

COMMUNITY BASED SUICIDE PREVENTION NETWORKS A NEW SOLUTION TO AN OLD PROBLEM?

There are some basic assumptions that we need to acknowledge before we begin to discuss the theory and practice of community-based Suicide Prevention Networks. I have assumed that you are all well versed in the basic issues surrounding suicide including

- Suicide is a much greater issue in every community than is generally acknowledged by ordinary community members (and sometimes by health professionals)
- Acknowledged suicide deaths are running roughly at 30% higher than the road toll, yet there is significantly more money, time and effort put into preventing road accidents than into suicide prevention
- ABS themselves recognize that the real numbers of suicide deaths are higher than the statistics show for various reasons including family resistance to a finding of suicide and incomplete coroners investigations
- Suicide and mental illness are both surrounded by high levels of stigma arising from cultural, religious and financial factors
- Men account for around 80% of all suicide deaths, but more women are hospitalized as a result of attempts
- The causes of individual suicides are very complex, but often include mental illness and some form of loss
- Researchers estimate that there are around 10 attempted suicides for every suicide death

Suicide Prevention Networks are being formed in an effort to reduce the impact of suicide on communities.

What do we mean by impacts? In addition to the loss of a life, they include:

- The intense grief, anger, perhaps guilt, sometimes shame, suffered by family and close friends
- The stress on emergency service workers, health professionals and support workers
- The effect on morale and productivity in a workplace when a co-worker suicides
- The effect on school morale when a student suicides
- The effect on health professionals who may have been working hard to prevent the suicide
- The economic cost to the community of the resulting stress leave and loss of productivity
- The economic cost to the community of the additional health-related services required to deal with the aftermath

Research tells us that around 10 people are sufficiently affected by each suicide death to warrant some professional support. In reality, few of these actually seek or receive support, sometimes because of a reluctance born out of stigma.

I have met many people bereaved by suicide who are still affected 20 or more years after a suicide death. If we take the time to work out how many people in a community are affected by suicide we need to multiply the number of deaths in a year by the number of people affected by each of those deaths by the number of years that the scars remain. The resulting very large number starts to give some dimension to the true impact of suicide on the fabric of a community.

So if we accept that suicide really is a surprisingly large problem for a community, the next question is: What do we do about it?

My experience is that public sector suicide prevention efforts in NSW are, in the main, handled by Mental Health or Community Health sections of local Area Health Services. Personnel in these areas that I speak to are usually most keen to do whatever they can, but are severely hampered by lack of funds and resources. They are generally flat out coping with the chronic cases and have little left over to make a major contribution to prevention, no matter how enthusiastic they are.

Private sector prevention efforts are valuable, but again limited by lack of funding and resources. Lifeline offers suicide prevention as a specific focus, and private healthcare services, local community centres, churches and community support groups do what they can amongst their other main activities.

Many of these groups often work in isolation from others trying hard to achieve similar aims. Therefore, working on the long-standing principle that we can multiply our efforts by working together, the answer is some form of community-wide coalition or network of all those who work with suicide together with those who aim to do something about it.

This concept was first tried on the Central Coast and in Sutherland Shire more than 10 years ago with some real indications of success in appearing to reduce the rate of youth suicide. With Federal Govt help Networks were set up 3 years ago in Port Macquarie and Tamworth. The Dept of Health and Ageing is currently funding Wesley Mission to set up community-based Suicide Prevention Networks across NSW and Networks have recently started in the Shoalhaven, Orange and Young. Lifeline has set up Networks in Port Stephens and Maitland and more are being formed as we speak.

The aim of the Network process is to reduce the impact of suicide on the community where it is based. It does this by setting up a forum for service deliverers and other interested people and using their expertise and goodwill to build community capacity and resilience through education and awareness and through practical activities. It also aims to promote existing resources and to lobby for additional resources.

One of the most important characteristics of a Suicide Prevention Network under this model is that it is a support group for service deliverers, not for individual sufferers. The individual members of the Network provide the support to individuals and the Network helps them to provide that support more effectively.

The people and organisations involved will ideally include: representatives of local, State and Federal government, the Magistrate/Coroner, local Police Commander, local Ambulance Superintendent, Area Health representatives, local Division of GPs, schools, Lifeline, suicide support groups, church groups, service clubs including Rotary, Lions, Freemasons, CWA, local business groups, Vietnam Vets, Dads in Distress, women's refuges, youth workers, neighbourhood centres and any other local carers and support groups who express an interest.

It is important to try and encourage broad representation of both membership and the management committee so that the Network is seen to represent the wider community and is not perceived (rightly or wrongly) to be "owned" by any particular group. A worthwhile by-product

of this approach is that the community shares in ownership and understanding of the problem of suicide and shares in actually doing something about it.

So what does a Network do?

Probably the most important function of a Network is to bring people together around a table in the common cause. This promotes exchange of ideas, encourages joint projects and helps establish good cross-agency working relationships.

If we are going to reduce the impact of suicide on any community, we need to change some community attitudes, and we can't do that without doing something about the elephant in the room – the stigma which surrounds mental illness and suicide. Clearly, the way to reduce the stigma is by a process of community education. If ordinary community members feel that they know something about these subjects and that they are no longer threatened by them we may make some real progress.

So networking and education are foremost in the aims of a Network.

There are also some very practical activities that can make a difference including:

- Survey the range of services available and produce Community Crisis Information Cards that people can put on fridges or in their wallets so they can find help in an emergency
- Promote community education by providing or arranging courses like Mental Health First Aid and established courses in suicide prevention from Lifeline, Wesley LifeForce and others
- Start a support group for community members bereaved by suicide.
- Hold local forums on stress, depression and mental health
- Start a Men's Shed
- Support women's refuges and other organisations that cater for women who do not have their own personal support group
- Arrange articles in local media advertising events, promoting good health practices and telling the community about what services are available locally
- Lobby governments at all levels – local, State and Federal – to fill the identified gaps in services, to improve existing services or to start new services
- Support or initiate a local youth resource centre that can help young people deal with issues surrounding drug and alcohol abuse, bullying, self-harm, sexual abuse, aggression, homelessness and the many other issues that drive young people to desperation and isolation.
- Hold a memorial service on World Suicide Day to recognise, but not to glorify, nor to criticise, those who died by suicide.
- Start a website where local activities and Network information can be easily accessed by members and by the public.
- Form a Men's Wellbeing Network to deal with the many issues specific to men which are not adequately covered by existing services
- Form a Mental Health Network that can deal specifically with local mental health issues that may become suicide risks if untreated or undiagnosed

The list is as long as the imagination and energy of the members of the Network.

The big question: Does it work?

First we need to be very clear about what we are really trying to do. Through education and activities, we are trying to reduce the number of people at risk of suicide and we are trying to improve recognition of those who are at risk so they can be helped before it is too late.

We need to be realistic. Suicide, like war, road accidents and drowning is a part of the human condition, so it is unlikely that we will eliminate any of them in the foreseeable future. But all of them can be reduced with knowledge and properly directed effort.

There has certainly been a reduction in youth suicides on the Central Coast since their Network was established. I have been told that another particular Network has saved at least 2 lives so far. There is anecdotal evidence that in communities with Networks, there is heightened awareness of the problem. I have seen heartening changes in attitudes towards depression and mental illness come from the various Mental Health Forums that we have held. Reliable statistical evidence sufficient to change government attitudes to funding will probably take longer to appear.

Our communities have managed to change attitudes to drink-driving and smoking over a long period of time, so we should be able to change community attitudes to suicide. In the case of both of those changes, it was easy to identify the target individuals and prevention was backed up by sanctions. The people at risk of suicide are much harder to identify and sanctions cannot be applied, so the job is bound to be longer and harder, but I believe that Suicide Prevention Networks can make a valuable contribution.

Mort Shearer
0417 49 88 21
13.11.2008