delivers assistance on region specific issues relating to farm families and rural communities, and organise Farm Family Gatherings a cornerstone of the DSW program. At the time of the review the DSWs had held 3,115 FFGs attracting 152,607 people. One other successful program is 'Mate Helping Mate' which directly targets rural men, a group which is frequently identified as having a higher rate of suicide.
- In 2008 the FFGs and Drought Related Workshops component of the DSW program was awarded the Gold Medal in the 'Delivering Locally' category of the NSW Premier's Public Sector Awards. At the same time the program was awarded the Gold Medal for the 'State Plan' Award.

Primary Industries Division of Industry & Investment NSW has a drought hot line 1800 814 647 onto <http://www.dpi.nsw.gov.au/agriculture/emergency/drought/assistance>

Organisation: Hunter Institute of Mental Health

Contact name: Trevor Hazell

Contact number: (02) 4924 6900

The Hunter Institute of Mental Health is a not-for-profit business unit of the Hunter New England Area Health Service. The program that I am nominating is known as "Response Ability"

Response Ability is an initiative of the Australian Government Department of Health and Ageing and is implemented by the Hunter Institute of Mental Health. The initiative commenced in 1997 under the National Youth Suicide Prevention Strategy, with development of suicide prevention curriculum resources for several professions, including secondary teachers. From 2000, the program was broadened to include mental health promotion, prevention and early intervention with an initial focus on adolescence, followed by primary and early childhood.

Response Ability aims to promote the mental health of children and young people by working to enhance the inclusion of mental health promotion, prevention, early intervention and suicide prevention in the pre-service education of teachers and children's service staff. The Response Ability initiative is implemented through: providing free, evidence-based multi-media teaching resources to tertiary institutions; providing professional support to integrate mental health into their programs and providing additional information via conferences, web resources and other means.

Research suggests that promoting social and emotional skills and resilience within educational settings can be associated with better mental health. Response Ability is an upstream approach to suicide prevention in that it is focused on increasing the capacity of teachers and children's services staff to enhance the mental health of children and young people. Response Ability recognises the

important role that teachers and children's services staff, working across the early childhood and schools sector, have in building individual resilience and the capacity for self-help in children and young people.

SESSION 3. Workshop on development of community guidelines for discussing suicide

Workshop on development of community guidelines for discussing suicide

Purpose:

Use of case studies of programs that focus on communication as a starting point to get people thinking about what helps people talk about suicide.

John Harper - **Mate Helping Mate Program**

Jaelea Skehan - **Hunter Institute of Mental Health *Mindframe* Media initiative**

Mary Brasile - **Southern Highlands Suicide Prevention Program**

Where did the idea for this resource come from?

The idea stemmed from discussion with key stakeholders at two public consultation forums held last year on development of the Suicide Prevention Strategy.

The discussion centred around an agreement that the Strategy should identify the need to reduce stigma in the community by encouraging more public discussion, and one way this could happen is to support open communication about mental health and suicide in the community.

The idea is about fostering environments where it is safe and acceptable to talk openly about suicide, where discussion about suicide is normalised and open.

These discussions could take place in the home, with friends, at school, at work, at football training, etc.

As a result of this discussion there was an action built into to the Strategy to develop 'whole of government, whole of community guidelines for dealing with and discussing suicide within families, workplaces and communities'.

This action supports a number of outcomes in the Suicide Prevention Strategy:

- Improving individual resilience and wellbeing through fostering environments where it is acceptable to express emotions without a fear of stigmatisation
- Improving community strength and resilience by increasing community awareness of what is needed to prevent suicide
- Improving the capability of the community to respond to tipping points and points of imminent risk
- Strengthening the capacity for families, schools, workplaces, pubs, clubs and sports, recreational and social groups to identify and respond to indicators of potential suicidal behaviour

What are 3 or 4 key questions you'd like the participants to answer?

In order to develop these guidelines, we intend to commission a relevant professional to scope the development of community guidelines for discussing suicide.

To assist with this, we would like to propose the following questions to help guide what would need to be included in the guidelines and what these guidelines might look like to help support fostering environments for people to talk more openly about suicide.

Questions:

1. What are the barriers to talking about suicide?
2. How might these be addressed?
3. What could be some guiding principles to help people talk about suicide?
4. What would be the most useful resources/formats for these guidelines to help target specific groups?

Organisation: *Mate Helping Mate*

Contact name: John Harper

Contact number: harper2725@bigpond.com

John Harper is a farmer from Stockinbingal (Southern NSW) who, in 2006 began running what came to be known as *Mate Helping Mate* events in his surrounding communities. John recognised that as a consequence of the continuing drought and other factors, many of his neighbours were becoming isolated or socially withdrawn. Having experienced depression, John understood that this isolation and withdrawal placed people at risk of developing a mental illness.

Mate Helping Mate is based on social and creative self-help strategies for managing difficult times. John has a unique visual method of presenting his information which has appealed to a broad audience and has enabled people to understand the concepts John wishes to impart. For example, John uses the visual aid of a slippery dip to emphasise the 'slide into depression'.

From 2007 and continuing now, John has given a lot of his time to speak at rural mental health, drought and general agribusiness events. More recently, organisations such as WorkCover NSW have funded John to speak at employee events. *Mate Helping Mate* has proved so successful and engaging that John is busily speaking across NSW. This programme has been widely promoted and supported by media, resulting in John being a finalist in the NSW Australian of the Year for 2009. Two *Mate Helping Mate* CDs have been developed which outline the programme and John's work. This programme is also supported widely by a range of services, including mental health.

John talks about his experience of depression, and also, what individuals and communities can do to support each other during difficult times. John explains depression, stress and anxiety very simply and importantly, addresses 'getting help' in a practical and easily understood manner. John emphasises the importance of seeking assistance from the range of service providers available in rural areas. These service providers assist by organising events, attending the events and being available to speak to audience members during the course of the events.

John is currently working on a new concept, *Minute for a Mate*, a programme which has already gained support from media, and works in encouraging or reminding people to 'pick up the 'phone' and call a mate. It is aimed at being a mechanism for people to support each other, to check on the wellbeing of mates, and to reconnect. This new programme will roll out over the next few months, with reminders once per month on radio programmes.

Organisation: The Southern Highlands Suicide Prevention Program, SSWAHS

Contact name: Mary Brasile

Contact number: Mary.brasile@sswahs.nsw.gov.au

The Southern Highlands Suicide Prevention Program was incorporated in 2004 following an initiative of the local area health service to address the issue of suicide in the Wingecarribee Shire. The overall aim of the program is to assist people in distress to find appropriate help.

This is primarily achieved by:

1. providing free workshops and seminars to the community in order to increase the capacity of the community to respond appropriately to a person contemplating suicide.
2. Develop resources (yellow cards, flyers and posters) that are distributed to local agencies, businesses, schools and clubs
3. Support the 'Moving Beyond Depression' self help group
4. Support people bereaved by suicide and other losses through the provision of the 'Seasons for Growth' course for men and adolescents.
5. Work in partnership with other government and non government agencies to support the mental health of the community.

The current members of the program are staff from the Sydney South West Area Health Service, Pastors, Chaplain, Social Worker and Council Youth Worker. The members meet monthly in Bowral.

Organisation: Hunter Institute of Mental Health

Contact name: Jaelea Skehan

Contact number: (02) 49246904

email: mindframe@hnehealth.nsw.gov.au; website: www.mindframe-media.info

The *Mindframe* National Media Initiative is funded by the Australian Government Department of Health and Ageing and guided by the National Media and Mental Health Group.

The *Mindframe* Initiative is a comprehensive strategy that aims to influence media representation of issues related to mental illness and suicide, encouraging responsible, accurate and sensitive portrayals. The strategy includes a number of projects which focus on providing resources and education opportunities for media professionals, the mental health and suicide prevention sector, police, courts and people involved in Australian film, television and theatre. It also involves strategies to facilitate the inclusion of these issues in tertiary journalism and public relations education, supporting a community action site - *StigmaWatch*, and helping to build the evidence base for this work.

Projects managed by the Hunter Institute of Mental Health

The Hunter Institute of Mental Health manages five of the projects funded under the *Mindframe* Initiative. Combined these are called the *Mindframe* Education and Training Projects.

- ***Mindframe* Media and Mental Health Project**
Mindframe Media and Mental Health project aims to build a collaborative relationship with the Australian news media (print, radio, television, and online news) through development and dissemination of evidence based resources and sector engagement to enable a more accurate and sensitive portrayal of suicide and mental illness.
- ***Mindframe* for the Mental Health and Suicide Prevention Sector**
Mindframe for the Mental Health and Suicide Prevention Sector supports the mental health and suicide prevention sectors to build collaborative relationships with the media and to facilitate better understanding about issues to consider when working with the media around mental illness and suicide.
- **Response Ability Journalism and Public Relations**
Response Ability project for Journalism and Public Relations Education aims to influence tertiary curriculum so that graduates in journalism and public relations will be aware of and able to respond to issues relating to suicide and mental illness.
- ***Mindframe* for Stage and Screen**
Mindframe Stage and Screen provides practical advice and information to support the work of scriptwriters and others involved in the development of Australian film, television and theatre. It is designed to help inform truthful and authentic portrayals of mental illness and suicide.

- ***Mindframe for Police and Courts***

Mindframe for Police and Courts aims to support best practice reporting of suicide and mental illness through the provision of resources and professional development police and courts stakeholders in each state and territory of Australia.

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Appendix D – Session 3 Outcomes

Key barriers to talking openly about suicide

In relation to barriers the following key issues were identified:

Lack of Knowledge of how to Initiate Conversations about Suicide

- Individuals often do not know what to say – concerns include
 - Fear of being responsible if the person decides to take their own life
 - Impact of intervention
 - Purpose of initiating the conversation – to what benefit
 - Person's interest in having the conversation
- There is a fear of opening up a Pandora's box, with a lack of skills in dealing with suicide and a lack of knowledge about available services
- It is a daunting experience for people who are generally unexperienced in such circumstances
- People are too solution focused and feel that they have to have the answers when listening can be enough
- Fear of the negative ramifications associated with approaching a person who is not actually depressed or suicidal
- People are afraid of being seen to be making a value judgement or crossing personal boundaries
- Parents don't know how to address the topic with their children
- Some people are of the opinion that it is too hard and they are too busy to broach the subject
- Lack of awareness about appropriate language to use when speaking to someone who is believed to be suicidal

Ineffective Services

- Currently there are a lack of services targeted at people afraid of seeking formal help
- Patients with mental illness have experienced poor attitudes and prejudice among clinicians working in hospital emergency departments
- Services are ill-equipped to properly treat people with co-morbidity issues
- There is still a lack of understanding about suicidal ideation among some doctors e.g. GPs
- There are a lack of support services for mental health professionals e.g. debriefing after suicide
- Some services experience high turnover of personnel, which can lead to discontinuity of care and lack of consistent services
- People fall through the cracks of the public health system due to the rigidity of its structures

Personal Barriers

- Not wanting to burden others e.g. family members or friends
- An inability to articulate problems to others
- Self doubt about actually having mental illness
- Fear of the stigma attached to suicidal ideation and the consequences it could have in the workplace e.g. career progression
- Parental fear of losing custody of one's children
- Fear of being judged by others - shame and embarrassment
- A lack of opportunities to discuss feelings e.g. no one to talk to, particularly for older people who may live alone or people living in rural areas
- There needs to be greater awareness that there is a spectrum of suffering and despair and a number of entries into depression e.g. chronic pain, isolation and bullying

- Reluctance to use a service due to the cost, even basic costs like making a telephone call are not free or a psychologist appointment not being covered by Medicare
- Young people living with chronic illness are a high risk group requiring specific supports and prevention strategies
- Young people with developmental and intellectual disability also can be high risk and require specific strategies

Stigma

- People still believe the myth that discussing suicide can have negative repercussions and cause a person to take their own life
- Stigma exists around self harm as 'attention seeking' (the boy who cried wolf)
- Societal and cultural barriers cause suicide to be considered a taboo subject for some people
- Lack of recognition and awareness that suicide is not just a mental health issue
- For some mental health professionals stigma is still associated with suicide
- There is no common understanding throughout society about suicide, people have different reactions and different meanings they attribute to it
- Some people just don't get it, they don't understand how someone could be depressed nor how someone could take their own life

Media

- There is a lack of media that focuses on the positives of suicide prevention
- The media does not know how to appropriately tackle news surrounding suicide/ attempted suicide
- Misinformation is being publicised
- There is a lack of knowledge surrounding just how you generate public discussion in the media without encouraging more suicide
- Confusion in the media about suicide and euthanasia – with stories about a person's right to die

Community Barriers

- Gender and cultural barriers
- Compassion fatigue
- Ignorance regarding the signs and symptoms associated with self harm and suicidal ideation
- Lack of leadership, responsibility and trust within local communities
- Lack of emotional literacy within the community

Resources

- Lack of resources and services in rural and remote areas (demographic isolation)
- Lack of awareness about available services (ineffective marketing strategies)
- Technological barriers – not everyone has access to the internet and other technology
- An enormous amount of information is available on the internet, however not all of it is reliable, the same goes for certain resources which have not been properly accredited
- At present there are still a lot of knowledge gaps and unclear evidence regarding effective services and resources
- There is a general lack of funding
- Inappropriately worded resources which need to be humanised
- Currently there is an overload of different messages regarding suicide prevention with a lack of understanding about the content of information
- Resources also need to address people who are depressed that do not attempt to commit suicide
- Lack of educational resources e.g. for schools, workplaces
- Complicated social networking mediums which children use to communicate – suitable responses need to be given regardless of the medium used

Ways to address these barriers

The majority of small groups identified key ways to address the above barriers which have been broken down into the following categories: use of established services; resources; media; networking; community strategies; school place strategies; workplace strategies.

Use of Established Services

- The use of online resources directed at connecting with youth/ adolescents to start people having conversations e.g. utilising YouTube, however it needs to be interactive - not one way communication/ information
- Using well established services to raise awareness and de-stigmatise suicide and depression e.g. Beyond blue
- Showcasing existing programs/ resources which have been evaluated and are linked to evidence based protocols
- Continued funding for programs that raise awareness e.g. School link

Resources

- The use of more informal approaches such as 'story telling' as opposed to more formal systemic approaches to therapy etc.
- Increased/ continuity of funding
- Additional funding for community organisations/ social connection activities where a key message can be delivered
- More resources which address initiating conversations about suicide
- Tailored information/ services to support marginalised groups e.g. ACON for GLBT community
- More involvement from different cultural groups to tailoring suicide prevention strategies to their own culture e.g. Aboriginal communities
- Services that focus on the range of mental illnesses as separate entities, however, also recognise that illnesses rarely occur in isolation
- Research into international suicide and suicide prevention programs/ strategies e.g. Scotland and New Zealand
- Increasing access points for people to discuss their feelings
- Debriefing and support mechanisms implemented in frontline workplaces
- Crisis management guidelines
- The development of processes/ guidelines for teacher dealing with students exhibiting signs of depression and suicidal tendencies
- Debriefing processes for colleagues/ students/ individuals who initiate 'tough conversation' with people thought to be suicidal
- Increased funding for mental health promotional activities - as suicide is not just a mental health issue, it affects everyone

Media

- The use of high profile professional branding and increased media exposure/ publicity to increase awareness e.g. lead cultural change from a 'no blame' culture
- Normalise mental health conversations through public campaigns e.g. the current media campaign that promotes having conversations about drug use, something similar could be used like 'Minute for a Mate', it doesn't have to be a suicide prevention campaign, as it will indirectly lead to it and help break down cultural barriers
- Use of the media to socially market suicide prevention resources/ services
- In the case of 'suspicious' deaths, is it better to be clearer about the cause of death in the media?

- Utilising all mediums of media to their full potential but being mindful of the sensitivity of the issue e.g. the radio and internet for adolescents
- The development of briefing packs for journalists, politicians etc.

Networking

- Increase networking between NGOs and government agencies
- Improve service linkages - coordinated services/ partnerships/ social connections
- Utilise existing institutions to promote suicide prevention services e.g. country clubs, sporting clubs, religious institutions etc.
- Cross agency forums to increase communication about existing suicide prevention resources and programs
- Community forums where local groups can come together with their different opinions – e.g. religious aspects, cultural differences (in some cultures committing suicide is a crime).
- Working with Mindframes to structure the language used by different services/ resources so that it is protective and appropriate

Community Strategies

- An Area Health Service position designated to deliver on a broad range of mental health and suicide awareness training packages
- Community resources/ education that appropriately targets different groups - e.g. different cultures and gender
- Engage and train consumers of mental health services to become trainers themselves
- Use of appropriate language and delivery of mental health messages in the community as it can have as much of an impact as the actual information being delivered
- Use of public avenues to up skill the community e.g. community forums
- More serious efforts from the government regarding the burden of mental health and the drain it has on workers
- Support services that provide one-on-one assistance where trusting relationships can be built e.g. particularly during the critical transition phase from hospital to home
- Development of a consistent message about suicide prevention which can be carried throughout the community and incorporated into school and workplace programs
- Increased public awareness around accreditation guidelines and how to recognise credible programs/ resources

School Place Strategies

- Life skills education for school aged children, with mental health incorporated at appropriate levels into school curriculum to build up a person's resilience e.g. Mental health First Aid
- Resources for parents that address ways to talk about suicide with children and the use of appropriate language
- Personal development classes
- Revise and update resources currently being used by schools to support the management of student distress and planning suicide, include advice on the importance of peers passing on concerns they have about peer intention to suicide.
- The views of children and young people should be sought in the development of the guidelines

Workplace Strategies

- Mental Health First Aid training incorporated into standard first aid training
- Staff training on the spectrum of mental health issues including identification and management of the signs and symptoms of suicide ideation and methods to approach people suspected of being suicidal
- Mandatory annual professional training in mental health and suicide awareness for clinicians e.g. in emergency departments clinicians need to be respectful of people with personality disorders

- Development of guidelines for dealing with a mentally unstable person in emergency
- Training in mental health and suicide awareness needs to be on-going with additional training requirements for supervisors/managers
- Change culture strategies which encourage staff to 'debrief' after stressful situations
- Training in communication skills

Guiding principles to help people talk about suicide

The majority of small groups identified guiding principles to help people talk about suicide which have been broken down into the following categories: resources; services; community strategies and networking.

Resources

- Interactive online resources e.g. web based community forums
- Use of a broad enough message to achieve uniformity through services, however, the message should not be prescriptive
- Evidence based resources
- Resources need to have a clear purpose and objective
- Resources that provide advice on how to have conversations, they need to be behaviour and attitude focused, beyond simply raising awareness
- Resources that use a non- judgemental language and should not cause further harm
- Resources focused on recovery (i.e. not cure)
- Improved statistical collections for suicide in each sector of the workforce
- Information should be accessible to all - easy to find, understand and be audience appropriate - both culturally and in an acceptable format
- Resource supporting the following messages - talking about suicide doesn't make it happen; people don't want to die, they want to be helped and that help is available any time, any day, anywhere, for anybody

Services

- Proactive services that build community resilience not just reactive services based around treatment
- Services that ask more questions
- Service employees must be respectful to people with mental illnesses
- Provide a sense of hope and reconnection – be future orientated
- Workplace training courses e.g. Mental Health First Aid
- Services should be safe places to visit
- Support services for “Gatekeepers” in the aftermath of identifying a person with suicidal thoughts or mental health issues

Community Strategies

- Strategies should emphasise community ownership over actions/ policy by getting local communities members involved e.g. community education to increase awareness that suicide touches everybody and can happen to anyone (keep it simple)
- Use of a high profile media personality to create awareness and trust within the public
- Use of wellbeing messages as well as suicide prevention message e.g. primary intervention strategies
- Greater community awareness about the importance to talking to someone you think is suicidal and that it does not lead suicide

- Greater awareness regarding the importance of listening and being supportive – recognising you being there is enough – you don't need to solve the problem – (two ears and one mouth) e.g. minute for a mate , mate helping mate
- Reinforcement of the message that we all have a responsibility to help one other
- Services delivery by appropriate community representatives with appropriate representation across the spectrum including CALD and Aboriginal people
- Training for people who have suffered from mental illness to allow them to tell their stories to the public and humanise the situation

Networking

- Improved linkages between clinical and discharge units
- Whole of system risk assessment i.e. not just in mental health services but in drug & alcohol and chronic illness services etc.
- Increased collaboration among service providers to exchange information and best practice e.g. Showcase of Innovation
- Organisations need to integrate and coordinate with other to provide appropriate care pathways

Useful resources/formats for these guidelines to help target specific groups

The majority of small groups identified useful resources/formats for these guidelines to help target specific groups which have been broken down into the following categories: age specific services; community services; CALD / Aboriginal specific services; training/ education; hospital setting; services and resources.

Age Specific Services

Youth

- Peer to peer services which utilise young people to help each other
- Accredited internet based interactive social networking programs
- Resources directed at parents informing them how to identify and manage signs of suicidal ideation
- Use of the arts to connect to youth

Middle aged

- Men's groups – social groups with access to information e.g. Men's shed
- Tailored services that don't treat gender groups as single entities

Elderly

- Local community forums /events
- Age appropriate practitioners
- Services that address other factors associated with suicide of men aged over 75 years, particularly of disability, physical impairment, cognitive difficulties, living alone, late-onset depression and abuse of alcohol e.g. Men's Sheds and Mate helping Mate

Community Services

- Change champions within local communities, which would involve the up-skilling of community leaders to provide a voice regarding help seeking and suicidal prevention and reduce stigma
- Investment in volunteers in the community through suicide prevention training
- Community inclusion in the development of local services for areas that have been affected/ impacted by suicide
- Increased community education about the social determinants that increase likelihood of suffering from mental illness
- Resources for families and carers that focus on identifying and managing the signs and symptoms of suicide ideation
- Increased promotion of recovery stories
- Anti stigma campaigns- however, they need to be ongoing – e.g. 5yrs in line with the new Strategy
- Increased awareness that to improve one's health and wellbeing involves a holistic approach

- A collaborative and coordinated approach to service delivery
- "Mate helping Mate" should be rolled out nationally, using a broad based media strategies
- With more training GPs in particular would have a chance to help look out for suicidal thinking in older men over the age 75 years. GPs can be gatekeepers

Culturally and linguistically diverse and Aboriginal specific services

- It is important for service providers to utilise the right avenues to gain access into at community e.g. through Aboriginal elders or land councils to create culturally appropriate pathways – taking a ground up approach
- Services provided in a number of different languages e.g. CALD elderly often revert to mother tongue and are often isolated by this factor
- There can be reluctance to access government services by different cultural groups, and this needs to be considered when developing community based resources and services. There was a strong argument that suggested that support services need to be within a community setting and come at a community level, people helping their own, being part of the solution etc.

Training/ Education

- Suicide prevention workforce training – which can be tailored to particular workplaces
- A train the trainer system developed for the workplace to allow for the empowerment of people to help one another

Hospital Setting

- Development of a small business sized laminated card with preliminary suicide risk assessment questions on it to be attached to the ID tag like needle stick injury information for general hospital staff (especially emergency department personal)
- Compulsory suicide risk assessment/ management training for doctors – developed within workforce HR training
- Best practice guidelines should be developed to enable a systematic and consistent approaches to assist clinicians dealing with people with mental illness

Services

- Increased awareness and marketing of existing organisations e.g. Headspace
- Bereavement training for health staff (mental health, drug & alcohol, emergency departments including the re-release of the bereavement pamphlet and CD)
- Increased access points on the ground
- Peer support programs, particularly for people affected by mental illness
- Services that take messages to the people rather than expecting them to come to the service
- Constant services which are sustainable, systematic and well evaluated

Resources

- The internet provides the ability to cater suicide prevention information to people from non-English speaking backgrounds
- Increases/ continuity of funding
- Increased funding for suicide risk assessment and management workshops for health service staff
- Current mental health staff do not have the capacity provide training for the whole health service yet it is sorely needed especially for emergency department staff – this would also include the costs associated with running the training including backfill and venue / catering costs.
- Update and relaunch postvention suicide guidelines
- Relaunch suicide risk assessment management framework folders/ documents and DVDs ensuring these resources are widely spread across the Area Health Services
- Development of small booklets which identify suicidal symptoms including help seeking and access points
- More resources dedicated to following up on people who have attempted suicide
- More research into the determining factors of suicide e.g. same sex domestic abuse
- Development of a resource kit for peer led seminars - it could contain discussion guides, printed materials, DVDs, links to internet sites, etc.

- Telephone support/ mentoring/ supervision services
- Service providers need to look beyond the use of technology as not all people have access to the internet and people have varied needs
- If you don't "get" the message, it's pointless- we have to work out a way to get people to listen
- Better program evaluation processes

Appendix E – showcase evaluation outcomes

OPENING SESSION

- 95% of participants agreed or strongly agreed that the opening session ‘met their expectations.’
- A number of very positive comments received on the ‘Welcome to Country’ speech

SESSION 1: SHOWCASE OF INNOVATION PANEL 1

- Every participant at least agreed or strongly agreed that the first session ‘met their expectations.’ None disagreed.
- 97% strongly agreed that the ‘panel discussion was useful’
- 79% of participants agreed or strongly agreed that they were ‘able to actively participate in the key lessons plenary feedback work’ for this session.
- 81% agreed or strongly agreed that ‘the amount of allowed for group work was about right,’ although there were a number of comments that it wasn’t long enough.

SESSION 2: SHOWCASE OF INNOVATION PANEL 2

- 96% of participants either agreed or strongly agreed that the second session ‘met their expectations’
- 97% either agreed or strongly agreed that the ‘panel discussion was useful’
- 71% of participants agreed or strongly agreed that they were ‘able to actively participate in the key lessons plenary feedback work’ for this session.
- Although a number argued that they ran out of time in key lessons plenary feedback work.
- <70% agreed or strongly agreed that ‘the amount of allowed for group work was about right,’ although there were a number of comments that it wasn’t long enough.

SESSION 3: WORKSHOP ON DEVELOPMENT OF COMMUNITY GUIDELINES

- 90% of participants either agreed or strongly agreed that the ‘panel discussion was useful’
- 97% of participants either agreed or strongly agreed that they were ‘able to actively participate in the small group work’
- 76% of participants either agreed or strongly agreed that ‘the amount of allowed for the small group work was about right.’

What was the MOST VALUABLE part of the forum?

Common suggestions/themes from participants included:

- *‘Hearing about the projects out there’*
- *‘The sharing of knowledge’*
- *‘Hearing about such a diverse range of initiatives plus have more details in writing & contact details.’*

What was the LEAST VALUABLE part of the forum?

Suggestions from participants included:

- *‘Many in the room already have access to information. Would have been better targeted to others.’*
- *‘Lack of evaluation/evidence supporting programs that were showcased.’*
- *‘Not enough time to really get the discussions going.’*
- *‘Uncertainty that comments will be put into action’*

What could have been done to make this forum more effective?

Suggestions from participants included:

- *‘should be longer,’*
- *‘held annually’*

- *'There was really good points made during the whole day, but I'm not too sure what will be done with the suggestions.'*

How would you rate the overall organisation of the forum?

- Overall organisation of the forum was rated highly: 16% good, 58% great, >26% excellent

How would you rate the venue and catering?

- Also, a high rating of satisfaction of the venue and catering: <1% adequate, 27% good, >55% great, >16% excellent.
- Although there were a couple of negative comments regarding the pillars in the room which blocked the view for some.

Are there any other comments that you would like to make?

Comments included:

- *'This was a fantastic opportunity to learn more about what is happening in sector & how we can link and learn from each other.'*
- *'Other topics that would be good to hear more about at next showcase: initiatives focussed on Aboriginal people; - initiatives tackling/demonstrating the link between things like govt. policies, business practice, social disadvantage & trauma on suicide & distress... i.e. programs not necessarily about service provision to individuals.'*
- *'Suggestions to take forward - need to have cost of mobile calls to help lives free of charge. - within the Strategy - RTA primary prevention needs to be strengthened akin to Rail Corp.'*
- *'The facilitator and question and answer format was excellent. 'I would like to see this type of forum occur regularly. It has been immensely eye opening & invaluable to share ideas & views with like minded organisations'*
- *I was pleased to hear and learn of all the innovative programs. Feel the need for an overarching framework to pull all of this great work together (and the passion) www.life.com.au perhaps! 'Need more of these forums. Need coordinated evidence based research'*
- *'Many thanks to the hard work and creative thinking of the people that create these innovation program - and the NSW Health for holding this forum.'*

