

# Suicide:

*We can all make a  
difference*

NSW Suicide Prevention Strategy

Whole of Government approach

**NSW**  **HEALTH**

Better Health  
Good Health Care

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**Other publications in this series include:**  
*We can all make a difference: NSW Suicide Prevention Strategy*  
information sheet and summary



Premier of New South Wales

Australia

## Foreword

Preventing suicide and suicidal behaviour in the NSW community is a high priority for the NSW Government. The Government is fully aware that very diverse social circumstances and psychological factors may lead people to attempt suicide and that prevention strategies need to take these differences into account.

The Government believes that effective leadership in suicide prevention is provided by a whole of community approach. Using this approach, government, non-government and community organisations, and local leaders, and the community work together and combine their wealth of experience and knowledge to create and put strategies into action that meet the particular needs of different communities and individuals across NSW.

The *We can all make a difference: NSW Suicide Prevention Strategy* is a major part of the NSW Government's commitment to reduce suicide and suicidal behaviour.

The *We can all make a difference: NSW Suicide Prevention Strategy* is comprehensive, and will involve the people of NSW in its implementation. A major focus of the Strategy is strengthening the overall capability of families, schools, groups and local communities to deal with difficult life situations and give helpful support to family and friends in times of stress and thus diminish the risk of attempting suicide. The health care system will also enhance its capacity to detect and respond to suicide risk.

Many actions will support young people in different social environments, such as young men in rural communities, young people who are unemployed or in custody. Support for people bereaved by suicide will also be provided.

The NSW Government has led the way by committing \$15 million funding each year for suicide prevention initiatives.

I commend the release of the *We can all make a difference: NSW Suicide Prevention Strategy* and support the directions taken on this critical issue for the well-being of the community.

A handwritten signature in black ink, appearing to read 'Bob Carr'.

Bob Carr  
Premier

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## Executive summary

Suicide prevention is a high priority for the government and community in NSW. Suicide is a human tragedy, taking place most often in circumstances of hopelessness and despair. Each year more than 700 people die from suicide in NSW. More people now die by suicide than from road accidents in NSW. Suicide deaths are only a small part of the problem. For every person who dies from suicide there are 30 to 40 people who attempt suicide. The human and economic costs of suicide are great and compounded, particularly for young people.

Suicide is a complex issue and many factors contribute. There is no single cause of suicide and no simple solution to prevent it. Suicide prevention requires the whole of government to work in partnership with the community - individuals, families, schools, community groups and non-government services. The *We can all make a difference: NSW Suicide Prevention Strategy* has been developed to establish a cooperative and ongoing commitment to prevent suicide in the community. The NSW Government and local communities will continue to work in partnership to improve attitudes and support to prevent suicide. Coordinating programs and services across and within government departments and integrating suicide prevention initiatives are important components.

The NSW Government has led the way by committing \$15 million funding each year for suicide prevention initiatives in NSW. This funding has established a range of new mental health programs throughout NSW for suicide prevention, particularly for young people. Priority has been given to enhancing child and adolescent mental health services to employ new community mental health workers in child and adolescent mental health and suicide prevention. The distribution of funding has targeted areas with the lowest levels of mental health resources for their population. These workers will help young people in their own local environments - in schools, out of schools, in refuges and in custody. The NSW Government has also allocated funding for programs for people with chronic mental illness, for older people who are depressed, and for Aboriginal and Torres Strait Islander children and adolescents.

The *We can all make a difference: NSW Suicide Prevention Strategy* involves all NSW government departments. The Strategy sets out five Strategic Directions for action which are based on the best available scientific evidence:<sup>1,2,3</sup>

### **We can all make a difference:**

- increasing communities ability to prevent suicide;

### **Connect and care:**

- providing outreach and support for groups at higher risk;

### **Suicide, an emergency:**

- enhancing the effectiveness of services in suicide prevention;

### **Care and support:**

- providing support for people affected by suicide; and

### **We need to know more:**

- improving information on suicide prevention.

The *We can all make a difference: NSW Suicide Prevention Strategy* has been developed in conjunction with NSW Departments of Health, Education and Training, Community Services, Juvenile Justice, Housing, Local Government, Gaming and Racing, Corrective Services, Transport, Aboriginal Affairs and Attorney General's and the NSW Police Service, Department for Women, Ethnic Affairs Commission, Roads and Traffic Authority, Ageing and Disability Department, State Rail Authority and key community and consumer organisations. The Centre for Mental Health, NSW Health has the primary responsibility for coordinating the Strategy.

# Introduction

## The size and scope of the problem

Suicide prevention is a high priority for the government and community in NSW. Suicide is a human tragedy, taking place most often in circumstances of hopelessness and despair. Suicide causes devastation among family, friends and the local community. The human and economic costs of suicide and suicidal behaviour are great and compounded for young people.

Identifying the size and scope of the suicide problem in NSW, including who is affected, which groups are at higher risk, methods used in suicide, and other factors associated with suicide all help direct the development of appropriate and effective suicide prevention initiatives.

Suicide is a serious problem in NSW. It is estimated that between 60,000 and 90,000 people may show suicidal behaviour in NSW each year. Many may think about suicide but take no action. As many as 30,000 people may attempt suicide each year. Some who attempt suicide and live may have permanent disability.<sup>4</sup>

More than 700 people die from suicide in NSW each year. Over the next 20 years it is estimated that up to 18,000 people may die from suicide. This may include about 3,000 young people aged 15 to 24 years.

More people now die from suicide than road injury in NSW. In 1996/97, there were 13 suicide deaths per 100,000 people compared to 9 road injury deaths per 100,000 people in NSW.<sup>5</sup> In the same period, the male suicide death rate was 21 suicide deaths per 100,000 men compared to 14 road injury deaths per 100,000 men.<sup>6</sup>

More men than women die from suicide (21 suicide deaths per 100,000 men in NSW in 1996/97 compared to 5 suicide deaths per 100,000 women).<sup>7</sup> Suicide death rates for men are higher than for women because men tend to use more fatal methods.

In 1996/97, hanging was the leading method of suicide death for men in NSW.<sup>8</sup> The second leading cause of suicide death for men was poisoning by motor vehicle exhaust gas.<sup>9</sup> For women, the leading causes of death were poisoning by tranquillisers and other psychotropic agents, followed by hanging.<sup>10</sup>

Young men have high rates of suicide death in many western countries, including Australia. The suicide rates among young men and women in NSW between the ages of 15 and 24 years over the past 16 years have risen steadily for young men, but have remained at or about the same level for young women. Until 30 years ago, road injury death rates for young men aged 15 to 24 years were much higher than suicide rates. Road injury deaths dropped sharply from the 1970s, the period when vigorous road safety efforts began.<sup>11,12</sup> The death rate for road injury for 15 to 24 year-old males in NSW dropped from 73 deaths per 100,000 in 1964/65 to 24 deaths per 100,000 in 1996/97.<sup>13</sup> By contrast, the suicide death rate for young males increased from 10 deaths per 100,000 in 1964/65 to 23 per 100,000 in 1996/97.<sup>14</sup> Young male deaths comprised 16 per cent of all male suicide deaths in 1996/97.<sup>15</sup>

Men aged 25 to 29 years had the highest suicide death rate in 1996/97 (with 41 suicide deaths per 100,000 men aged 25 to 29 years in NSW).<sup>16</sup> This has increased from 32 suicide deaths per 100,000 men aged 25 to 29 years in 1995/96, and is the highest rate for this age group for the last 30 years.<sup>17</sup> Suicide deaths among this age group comprised 15 per cent of all male suicide deaths in 1996/97.<sup>18</sup>

The rate of suicide is estimated to be higher in older people (65 years and over), particularly older men, than for the population as a whole. In 1996/97 the age-specific suicide rates for men older than 65 years was 28 per 100,000.<sup>19</sup> For women older than 65 years the corresponding rate was much lower at 6 per 100,000.<sup>20</sup> Men older than 80 years had the highest suicide rate for older people at 34 per 100,000, however, this only comprised 3 per cent of the all male suicide deaths that year.<sup>21</sup> It is suggested that the higher rates of suicide in older people could be linked with greater likelihood of depression associated with isolation, physical illness and pain.

Suicide death rates for men living in rural areas are higher than for men living in urban areas, especially for young men.<sup>22</sup> In NSW from 1964 to 1996, the suicide death rate for young men aged 15 to 24 years rose consistently in all areas except in cities with over 25,000 people.<sup>23</sup> In smaller towns (with less than 4,000 people) the suicide death rate for young men aged 15 to 24 years increased almost tenfold.<sup>24</sup> In the same period the suicide death rates for young females in Australia did not change overall, except in towns with less than 4,000 people, where it increased 4.5 fold.<sup>25</sup>

Deaths from suicide are only part of the problem of suicidal behaviour in NSW. It is estimated that for every suicide death, 30 to 40 people attempt suicide each year in NSW.<sup>26</sup> There are many problems associated with the accurate recording of suicide attempts.<sup>27</sup>

Attempted suicide is a serious problem for women and men in NSW. Whereas in NSW, men have higher suicide death rates than women, suicidal behaviour resulting in serious injury (either hospital admission or death) is equally problematic for men and women.<sup>28</sup> In 1996/97, hospital admissions for attempted suicide and self-inflicted injury for women were 131 per 100,000 in NSW.<sup>29</sup> For men, this figure was 92 per 100,000 in the same period.<sup>30</sup>

The evidence discussed suggests the need for identifying the differences between males and females in planning intervention strategies. It also highlights the importance of applying suicide prevention strategies to the whole population.

## **Risk factors associated with suicide**

International data and recent Australian experience highlight several groups at higher risk of suicide. As suicide rates have fluctuated over the years, these cycles seem to be related to economic cycles and other social and structural change factors.<sup>31</sup> Table 1 shows international estimates of suicide risk for high risk groups related to three categories of risk factors:

- individual
- family
- peer and community factors including education and work related risk factors.

Based on Table 1, the following groups are specifically targeted in this strategy:

- young people aged up to 29 years
- older people
- men, specifically in rural areas
- people with mental health problems or disorders, particularly people with depression
- people who have attempted suicide before
- people who use alcohol and other drugs to harmful levels
- people who are homeless or living in refuges
- people in custody
- people who have been abused
- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse backgrounds
- young people who are gay or lesbian
- unemployed people
- people with severe chronic physical illness such as cancer or HIV/AIDS
- certain occupational groups.

**Table 1: Estimates of suicide risk factors for high risk groups\***

<b>Individual risk factors for suicide</b>	
Sex	Males are 3-4 times more likely to die from suicide than females. <sup>32</sup> Males represent between 78% to 81% of all suicides in NSW. <sup>33</sup>
Age	Young and older males are specifically at risk. <sup>34</sup>
Rural	Suicide rates are higher for young males living in non-urban settings. <sup>35</sup> Suicide rates of 15-24 year old males living in remote Australia are close to twice those of males living in capital cities. <sup>36</sup>
Aboriginal	Suicide rates in Aboriginal males between the ages of 15-19 years are 4 times higher than those for non-Aboriginal young people. <sup>37</sup>
Culturally and linguistically diverse backgrounds	There is great diversity in the risk of suicide to migrants. <sup>38</sup> While migrants of non-English speaking backgrounds up to the age of 64 years had lower or similar rates of suicide than the overall community, migrants aged 65 years and over had significantly higher rates. <sup>39</sup> Higher risks were also found for migrants from English-speaking countries, Western, Northern and Eastern Europe, the former USSR and Baltic States. <sup>40</sup>
Current or former mental health clients	Current or former mental health clients have a suicide risk 10 times that of the general population. <sup>41,42</sup>
People within four weeks discharge from a psychiatric hospital	Where people have been discharged from a psychiatric facility, the suicide risk in the first four weeks after discharge increases to 100-200 times. <sup>43,44</sup>
Previous suicide attempts	People who have made previous suicide attempts have a 10-30-fold increased risk of suicide. <sup>45</sup>
Substance use/misuse	People who misuse substances (alcohol and other drugs) have a suicide risk 20 times that of the general population. <sup>46</sup>
People with serious physical illness or disability	People who have a serious physical illness or disability are also at higher risk; people who have AIDS have a 36-fold higher risk of suicide. <sup>47</sup>
<b>Family risk factors</b>	
Child sexual abuse	Medically serious suicide attempts were reported 4 times more commonly in young people who have been sexually abused. <sup>48</sup>
Not living with the original family; communication problems with parents	Children and young people who are not living with their original family, <sup>49</sup> and also those children who have communication problems with parents, carried a 2-fold higher risk of suicide. <sup>50</sup>
Stressful life events	Young people experiencing stressful life events such as disciplinary crisis, the loss of a parent or relative or a relationship breakup, may experience a 6-fold increase in suicide risk. <sup>51</sup>
Relatives and peers of people who have died by suicide	A recent suicide or suicide attempt by a relative or peer is also associated with a higher suicide risk (up to 5-fold). <sup>52</sup>

**Social, community and peer risk factors for suicide**

Occupational groups	Certain occupational groups are at higher risk of suicide such as farmers and doctors, which both have a 2-fold risk. <sup>53</sup>
Homeless people	People who are homeless or living in refuges have higher rates of mental health problems compared to the general population. <sup>54</sup>
People in custody	People in prisons have a 5-fold risk of suicide. <sup>55</sup>
Gay or lesbian young people	Studies of gay and bisexual young people consistently report high attempted suicide rates (lifetime rates of 20 to 50 per cent). <sup>56,57</sup>
Unemployed people	People who are unemployed have twice the risk of suicide compared to the general community. <sup>58</sup>
Gun ownership	Having a firearm in the home is associated with a higher likelihood of shooting as the method of suicide. <sup>59</sup>

\* Estimates are based on best available scientific evidence from several studies.

## Policy context

Suicide prevention is a high priority for the NSW Government and is reflected in NSW Government policies.

The *Fair Go, Fair Share, Fair Say, New South Wales Social Justice Directions Statement* sets out the NSW Government's commitment to the principles of equity, access, participation and rights. These principles form the foundation for all NSW Government initiatives, including those for suicide prevention.<sup>60</sup>

The NSW Government's *Vision for Health, Caring for Health*, identifies the Government's commitment to improve the health status of the community, with particular emphasis on improving health for specific population groups, including Aboriginal people and people with mental health problems. The policy document reinforces the high priority the Government places on suicide prevention.<sup>61</sup> *Caring for Mental Health* more specifically outlines the strategic directions for the delivery of mental health services in NSW during the next five years.<sup>62</sup>

Several NSW Government policies are being developed which incorporate suicide prevention. Current research has been used to guide the selection of effective suicide prevention strategies. Suicide prevention is recognised in the *Whole of Government Youth Policy* developed by the Office of Children and Young People, The Cabinet Office.<sup>63</sup> Suicide prevention is also recognised in policies for improving mental health care in NSW and the health of children and young people.<sup>64,65</sup>

Policies have been prepared by the NSW and Commonwealth Governments in conjunction with Aboriginal communities addressing the need for increased and improved services for Aboriginal people. The *NSW Government Statement of Commitment to Aboriginal People* sets out the NSW Government's determination to lead Australia towards justice and equality for Aboriginal people.<sup>66</sup> The *Report on the Royal Commission into Aboriginal Deaths in Custody* has facilitated new suicide prevention initiatives in correctional facilities.<sup>67</sup> The *NSW Aboriginal Mental Health Policy* addresses suicide prevention among Aboriginal and Torres Strait Islander people, particularly those in custody.<sup>68</sup>

Policy advice on population groups, such as older and younger people, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander communities, is provided by several government departments such as Ageing and Disability Department, Ethnic Affairs Commission, Centre for Mental Health and Health Services Policy Branch (NSW Health Department), Department of Aboriginal Affairs, Department for Women and the Office of Children and Young People, The Cabinet Office.

The Commonwealth Government is also committed to preventing suicide and national policy documents support this thrust. The *Second National Mental Health Plan* identifies suicide as an important issue.<sup>69</sup> The *National Youth Suicide Prevention Strategy* gives attention to suicide in high risk groups, particularly young males. *Here for Life: A National plan for youth in distress* outlines the approach to suicide prevention for all Australia.<sup>70</sup> The *Health of Young Australians* also identifies suicide prevention as a priority and establishes directions for improving the health of young Australians.<sup>71</sup>

International policy documents also support the need for suicide prevention initiatives. The United Nations policy for suicide prevention sets the context internationally for suicide prevention initiatives, and provides guidelines for suicide prevention strategies.<sup>72</sup> These guidelines are followed in the *We can all make a difference: NSW Suicide Prevention Strategy*.

The *We can all make a difference: NSW Suicide Prevention Strategy* is set in the context of these important policies, which each outline a commitment to preventing suicide.

## Goals

The goals of the *We can all make a difference: NSW Suicide Prevention Strategy* are:

- To strengthen people's and communities' resilience and ability to deal with difficult life situations that contribute to their vulnerability to suicidal acts.
- To increase community awareness of suicide as a problem and to better recognise and respond to risk situations.
- To prevent, wherever possible, death by suicide.
- To reduce the frequency of suicide attempts.
- To lessen the adverse consequences of suicide, including its effects on families, friends and communities.
- To provide timely data on suicide deaths and improve the accuracy of information on suicidal behaviour to assist in planning, monitoring and assessing suicide prevention initiatives.

## Underlying principles

The underlying principles of the *We can all make a difference: NSW Suicide Prevention Strategy* are:

- Suicide and suicidal acts may be prevented in many cases, but this is not always possible.
- Suicide is a complex issue and many factors contribute including socio-economic factors. To address this broad range of factors, suicide prevention initiatives should be developed within the context of the whole of government approach and have objectives consistent with international, national, state and local goals.
- Coordinated and integrated suicide prevention programs are a shared responsibility of people and organisations (public, private, community and non-government) from all sectors of the NSW community and not the sole responsibility of any one agency or level of social organisation. NSW Health is the lead agency for suicide prevention in NSW.
- Suicide prevention initiatives should be designed for the needs of local communities and be culturally appropriate.
- Suicide prevention should be based on the best available evidence of underlying and immediate factors contributing to suicide and suicidal acts, and effectiveness of interventions.
- Suicide prevention initiatives need to be carefully monitored to ensure that they are effective.
- The emphasis of suicide prevention programs should be on increasing protective influences and diminishing risk factors for suicide. These include building resilience and life skills and early identification and treatment of depression.
- All people should have the knowledge and skills to maintain and improve their general health and well-being. This should be supported by equal and fair access to services and support in the community.
- Local lead agencies such as Area Health Services should be identified and regularly clarify the roles and responsibilities of all relevant organisations in preventing suicide.
- Suicide prevention programs, policies, documentation and discussions need to be sensitive to the language used and its implications. For example, referring to 'suicidal acts' and 'suicide deaths' is preferred over 'successful', 'completed' or 'uncompleted' suicides.
- Community and consumer participation in suicide prevention is vital at all stages - planning, working to lessen vulnerability and increase resilience, providing services and evaluating prevention programs.
- Socio-economic factors, such as unemployment, access to housing and education, levels of crime, discrimination, and welfare assistance, may have a significant impact on suicide. This broad range of interrelated issues provides the context for planning and implementing interventions.

## Definitions

Suicidal behaviour includes thinking about suicide, harming oneself or actually taking one's own life. Experts do not agree on definitions of technical terms for suicidal behaviours. In this document the following terms and definitions are used:

<i>Suicidal ideation:</i>	thoughts about suicidal acts.
<i>Suicidal threats:</i>	actions suggesting an intention to die from suicide or self-harm.
<i>Suicidal act:</i>	self-inflicted injury with an intention to die from suicide, including self-poisoning, possibly resulting in death or serious injury.
<i>Suicidal behaviour:</i>	suicidal ideation, suicidal threats or suicidal acts.
<i>Attempted suicide:</i>	a suicidal act causing injury but not leading to death.
<i>Suicide:</i>	a suicidal act resulting in death.
<i>Suicide prevention:</i>	activities aimed at reducing the rate of death, disability (mortality and morbidity) resulting from and risk factors linked to suicidal acts.

In addition, for the purposes of this Strategy the following definitions are also included:

<i>Whole of community:</i>	Individuals, families, neighbourhoods, schools, community groups, government and non-government services, and communities working together across NSW.
<i>Whole of government:</i>	Collaboration and cooperation between all NSW Government agencies.

## Five strategic directions

There are five strategic directions in the NSW Suicide Prevention Strategy. These are:

**Strategic direction 1:**

*We can all make a difference:*

Increasing communities' ability to prevent suicide

**Strategic direction 2:**

*Connect and care:*

Providing outreach and support for groups at higher risk

**Strategic direction 3:**

*Suicide, an emergency:*

Enhancing the effectiveness of services in suicide prevention

**Strategic direction 4:**

*Care and support:*

Providing support for people affected by suicide

**Strategic direction 5:**

*We need to know more:*

Improving information on suicide prevention

## **Strategic direction 1: We can all make a difference**

### Increasing communities' ability to prevent suicide

#### **What are the issues?**

Every family experiences times of stress. It could be a marriage break-up, coping with transition periods, a new baby, being unemployed, drought or financial crisis. Stress does not need to lead to suicidal behaviour. Managing stress can make a difference. Core life skills are critical to the development of strong individuals, families and communities. These skills include resilience and flexibility, a sense of purpose and belief in a future, coping skills and belief in self and others.

People who think about, attempt or die from suicide are part of our communities, living, working and studying. At such times they are feeling vulnerable and may not be able to cope. Empathy and understanding from families, friends and other members of the community, with supportive actions, can help regain a sense of well-being and self-confidence. Involvement of the whole of the community is critical.

#### **Aims**

- To strengthen people's and communities' resilience and ability to deal with difficult life situations; and
- To improve people's knowledge and skills to recognise and support people at risk of suicide.

#### **Strategies**

- 1.1 Promote mental health in local communities
- 1.2 The Families Program, for all families
- 1.3 Promote mental health in schools
- 1.4 Reduce access to the means of suicide
- 1.5 Link telephone hotline services to relevant local health services
- 1.6 Local support for suicide prevention initiatives

## Strategy 1.1 Promote mental health in local communities

Promoting mental health in communities across NSW for young people, adults, older people, for people from culturally and linguistically diverse backgrounds, for Aboriginal and Torres Strait Islander communities, can impact on suicide prevention. Increased resilience, self-esteem, life skills, connectedness and empowerment in individuals and communities are protective factors against suicide risk across the lifespan. Examples of programs include Health Promoting Schools, Healthy Ageing Projects and Central Coast Community Infrastructure project.

### What we will do

The NSW mental health promotion framework highlights a range of approaches to promote mental health in local communities.<sup>73</sup> From 1999, Area Health Services in collaboration with local councils and others will use the framework to develop and implement local programs, such as developing local infrastructure and services. Cultural issues will also be addressed.

Community development programs in local rural communities, such as New England Health Service, will encourage and promote healthy lifestyles and build community resilience.

*Responsible agencies:* Centre for Mental Health, Area Health Services, Local Government Councils, Department of Community Services, other government departments, community organisations and consumers.

### Local councils and the community

A range of organisations contribute indirectly to preventing suicide through improving the community's well-being and its ability to cope with problems. Local councils undertake several activities relevant to suicide prevention, including:

- Direct provision of social services such as employing community workers who work with young people, older people, people with disabilities and people from culturally and linguistically diverse backgrounds.
- Indirect provision of social services such as funding community based organisations, including family support services, youth services and aged care services.

### Bilingual community educator program

Educators in Area Health Services offer indirect support to suicide prevention initiatives by providing health education programs for people from culturally and linguistically diverse backgrounds, in addition to information on issues for women's health, issues for the aged, health services and for newly arrived groups.

## Strategy 1.2 The Families Program, for all families

The NSW Government takes a leading role in promoting the values of families within our communities to strengthen families and support family life. Interdepartmental co-operation between government and non-government agencies will result in better outcomes and quality of life for NSW families.

### What we will do

A community education program to promote families' well-being, to strengthen families to help them cope with crises, to understand young people and older people and their problems and to know how and where to get help, will be implemented and evaluated in NSW. Valuing young people and older people in society contributes to their self-esteem. The many different forms of family will be acknowledged and their own special issues recognised. Cultural differences resulting from the great cultural diversity in the community will be taken into account.

The \$55.6 million *Families First* initiative, over the next four years, is a major early intervention strategy to help families and communities raise their children. The program will offer four levels of services: support and advice for families with new born babies; linking new parents with experienced parents so that they get support and practical help in caring for their infants; specialist counselling, therapy and health services for families who need extra support; and assisting communities in disadvantaged areas to develop ways of strengthening and connecting families.

For the first time in NSW, the *Family Help Kit* has been developed for every family in NSW and disseminated widely.<sup>74</sup> The kit will help family members deal with common stressful situations, recognise early warning signs for mental health problems, including suicidal behaviour, and know how and where to get help. Information will also be available for people from culturally and linguistically diverse backgrounds, from 1999.

The Standing Committee on Social Issues in conjunction with the Departments of Community Services, Health, Education and Training and Women conducted an Inquiry into Parenting Education and Support Programs to coordinate the planning

and provision of such programs.<sup>75</sup> The committee considered parent education and support programs for children aged 0 to 12 years. The focus included adolescent issues, youth suicide, drugs and lifestyle, and other issues. The committee also reviewed the need for specific programs to address the requirements for people from culturally and linguistically diverse backgrounds. The committee's report has been released for comment and to inform future programs.

*Responsible agencies:* Centre for Mental Health, Health Services Policy, Area Health Services, NSW Association for Mental Health, Centre for Advancement of Adolescent Health, Department of Community Services, Office of Children and Young People, The Cabinet Office, local councils, community organisations and consumers.

## Strategy 1.3 Promote mental health in schools

Promoting mental health in schools across NSW can impact on suicide prevention through the development of the mental health and well-being of young people in schools. Increased resilience and self-esteem in students are protective factors against suicide risk across the lifespan.

### What we will do

The Department of Education and Training has a role in the provision of education programs which build resilience in students, awareness training for depression and related disorders, and referral and support structures for students with depression and related disorders in collaboration with NSW Health.

### NSW health promoting schools

Under the Health Promoting Schools framework, young people learn to understand themselves better, how to relate to others, how to cope generally in daily life with better skills to solve problems and resolve conflicts. This program has been successful in schools throughout NSW. For example schools have: established a Grandfriends program at Casula Public School to help improve communication across generations by older people sharing their expertise and knowledge with children at the school; and developed critical incident management plans to respond to critical incidents in an appropriate manner, including education about grief and loss, at Kingsgrove North High School.

*Mind Matters*, the national mental health promoting schools initiative in which NSW is participating, involves developing curricula in the areas of life skills, grief and loss, reducing violence and stigma. Pilot programs of mental health promoting schools will be implemented in NSW jointly with NSW Health, Department of Education and Training, and the Commonwealth Department of Health and Aged Care. The Resourceful Adolescent Program helps young people develop skills to cope with daily life, to solve problems and resolve conflicts.

The Department of Education and Training is responsible for the implementation of broad based activities to build resilience in young people through teaching and learning components within the PDHPE syllabus. The programs in this key learning area aim to develop interpersonal skills, coping skills and self-help skills for students from kindergarten to year 10.

The *Schools as Community Centres* project is a joint initiative between the Departments of Education and Training, Community Services, Health and Housing in disadvantaged areas: Redfern, Chertsey (Central Coast), Coonamble and Curran (Macquarie Fields), extending to Bathurst and Kempsey in 1999. The project works with families with children under five years to encourage and support parenting, promote community involvement in the provision of services for children and assist parents to access mainstream community services.

*Responsible agencies:* Centre for Mental Health, Departments of Health, Education and Training, Community Services and Housing, Commonwealth Department of Health and Aged Care.

## Strategy 1.4 Reduce access to the means of suicide

The National Youth Suicide Prevention Advisory Group has published the report, *Access to Means of Suicide by Young Australians*.<sup>76</sup> It recommends national standards and strategies for reducing access to means of suicide, particularly for young men. The Commonwealth Department of Health and Aged Care has funded several other projects, looking at ways to reduce access to means.

### What we will do

NSW Health will convene discussion seminars about designing and implementing effective strategies for reducing access to

the means of suicide in NSW, to meet local circumstances.

Data on different means of suicide will be analysed in collaboration with the State Coroner and Deputy State Coroners to inform strategies to reduce access to means. This initiative will be planned and implemented throughout NSW from 1999.

*Responsible agencies:* Centre for Mental Health, Area Health Services, other government departments, private industry, non-Government organisations, community groups and consumers involved in suicide prevention.

## Strategy 1.5 Link telephone hotline services to relevant local health services

Telephone hotlines provide an important community service for people in crisis, including young people, older people, people from culturally and linguistically diverse backgrounds and others. These include Lifeline, Kids Helpline, Parent Helpline, Seniors Information Service, Carers NSW, and others. Government translator and interpreter services help link people from culturally and linguistically diverse backgrounds to these services. The Ethnic Communities Council of NSW and Migrant Resource Centres provide additional support for these groups.

### What we will do

To enable people in need to reach relevant local mental health services, a collaborative effort with hotline services will look at possible ways in which people working in hotline services might link people with mental health problems and suicidal intentions to relevant local services.

Each Area Health Service will establish a freecall number to provide 24-hour assistance to people with mental health problems that require emergency attention. This service will be staffed by skilled mental health professionals with follow-up ensured and will be supported by protocols and staff training.

Lifeline telephone counselling provides a key community service, often for people who are suicidal. Support groups will be established to assist people affected by suicide and specialised face to face counselling services will be expanded.

*Responsible agencies:* Centre for Mental Health in collaboration with telephone hotline services, health and related services, consumers and carers.

## Strategy 1.6 Local support for suicide prevention initiatives

Local suicide prevention task forces are being set up in rural areas in NSW to assist in suicide prevention. These task forces are made up of a wide representation of local community members, service representatives including mental health, community organisations, welfare, education, church and consumers. Involving representatives from Aboriginal and Torres Strait Islander populations, people from culturally and linguistically diverse backgrounds, gay and lesbian people, young people and older people should be considered. Similar bodies, such as Health Outcomes Councils, operate in metropolitan areas.

### What we will do

Local suicide prevention task forces and their equivalents will advise, plan and monitor their own suicide prevention programs and services in their local area. Statewide meetings of representatives of local suicide prevention task forces will be held annually.

#### **Local support for suicide prevention initiatives**

Seven local suicide prevention task forces have been set up to assist in suicide prevention. An example is the Shoalhaven Shire Suicide Prevention Network, a stand alone interagency which works collaboratively with the Illawarra Area Health Service Health Outcomes Council.

A special project is being undertaken on the Central Coast to identify local community resources that can be mobilised to assist with suicide prevention activities. This project is a collaboration between the Department of Community Services, Suicide Safety Network (Central Coast) and the Area Mental Health Service. The Central Coast Project Report will be developed by 1999.

*Responsible agencies:* Area Health Services, non-Government organisations, community organisations, local councils, consumers, other government departments such as Department of Local Government, Suicide Safety Network (Central Coast).

## Strategic direction 2: Connect and care

### Providing outreach and support for groups at higher risk

#### What are the issues?

Communities make a difference by helping and supporting each other in times of need. Connecting with people at risk of suicide and caring about them will make a difference. Those at higher risk of suicide include: young men and women, especially young men in rural areas; people with mental health problems or disorders, particularly depression; people who have attempted suicide before; people who use alcohol and other drugs at harmful levels; people who are homeless or living in refuges; people in custody; people who have been abused; Aboriginal and Torres Strait Islander people; young people who are gay or lesbian; unemployed people; older men; people who are socially isolated; people with severe, chronic physical illness such as cancer or HIV/AIDS; and people in some occupational groups.

Depression is a major public health problem and is linked to higher risk of suicide. Up to 96 per cent of young people who attempted suicide and presented to health services (emergency departments or psychiatric hospitals) had depression or affective disorder.<sup>77</sup> People with depression are eight times more likely to suicide than the general population.<sup>78</sup> Depression is increasingly common and has been identified as a National Health Priority Area.<sup>79</sup> Up to one in four young people may suffer one or more episodes of depression by the time they are 18 years old.<sup>80</sup> It is estimated that at least 17 per cent of the NSW population older than 18 could be affected by depression and related disorders such as anxiety during their lifetime. Women are more at risk of depression than men. This means that about one in four women and one in six men in NSW may experience depression in their lifetime.<sup>81</sup> Depression will be ranked as the second major cause of disease burden in 2020 in developing countries,<sup>82</sup> causing more disability than road traffic accidents, cerebrovascular disease and respiratory problems.<sup>83</sup>

Effective strategies need to be tailored specifically for and in collaboration with people at higher risk of suicide, including young people, adults and older people. The vulnerability of these groups may be associated with isolation, lack of support and feelings of despair, hopelessness and depression, therefore the themes of connection and care are key elements of each strategy.

#### Aims

- To improve knowledge and skills of key workers and community members so that they can recognise and respond to groups at higher risk of suicide; and
- To improve well-being and mental health outcomes for people who may be at higher risk of suicide.

#### Strategies

- 2.1 Support vulnerable young people in the community
- 2.2 Support vulnerable adults
- 2.3 Support vulnerable older people in the community
- 2.4 Support for Aboriginal and Torres Strait Islander people
- 2.5 Support people from culturally and linguistically diverse backgrounds
- 2.6 Support people in custodial facilities

## Strategy 2.1 Support vulnerable young people in the community

Supporting vulnerable young people starts with children in primary school. Some childhood problems may be associated with higher risk for an array of mental health problems and disorders during adolescence and adult life, including depression and suicide. Young people aged 18 to 24 years have a higher rate of mental disorders than any adult age group.<sup>84</sup> Depression, disruption to psychological, educational and social development and strain on relationships can increase risk of suicide in young people. The hazardous use of alcohol and other drugs is common among young people and can also increase suicide risk. Effective programs which support and care for vulnerable children and young people may prevent longer-term adverse consequences.

### Support for men's health

Young men, particularly in rural areas, are more likely to die from suicide. NSW Health has prepared the Moving Forward in Men's Health report which aims to improve men's health and to enhance awareness of this important issue. Suicide prevention is a key priority area and will be addressed by health and community workers, policy makers and service planners.

### 2.1.1 Increase resilience of vulnerable young people in schools

Encouraging resilience among children and young people promotes their self-esteem, ability to cope with adverse life events and provides a sense of hope for the future. Establishing school based programs which promote resilience and support children and young people can help reduce suicide risk.

#### What we will do

Special programs, such as Child-Link and Youth-Link, will connect mental health services with child and youth health services, schools and other services that are in contact with children and young people at risk. Mental health workers will be employed to help teachers, child and youth workers and others to recognise and respond to suicidal behaviour and depression and related disorders in young people. Current school programs to promote the mental health and well-being of school communities and assist students with mental health problems will be strengthened, including in rural areas. These include peer support programs, interventions to enhance optimistic and hopeful thinking styles, developing skills in conflict resolution and managing anger.

School-Link programs will formalise links between Department of Education and Training staff and NSW mental health staff. People who work with children and adolescents will be supported by the appointment of key mental health workers in Area Health Services in NSW from 1998/99. These health workers will collaborate with local schools, particularly with school counsellors and coordinators, to provide programs for students who are vulnerable. This strategy will allow appropriate referral and management of students who require more specialised care for mental health problems.

The Department of Education and Training in conjunction with NSW Health will be piloting school based strategies for intervening early and preventing depression and related disorders in young people. Increasing resilience in young people to assist students in making life choices is an important component. An agreement between the Departments of Health and Education and Training has been prepared and will support this initiative.

Prevention, early intervention and mental health treatment programs, particularly for depression, are being implemented throughout NSW. These programs are based on the recent

#### Student welfare policy:

##### Making schools better for everyone

Student welfare in NSW Government Schools is concerned with ensuring that schools are safe, supportive places in which all students can learn regardless of their background, age, ability and interests. It incorporates preventive health and social strategies. Student welfare and behaviour initiatives ensure that effective ongoing support services are provided to students when they are in need. For example:

- Many government schools have introduced anti-bullying and anti-harassment systems as part of their whole school approach to student welfare.
- Plumpton High School has set up good practice through encouraging and supporting young mothers to return to complete their school education.
- Student representative councils provide a forum for senior school students from across NSW to contribute to student welfare programs. Most primary schools and nearly all secondary schools have student representative councils in place.
- Increasingly, schools are developing a range of dispute resolution processes, including peer mediation, peer support, restitution and community conferencing in which students are actively involved in negotiating solutions to their problems.

National Health and Medical Research Council guidelines for the prevention and management of depression.<sup>85</sup>

Connecting with children and young people, particularly those at risk of suicidal behaviour and caring about them is a priority for the NSW community. School programs will be developed and implemented in all Areas beginning 1999.

The Adolescent Depression and Intervention Program in the Hunter Area Health Service provides an acute assessment service for young people. Education programs specifically for youth workers and schools are being developed.

*Responsible agencies:* Centre for Mental Health, Department of Education and Training, Area Health Services.

### 2.1.2 Support vulnerable young people in rural areas

Young people in rural communities are at higher risk of suicide, particularly young males. The NSW Government is committed to addressing social issues in rural NSW. Local rural communities play a valuable role in supporting vulnerable young people and minimising risk of suicide.

#### What we will do

Key people, including health and community service workers in rural towns throughout NSW, will be trained to recognise young people at risk of suicide and respond quickly. The *NSW Suicide Prevention for Young People: Resource Manual* is being developed to support this initiative and will be made available in metropolitan NSW.

Rural youth suicide prevention counselling programs are being developed in NSW rural communities. They are being designed and implemented to ensure that they reach and meet the needs of young people, particularly young men. They provide consultation and liaison for rural agencies who work with young people, particularly those at risk of suicide. Rural staff have been appointed and training programs have started.

*Responsible agencies:* Centre for Mental Health, rural and regional Area Health Services, consumer groups and other organisations.

### 2.1.3 Provide outreach to socially vulnerable young people

Being homeless and/or away from adequate personal support increases the risk of suicide among vulnerable children and young people. It can also increase the risk of developing mental health problems. Children, young people and their families may face a range of vulnerabilities that can be linked to suicide, including unemployment, separation and divorce, chronic illness and isolation. Drug and alcohol misuse also contributes to higher suicide risk.

#### What we will do

Special programs are being developed to reach young people who have dropped out of school, who are working, in further education, who are unemployed or looking for work. Mental health workers are being assigned to Area Health Services to liaise with youth services and other service providers to meet the mental health needs of these groups. The programs will build skills in young people, enhance their social networks and ensure that suicide risk is recognised and care is provided.

#### The NSW Rural and Regional Youth Suicide Prevention Project

The Greater Murray Health Service has employed six workers as part of this rural young people's suicide prevention program. The workers have developed a series of interventions including community based initiatives, early identification of those at risk of suicide, intervention for those with suicidal behaviour and providing support following a suicide death.

The youth suicide prevention project, Make A Noise, targets local communities in the Greater Murray through education and working directly with young people to promote help seeking behaviour. The project is supported by an Internet website:

(URL: <http://makeanoise.ysp.org.au/>)

#### Community Services Grant Program

Under this grant program, the Department of Community Services has a broad range of client groups. This includes annual recurrent funding of approximately \$13 million for more than 200 youth services in NSW, including programs for child protection, family and individual support and community development programs. Supported Accommodation Assistance Program (SAAP) funding is also available for youth crisis services. Within these programs there are several projects to assist vulnerable families, families and youth of culturally diverse background and Aboriginal families.

Existing programs will also be reviewed and strengthened. Special outreach programs are being developed to reach socially vulnerable young people. These include unemployed people, those who are homeless or living in refuges, people in custody, people in contact with the Juvenile Justice system, people who are gay or lesbian, people who have been abused, young people who are marginalised and people using alcohol and other drugs to harmful levels. These programs will be planned and implemented from 1999.

Mental health workers will be assigned to Area Health Services from 1999 to liaise with relevant agencies for young people, to meet the mental health needs of these special risk groups in a coordinated way. Existing programs will also be reviewed and strengthened. Programs for young people who are homeless continue to be provided by several agencies. Youth Insearch has been funded to enhance links between young people at high risk of suicide, their staff and mental health workers.

Increasing evidence suggests that young people who are gay and lesbian are at risk of suicide. Several initiatives are underway. 2010 continues to provide outreach and counselling services to young people who are gay and lesbian and at risk of suicide. The NSW rural and regional suicide prevention project officers include gay and lesbian issues in their suicide prevention programs which commenced in 1998. Sexuality support groups for young people have been set up on the Central Coast.

Reachout! is a suicide prevention forum on the Internet. It provides information about suicide prevention and where to find help. NSW Health has provided funding to further expand this service for distressed and suicidal young people (URL: <http://www.reachout.asn.au/>).

Programs for Aboriginal and Torres Strait Islander young people are discussed in Strategy 2.4.

*Responsible agencies:* Centre for Mental Health, Area Health Services, Innovative Health Services for Homeless Young People, Departments of Community Services, Juvenile Justice, Employment, Training and Youth Affairs, youth, consumer and non government organisations.

#### 2.1.4 Enhance local youth mental health and related services

Mental health problems, particularly depression, are major contributing factors for suicide for young people. Up to 75 per cent of young people who die from suicide have a pre-existing depressive disorder.<sup>86</sup> Drug and alcohol misuse can also contribute. Young people often do not access available community services for mental health related problems. Many services need to be more attractive to young people and service providers more aware of their needs. It is essential that young consumers provide input into service delivery.

Background emotional and behavioural problems from childhood also contribute to the risk of suicide. Mental health services for children and young people have been enhanced to deal with these problems early, lessen risk and be available to those in need.

#### Casino Community Benefit Fund

Through this fund general counselling and crisis intervention programs are provided for vulnerable groups in the community such as young homeless people. These initiatives reduce potential vulnerabilities to suicide by providing accessible and immediate crisis support services to young people at risk of suicide.

#### Police youth liaison officers

Under the Young Offenders Act, the Police Service has appointed a Youth Liaison Officer to each of the 80 Local Area Commands around the State. These officers are frontline police who have a pro-active role in assisting young people, including those at risk of suicide, and developing interagency networks of support. More information on Youth Liaison Officers can be obtained from the NSW Police Service Operational Programs Branch.

## What we will do

Special programs for early intervention for young people with depression and psychoses are being implemented. Many of these young people also have problems with drug and alcohol misuse. The programs will provide early access and effective treatments for young people who are at high risk of suicide. Other mental health programs for children and adolescents are outlined in section 3.2.5.

Information from local and Statewide youth mental health forums is being used to inform the development of local services. The local forums were held for young people and service providers to come together to identify problems and solutions. Local directories have been compiled and distributed to improve awareness of services for young people and will be updated regularly.

*Responsible agencies:* Young people, Area Health Services, Centre for Mental Health, Health Services Policy, Centre for Advancement of Adolescent Health, Departments of Education and Training, Juvenile Justice and Community Services, Aboriginal Health and Medical Research Council of NSW, consumer groups and other organisations.

### Young people's depression and early psychosis programs

Each year as part of the mental health allocation, the NSW Government provides \$2.4 million for early intervention programs for young people with depression and first onset psychosis. This program will raise awareness and skills:

- Young people on the Central Coast were involved in developing the Dumping Depression Campaign to help them feel better about themselves and create a positive image of young people in the community.
- To prevent depression in primary school aged children in the Campbelltown area, the Early Identification and Intervention Program for depression has been developed.
- Young people developed the Kyogle Youth Action Project with programs like Life Sucks and So Does the Pub to improve communication among themselves and older people, to help young people who are having problems at home, and to develop self-esteem and hope.
- Young people who are developing a mental illness are encouraged to get help earlier from the Central Coast Young People and Early Psychosis Intervention Program (YPPI) and the Young People's Program in Western Sydney.

## Strategy 2.2 Support vulnerable adults

Vulnerable adults are also at higher risk of suicide. These adults include people with depression and mental illness (especially women), people with substance disorders (especially men), people with gambling problems,<sup>87</sup> people who are homeless or living in refuges, people who are unemployed or who are facing money difficulties due to factors such as drought and recession, and people with chronic physical health problems.

### 2.2.1 Support vulnerable adults in the community

Vulnerable adults in the community have special needs. Many services and programs provide support and assistance to vulnerable adults at risk of suicide. The NSW government funds a range of programs to support these individuals.

#### What we will do

As part of the whole of government approach to suicide prevention, new initiatives will be set up and current programs reviewed and strengthened. Relevant staff and community members will be trained to recognise and respond to mental illness, particularly depression and related suicide risk. The Centre for Mental Health will prepare education packages on *Preventing and Dealing with Depression* for vulnerable adults, for use by workers and

### Wesley Mission Lifeforce suicide prevention program

This program has been principally funded by the Casino Community Benefit Fund and is aimed at reducing suicides in NSW by early intervention, through establishing and resourcing a crisis/suicide response and prevention network in the casino, registered clubs, hotels and recreational centres throughout NSW. It also provides training with the specific aim of establishing community task forces.

### Supported Accommodation Assistance Program

This is funded by the Department of Community Services and includes funding to non-government organisations to deliver a range of accommodation and support services to vulnerable families, women and children escaping domestic violence, single men and adolescents.

### Women's Grants Program by the Department for Women

Community groups have been funded through the Women's Grants Program to address areas of identified need. The 1998 grants include initiatives relating to: post natal stress and depression, body image and disordered eating, and debt and family breakdown.

community members. Prevention programs for women facing depression, including post natal depression, are being set up progressively throughout the State.

Every community has key people who can play a valuable role in supporting people at risk of suicidal behaviour. They may be club members, solicitors, clergy, congregations, hairdressers, bartenders or others. These people are known as community 'gatekeepers'. Gatekeeper training programs provide specific skills for recognising risk and providing immediate counselling. The current gatekeeper training programs in NSW will be reviewed and strengthened, in collaboration with mental health services.

There is a need to decrease the stigma and discrimination associated with mental health problems and disorders. Workplaces, community organisations, local government, sport and leisure associations and welfare agencies can play a role to encourage help seeking among those in need. Initiatives will link with the *Second National Mental Health Plan*, the *National Action Plan on Promotion and Prevention in Mental Health*, and Mental Health Week campaigns.<sup>88,89</sup>

A *Memorandum of Understanding* has been developed between Departments of Housing and Health to support people with mental illness, a group at higher risk of suicide, living in public housing.<sup>90</sup>

*Responsible agencies:* Centre for Mental Health, Area Health Services, other government departments, professional bodies, community and consumer organisations.

### 2.2.2 Support vulnerable adults in the workplace

Work related problems, including interpersonal conflicts, finance problems, emotional stress, gambling, relationship problems and drug and alcohol misuse, may increase suicide risk and need to be effectively addressed through collaborative action between government departments and workplaces, including management and unions.

#### What we will do

A model framework for workplace mental health partnerships will be developed by the Centre for Mental Health by 2000.

The Roads and Traffic Authority in collaboration with NSW Health is planning to develop policies and procedures which offer employees practical assistance to cope with the difficulties associated with suicide. This will be provided through the Employee Assistance Program. Roads and Traffic Authority programs and policies will start implementation from 1999.

The Doctors' Mental Health Working Group report has developed a series of recommendations aimed at reducing the incidence of suicide among doctors, including young female doctors who are at higher risk than other young women.<sup>91</sup> These are now being implemented. This process and report will be used as a blueprint for responding to similar problems among other health professional groups.

#### Support programs by the Department of Housing

The Department of Housing contributes to suicide prevention through initiatives and policies aimed at strengthening families and supporting them to raise children in safe, supportive and healthy environments:

- The Rental Assistance Scheme provides assistance with bond monies, advance rent, removalists' costs and connection fees for low income earners and up to 4 weeks assistance with the cost of staying in temporary accommodation for homeless people.
- Priority housing can be approved for households with urgent housing needs such as victims of domestic violence, people with disabilities or people staying in refuges.
- Special rental subsidy schemes enable people living with HIV/AIDS to be adequately housed in the private sector.

#### LivingWorks program

The LivingWorks: train the trainer program trains support people in the community to recognise people at risk of suicide and provide immediate counselling. Referral to services is then encouraged. Lifeline in Wollongong coordinates the program. Over 1500 people have been trained.

#### Looking after staff

Departments of Gaming and Racing, Health, State Rail Authority and others provide a 24-hour counselling and referral service for their staff through subscription to the Employee Assistance Program, an organisational psychological service which offers counselling and referrals as necessary.

Drought, rural recession and changing structures in rural communities across Australia have placed great stress on rural families. Rural counselling programs are being reviewed and developed with special outreach to farmers and farm families.

Rural and remote mental health services throughout NSW have been enhanced through additional funding. This will support vulnerable adults in rural communities by building mental health networks locally, as well as establishing outreach specialist mental health clinics from large rural centres or metropolitan areas to rural and remote areas.

Those who face unexpected job loss, particularly men, and those experiencing long term unemployment may need special supported programs such as counselling to help decrease feelings of despair and depression, and to increase feelings of personal competency and hopefulness. Preventive programs are being developed and will be implemented from 1999 in collaboration with communities facing high levels of unemployment.

*Responsible agencies:* Centre for Mental Health, other government departments such as Roads and Traffic Authority, Gaming and Racing, Agriculture, Area Health Services, community and consumer organisations.

### **2.2.3 Support vulnerable adults affected by drug and alcohol misuse**

People with substance abuse problems have been identified as being at 20 times greater risk of suicidal behaviour than the general population, with young people, particularly young men, being at risk. The identification of substance abuse, especially alcohol abuse and risk taking behaviour in young people is a major concern. The NSW Drug Summit signified the importance of this issue.

People with the dual disorders of mental illness and drug and alcohol dependency have a higher suicide risk, and service provision for them costs three to four times more than for people with a single disorder.

#### **What we will do**

The Centre for Mental Health and the Drug Treatment Services, NSW Health, are developing strategies and reviewing service delivery models that best meet the needs of people with a dual disorder. Health services will be required to examine and develop the collaboration and integration of mental health and drug and alcohol service delivery to this group during 1998/99. Programs will be planned and implemented from 1999.

The Department of Gaming and Racing has developed harm minimisation strategies in relation to the sale and supply of alcohol in licensed and club premises. A further scheme is being undertaken which will require all licensees, services and related staff in NSW to undertake training in the responsible serving of liquor.

Major public education campaigns have been coordinated by the Roads and Traffic Authority and operations carried out by the NSW Police Service to address the key safety problem areas of drink driving, drug driving and other driver behaviours.

*Responsible agencies:* NSW Health and other government departments, such as Roads and Traffic Authority, Gaming and Racing, community and consumer organisations, Area Health Services.

### **2.2.4 Support other vulnerable adults**

Many risk factors predispose vulnerable adults to suicide. Such risk factors include social and cultural factors, family stressors, stressful life events and personality characteristics. Effective suicide prevention programs should address these risk factors to help make a difference.

#### **Brain Injury Unit, Western Sydney**

The Brain Injury Unit received funding from the Motor Accidents Authority to conduct a study on suicide attempts by brain injured persons and develop:

- An information brochure for families;
- Training for staff from community based brain injury services and other relevant agencies;
- Clinical training packages for psychiatrists and social workers on suicide prevention for people with brain injury.

## What we will do

People with chronic or life threatening physical illnesses, such as cancer and HIV/ AIDS infections, are likely to need special support and programs aimed at preventing and managing depression. Special guidelines will be developed with support programs to prevent suicide in these groups. Consultation liaison psychiatry services have an important role in preventing, identifying and managing depression. Programs will be planned and implemented from 1999.

People who are bereaved by the death of a loved one, experiencing relationship difficulties, or divorce or other crises in their lives, are at higher risk of suicide. A community education program will help families deal with these situations.

Victims and witnesses of crime are at risk of suicide because of the clinical sequelae associated with victimisation, including post traumatic stress disorder. Adult survivors of sexual and physical assaults may also be at risk, and face re-victimisation through court processes, cross examination and the reliving of their trauma. The Victims of Crime Bureau has been set up to provide assistance to victims who are distressed and who may be suicidal.

The prevalence of problem gambling in Australia has been estimated to be one to three per cent of the adult population. Studies have identified depression as a major problem for some people who gamble, and suicide attempts have been reported in about 20 per cent of people who are problem gamblers.<sup>92</sup> A range of strategies is being implemented.

*Responsible agencies:* Centre for Mental Health, Area Health Services, Ambulance Services of NSW, Department of Gaming and Racing, Attorney General's Department, NSW Police Service, professional organisations, community and consumer organisations.

## Strategy 2.3 Support vulnerable older people in the community

Depression and suicide are high among older people, particularly older men. Those at highest risk of suicidal behaviour are widowers and others who live alone and have little close social contact. This may be compounded by physical illness, disability, or mental health problems, particularly depression. Older men from culturally and linguistically diverse backgrounds are at higher risk of suicide than Australian-born men.<sup>93</sup>

### Harm minimisation strategies addressing gambling

A range of strategies has been implemented to minimise the potential harm associated with gambling. The strategies include:

- The Casino Community Benefit Fund which provides funds for counselling, treatment and rehabilitation services for problem gamblers and their families. All new applicants are asked to identify a suicide prevention strategy.
- The funding for a 24-hour 1800 telephone crisis counselling and referral service.
- Legislative measures such as the requirement of the display of signage in gaming areas of the casino providing the telephone number of a counselling service available in relation to problem gambling.

### Witness Assistance Service

This support program is provided by the Office of the Director of Public Prosecutions to assist victims and witnesses of crimes through the gruelling criminal process. The Director of Public Prosecutions has employed an Aboriginal liaison officer whose role includes the development of improved services to Aboriginal victims of crime including those who were victims of the sexual assaults identified in the Stolen Generations Enquiry.

### Victims of Crime Bureau

The Bureau employs social workers to provide crisis intervention to victims of crime, provide referrals to the Approved Counselling Scheme and/or other appropriate agencies such as Life Line, Area Health Services, the NSW Association for Mental Health, and to conduct a telephone support and referral service in conjunction with the Sydney City Mission Victims' Service.

### NSW Advisory Committee on Abuse of Older People

The Committee has commissioned a discussion paper on the issue of self-neglecting older people. Funding has been provided to support the work of the committee, and to continue work on this important issue. Training programs have been funded and provided to enable staff to identify those at risk.

**Reference:** Collingridge M. 1997, Self Neglecting Older People, Discussion Paper No. 3. Ageing and Disability Department, Sydney.

## **What we will do**

The Centre for Mental Health is developing policy guidelines which recognise the psychological and social needs of older people. The Centre is currently reviewing issues which affect the mental health of older people. These include the impact of physical disability, isolation, depression and cognitive impairment.

Depression programs for older people have been funded and will be set up across NSW. Mental health workers will work collaboratively with service providers, such as general practitioners, home and community care workers, boarding house workers, nursing homes, Meals-on-Wheels staff and aged care services, to enhance their ability to recognise and respond to depression and suicide risk in older people. Area Mental Health Services will continue to provide care for older people with mental disorders, including people from culturally and linguistically diverse backgrounds.

Several Area Health Services have appointed workers to develop and implement suicide prevention programs for older people. The NSW Elderly Suicide Prevention Network has been formed and aims to provide a forum to discuss and progress best practice suicide prevention programs for older people.

Establishing links between mental health and generalist aged care services, such as general practitioners and aged care assessment teams, will ensure high quality support and care for older people at risk of developing mental health problems or disorders.

The death of a spouse is one of the most distressing life events for older people. Its impact can result in symptoms of depression and an inability to cope. Counselling services for those experiencing such life events are available through community health facilities and voluntary organisations. Community services, such as transport services, can play an important role in reducing the isolation experienced by older people.

The Ageing and Disability Department provides training for staff to identify and intervene for older people at risk of self-neglect, suicide and abuse. Interagency protocols are being developed to enhance service provision. The Home and Community Care program provides support for fragile older people in their own homes, and provides community transport to help reduce isolation.

*Responsible agencies:* Centre for Mental Health, Health Services Policy, Area Health Services, Ageing and Disability Department, Aged Care Services, local agencies in contact with older people, community organisations, consumers.

## **Strategy 2.4 Support for Aboriginal and Torres Strait Islander people**

Aboriginal people have developed a holistic view of mental health. Mental health is regarded as one aspect of health, where health is not only defined as '... the physical well-being of the individual but refers to the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life'.<sup>94</sup>

Aboriginal and Torres Strait Islander people are at higher risk of health problems generally, including problems related to social and emotional well-being or mental health problems.

### **Local support programs for Aboriginal young people**

The NSW Government has allocated additional funds to employ child and adolescent mental health workers to work with young Aboriginal people in their own environment. As an example, the Southern Health Service is working with the Katungal Aboriginal Medical Corporation to place an Aboriginal mental health worker to address the needs of Aboriginal children and young people, and contributing to suicide prevention for indigenous communities.

Suicidal behaviours which were not generally described in traditional Aboriginal society, have now been identified in remote and urban communities and are on the increase.<sup>95</sup> They appear to be related to: social changes facing communities; use of alcohol and other drugs to harmful levels; mental health problems and disorders such as depression; violence; and, particularly, grief, trauma and loss such as that experienced by the families of the Stolen Generations and because of higher death rates for children and younger people in Aboriginal communities.

### What we will do

The Centre for Mental Health in collaboration with the Aboriginal Health and Medical Research Council of NSW plans to develop an Aboriginal and Torres Strait Islander suicide prevention program from 1999.

Strategies outlined in the NSW Aboriginal mental health policy will help reduce suicide risk among Aboriginal and Torres Strait Islander people, particularly those addressing trauma, loss and grief.

The Department of Aboriginal Affairs will provide support and advice to other government departments and community organisations to help develop culturally appropriate programs and policies to assist Aboriginal communities across NSW.

*Responsible agencies:* Centre for Mental Health, Aboriginal Health Branch, Aboriginal Health and Medical Research Council of NSW, NSW Department of Aboriginal Affairs, Area Health Services, community organisations and consumers.

### NSW Aboriginal mental health policy

This policy identifies key principles for the specific mental health needs of Aboriginal people in NSW. The policy is in line with the Partnership Agreement between NSW Health and the Aboriginal Health and Medical Research Council of NSW and has been endorsed by the NSW Cabinet. It outlines strategic directions for the delivery of mental health services to Aboriginal people and highlights the importance of mental health issues affecting Aboriginal people in NSW and has been widely disseminated.

To assist this policy the NSW Government has allocated funding for mental health programs for Aboriginal and Torres Strait Islander children and adolescents. It has also provided funding for mental health promotion programs for Aboriginal and Torres Strait Islander people who have experienced trauma and loss and those of the Stolen Generations. Additional funding was allocated in 1998 for suicide prevention, including Aboriginal communities affected by trauma and loss.

### Safer Communities Development Program

The Safer Communities Development Program, under the Attorney General's Department's Crime Prevention Strategy, funds programs such as:

- Coffs Harbour Aboriginal Family Care Centre which aims to reduce crime by providing support services for young Koori people.
- South Sydney Youth Services: Koori Justice Program which will work with Aboriginal young people at risk of offending.

## Strategy 2.5 Support people from culturally and linguistically diverse backgrounds

Some people from culturally and linguistically diverse backgrounds are at higher risk of suicide. Suicide rates among these groups are often similar to those of their country of birth. People from culturally and linguistically diverse backgrounds who have experienced or witnessed trauma, torture, assault or abuse may also be at higher risk of suicide.

### Service for Treatment and Rehabilitation of Torture and Trauma Survivors

This service helps refugees from a wide range of national, cultural and religious language groups who have experienced torture and trauma. This group of people are at higher risk of depression, anxiety, other mental health problems, and potentially suicide. The service provides a range of initiatives including counselling, education and training, referral, community liaison and employment assistance.

## What we will do

*Caring for Mental Health in a Multicultural Society*, a strategy for the mental health care of people from culturally and linguistically diverse backgrounds, has been developed by the Centre for Mental Health to enhance the quality of care and strengthen services in NSW.<sup>96</sup>

### NSW Multicultural Health Communication Service

The NSW Multicultural Health Communication Service prepares columns on health issues. These feature weekly in the ethnic press. One column focused on youth suicide prevention with information on how to get help for people from culturally and linguistically diverse backgrounds. The article is available through the NSW Health Internet website.

The Centre for Mental Health, in conjunction with the Transcultural Mental Health Centre and local communities, will develop suicide prevention programs beginning in 1999. These programs involve community education through a variety of media, such as ethnic radio, and will complement programs which promote families' well-being.

STARTTS (Service for Treatment and Rehabilitation of Torture and Trauma Survivors) will develop an Early Intervention and Case Management Program for migrants who have newly arrived in Australia. The needs of incoming refugees will be assessed to ensure these people access appropriate services. An assessment protocol has been developed which addresses psychological health, symptoms of depression, suicide risk, psychosocial functioning and settlement needs. Staff will be trained in identifying suicide risk.

Mental health programs for children and adolescents from culturally and linguistically diverse backgrounds have been funded and will be set up in NSW.

Multicultural health staff have been employed by Area Health Services to assist mainstream health staff to provide appropriate and accessible health care services to people from culturally and linguistically diverse backgrounds. They also provide direct health care services to local communities in relevant languages.

The Ethnic Affairs Commission provides support and advice to other government departments and community organisations to help develop culturally appropriate programs and policies to assist migrant communities across NSW.

*Responsible agencies:* Transcultural Mental Health Centre, Multicultural Health Unit, Area Health Services, STARTTS, NSW Health Department, Ethnic Affairs Commission.

## Strategy 2.6 Support people in custodial facilities

People in custody have significantly higher rates of suicide than the general population.<sup>97</sup> People in custodial facilities differ greatly from those in the community. They have experienced the loss of outside relationships and physical and emotional breakdown.<sup>98,99</sup>

The rate of suicide in correctional centres is thought to be 5-11 times that of the general population,<sup>100</sup> while the rate of attempted suicide is thought to be up to 20 times for every attempt in the general community.<sup>101</sup>

### Department of Corrective Services' support programs

Based on the recommendations by the Royal Commission into Aboriginal Deaths in Custody, Aboriginal people in custody who are considered at risk of suicide or self-harm, or who have a self-harm history, are placed 'two out' in a cell, to prevent suicide through an informal 'buddy' system. Therapeutic units for inmates at suicide risk include the Kevin Waller Unit at the Long Bay Correctional Centre and the Mum Shirl Unit at Mullawa Women Correctional Centre, which provide residential programs for inmates at risk of self-harm and possible suicidal behaviour.

The stresses which can lead people in custody to engage in suicidal behaviour include prison pressure, mental disorder, outside pressure, and guilt over the offence committed.<sup>102</sup> Recent clinical deaths in custody committee notes show that alcohol and/or other drug withdrawal can be a significant contributing factor to suicidal behaviour early in custody.

During the first month of incarceration people in prison are more likely to exhibit suicidal behaviour. However, even after this period, constant reassessment is required as the risk does not diminish uniformly over time.<sup>103</sup>

### What we will do

The Corrections Health Service, in conjunction with the Department of Corrective Services, has developed 'risk intervention protocols' which have been implemented to facilitate improved early identification and management of risk. The combined Risk Intervention Team at the Metropolitan Reception and Remand Centre and the Mulawa Women's Reception Centre includes trained mental health nurses.

Indirect and direct suicide prevention activities are significant factors influencing custodian-inmate interactions. Broad departmental reforms have seen the implementation of case management of individual prisoners to provide a personalised interactive approach to the management of offenders. The Department of Corrective Services and Corrections Health have also implemented several risk screening and support programs for inmates. These will be reviewed and evaluated.

Under its statewide 'at risk' inmate strategy, the Department of Corrective Services is providing purpose built units for urgent assessment and crisis management of inmates who are at risk of self-harm and/or suicide and are not suitable for hospital admission. The units are expected to open in 1999 at Bathurst and Long Bay Correctional Centres. A similar unit has now opened in Cessnock.

Centre support teams and the after hours crisis support team will assist young people in Juvenile Justice facilities to provide risk assessment, work directly with young detainees and advise other staff about their management.

*Responsible agencies:* Department of Corrective Services, Corrections Health Service and the Department of Juvenile Justice.

### Aboriginal people in custody

The Royal Commission into the Aboriginal Deaths in Custody found that once Aboriginal people enter the custodial system, their experiences often lead to feelings of isolation and despair which put them at risk of self-harm, illness and suicide. The NSW Police Service and the Department of Corrective Services have responsibility for custody of people in police and court cells. In response to the Royal Commission they have initiated several programs:

- Implemented support services to help Aboriginal people in custody; the Aboriginal Medical Service and Legal Aid are notified.
- In collaboration with senior mental health professionals, developed the Prisoner Admission and Management Form (PAMF) to collect health information on detainees, including known physical and psychological conditions which increase the risk of death or injury to the person in custody.
- In cases where a person at risk is identified and close monitoring is required, information is entered onto the Computerised Operational Policing System (COPS); if the person is taken into custody again and their details accessed, a warning screen will alert the relevant police officers.
- The physical security of police cells has improved through the use of closed circuit television to monitor at risk inmates.
- Emphasis has been placed on making juvenile justice services culturally appropriate, through training staff about the vulnerability of young Aboriginal offenders to suicide and self-harm, and assessment and management strategies to reduce their sense of isolation.

## Strategic direction 3: Suicide, an emergency

### Enhancing the effectiveness of services in suicide prevention

#### What are the issues?

Health services are one of the main contact points for people with suicidal behaviour or intentions. At least 20 and up to 50 per cent of people who have attempted suicide have had contact with health services in the weeks before.<sup>104</sup> Most of these people would have been treated in hospital emergency departments. A smaller number would have been seen by general practitioners.<sup>105</sup> Emergency departments, other emergency services, ambulance staff, general practitioners, police and other services have important roles in suicide prevention. People who have made a previous suicide attempt have a greater risk of suicide, up to 30 times higher than the general population.<sup>106</sup>

In any year, between 5,000 and 10,000 people in NSW may attend emergency departments following a suicide attempt.<sup>107</sup> The focus of training of emergency staff has been on physical emergencies. It is important that health services staff be given specialised training to better recognise and respond to suicidal behaviour. In any year, about 1,000 people in NSW may see a general practitioner following a suicide attempt.<sup>108</sup> However, their suicidal intentions may be disguised as physical problems or symptoms of high stress.

People with mental health problems are also at higher risk of suicide. Information collected from relatives and others shows that at least 88 per cent of people who died from suicide suffered from a diagnosable mental illness at the time of their death.<sup>109,110</sup> Current or former mental health clients have 10 times the risk of suicide death of the general population.<sup>111,112</sup> It is estimated that for every 100,000 mental health clients, 180 clients may die from suicide in one year.<sup>113,114</sup>

The most difficult period for mental health clients is often just after they leave hospital. At this time their risk of suicide is up to 200 times that of the general population.<sup>115,116</sup> Discharge planning, community mental health interventions and improved links between hospital and community services are critical.<sup>117</sup>

Children and adolescents with mental health problems are also at higher risk of suicide. A Western Australian survey showed that up to 18 per cent of children and adolescents have mental health problems, most of which are not detected or treated, placing the group at higher risk of suicidal behaviour. The survey also showed that 16 per cent of adolescents reported having suicidal thoughts in the last six months and of these 69 per cent had mental health problems.<sup>118</sup>

#### Aims

- To improve the effectiveness of health services and workers to care for people in and in contact with health services, who have attempted suicide or may be at risk of suicide;
- To improve the well-being and mental health outcomes for people in contact with health services (who have attempted suicide or may be at risk of suicide) so as to lessen suicide risk;
- To improve the responsiveness of all services to those at high risk of suicide, including those who have made an attempt, and;
- To strengthen prevention, early intervention and management of those at high risk of suicide by child and adolescent mental health services.

#### Strategies

- 3.1 Enhance the effectiveness of emergency services in suicide prevention
- 3.2 Enhance the effectiveness of health services in suicide prevention
- 3.3 Enhance the effectiveness of other services in suicide prevention

## Strategy 3.1 Enhance the effectiveness of emergency services in suicide prevention

A range of emergency services, such as ambulance, hospital emergency departments, police and telephone counselling services, play vital roles in the provision of help during crises. This can be in the lead up to the suicide attempt, or immediately following such attempts. This immediate intervention can help prevent fatal outcomes.

### What we will do

When people are immediately threatening suicide, police negotiators can play a vital role. The work of these negotiators and their skills are recognised and supported. Ambulance services play a major role in emergency management, including transportation of people who attempt suicide or are at high risk.

A *Memorandum of Understanding* on mental health service delivery has been finalised between NSW Police and NSW Health Department, and includes the Ambulance Service of NSW. It seeks to improve the performance and outcomes in the management of people in crises, including those with suicidal intent.

An educational program will be developed for Ambulance officers to recognise people at risk of suicide in an emergency situation and appropriately advise emergency department staff.

Emergency departments play an important role in suicide prevention. The *NSW Health Circular 98/31, Policy guidelines for the management of patients with possible suicidal behaviour for NSW health staff and staff in private hospital facilities* outlines best practice care for people with suicidal behaviour who present to emergency departments. Training for emergency department staff about implementing these guidelines will commence from 1999 across NSW.

Clear protocols for triage, assessment and mental health referral are necessary for an effective emergency mental health response for people presenting with mental health problems, including suicidal behaviour, to emergency departments. South Eastern Sydney Area Mental Health Service has been funded to develop and evaluate triage guidelines to facilitate mental health care in emergency departments.

Protocols, education and training will be provided for emergency departments in line with the *Working Group for Mental Health Care in Emergency Departments* report.<sup>119</sup> A concise practical manual will be developed on the management of mental health problems in emergency departments.

*Responsible agencies:* NSW Police, NSW Ambulance Service, Area Health Services, emergency departments, mental health services, Centre for Mental Health, Lifeline.

### NSW Police Service

Various police training courses include subjects relevant to suicide intervention:

- Police negotiators are often called in crisis situations such as attempted suicides. A three-day negotiators' course is conducted to prepare police officers.
- Police recruit educational training includes components of duty of care issues, such as Aboriginal cultural awareness, crisis intervention and safe custody issues.
- A five-day Safe Custody course aims to ensure the safety and security of all persons held in police custody, and includes identifying people at risk.

### Mental health care in emergency departments

A report on mental health care in emergency departments has been developed by a Working Group jointly chaired by the Australasian College for Emergency Medicine and the Centre for Mental Health. It was developed in response to the important role of emergency departments in delivering mental health care including suicide prevention. The report outlines recommendations and promotes the importance of cooperation between emergency departments and mental health services.

## Strategy 3.2 Enhance the effectiveness of health services in suicide prevention

Health services in rural and urban areas play a vital role in suicide prevention to ensure that people at higher risk, including those who have attempted suicide, gain access to care, appropriate referral and follow-up. Strategies for health services, including public hospitals, ambulance services, health professionals and community support agencies, are aimed at strengthening their capacity to intervene effectively to manage and prevent suicide.

### 3.2.1 Improve education and training of primary health care workers and general practitioners

There are several suicide prevention education programs for general practitioners and other primary care workers. *Keep Yourself Alive* is one example of a suicide prevention training program specifically designed for general practitioners.<sup>120</sup>

#### What we will do

Suicide prevention training programs aimed at primary care workers are being enhanced in collaboration with the Royal Australian College of General Practitioners. Primary care workers, including general practitioners, are being trained to recognise, assess, treat and, as necessary, refer people who are at risk of suicide, particularly people with depression, including older people.

In Area Health Services, shared care mental health programs with general practitioners are in place to enhance the management of people with mental health problems in the community and thus to lessen suicide risk. Collaborative partnerships with other primary care providers, such as community health, youth health and aged care are being enhanced. Training will commence in 1999 and be monitored. Counselling programs will be strengthened through policy guidelines developed by NSW Health.

Multicultural health workers in Area Health Services undertake a range of tasks to ensure that local communities have access to health services and information, and that health services are responsive to local needs and life circumstances. Area multicultural health coordinators are responsible for overseeing and providing leadership in culturally sensitive service delivery.

*Responsible agencies:* Royal Australian College of General Practitioners, Centre for Mental Health, NSW Divisions of General Practice, Area Health Services, other primary care workers and their representative professional organisations.

### 3.2.2 Establish best practice assessment, management and follow-up of people who attempt or are at risk of suicide

Attempted suicide can be a devastating event. Some people who attempt suicide and live may have severe permanent disability. Whilst not all suicides can be prevented, appropriate intervention at the right time can make a difference. Competent assessment and management when a person presents with suicidal behaviour will have a significant influence on both morbidity and mortality outcomes.

#### Keep Yourself Alive suicide prevention program

This is a comprehensive training program for general practitioners and primary care workers on preventing suicide among young people. The program is a one-day training program with a booklet, videos and audiotapes with additional information. Hundreds of general practitioners and primary care workers have undertaken this training program in NSW.

#### Bilingual counsellors

These counsellors are employed in Area Health Services to provide direct counselling and promote cultural sensitivity and access to health services for people from culturally and linguistically diverse backgrounds who may also be suicidal.

#### A.S.A.P project

This project at St George Hospital, South Eastern Sydney provides a model for the integration of adolescent and community mental health services and a hospital emergency department for young people presenting with self-harm. All people are assessed by a psychiatric registrar with follow-up appointments arranged the following day.

## What we will do

People who have attempted suicide or clients at risk of suicide will receive improved care as outlined in the NSW Health Circular 98/31, *Policy guidelines for the management of patients with possible suicidal behaviour for NSW health staff and staff in private hospital facilities*. This includes specific guidelines for general health services including community health, emergency departments, general wards in hospitals, inpatient mental health facilities, community mental health services and corrections health service. Additional guidelines for younger people and older people, highlighting their specific needs, will be prepared.

Improved care will be assisted by protocols for the management of people with suicidal behaviour in several health service settings. Protocols will be developed for: the medical management of people who have attempted suicide; psychosocial assessment and management of people with mental health problems and people who have attempted suicide; referral; follow-up; and outreach for people at risk of suicide after leaving hospital. Systems for follow-up, such as the use of the 'Green Card' will be evaluated. Protocols will recognise the special needs of vulnerable groups, such as people with personality disorders, young women and families. These protocols will be supported through educational programs.

To assist with these programs, the NSW Government has funded a pilot suicide prevention project on the Central Coast. The project will improve links between health services to enhance the management of people presenting to hospital with suicidal behaviour. Protocols for formal psychosocial assessment, follow-up and continuity of care for people at risk of suicide in hospitals will be prepared. Training programs for staff will support implementation, as well as improved data collection of suicidal attempts in emergency departments.

*Responsible Agencies:* Centre for Mental Health, Area Health Services, hospitals, mental health services, consumers.

### 3.2.3 Enhance care and suicide prevention by mental health services

People with mental illness are at higher risk of suicide, including those with depression, bipolar disorder, conduct disorders and schizophrenia. It is essential that their illness be treated effectively. The assessment of suicide risk and subsequent management are important aspects of clinical treatment and care.

## What we will do

People with mental illness will receive more effective care by mental health and related workers through the use of best practice guidelines. The guidelines will define the illness and its identification, assessment, diagnosis and treatment. The guidelines will be developed for treating people with depression, bipolar disorder and schizophrenia. A booklet providing information on bipolar disorder will be available for consumers. Guidelines will recognise the special mental health

### Newcastle Mater Misericordiae Hospital model for management of self-poisonings

The NSW Government provided funding to the Mater Misericordiae Hospital in Newcastle to document their excellent model for the management of people who attempt suicide by taking large quantities of medications. In their model, which has now been running for 10 years, all people who attempt suicide by self-poisoning in an Area Health Service are diverted to one hospital and admitted under one multi-disciplinary team. All people receive psychosocial assessment. This model has improved the management and care of people attempting suicide by deliberate self-poisoning.

**References:** Whyte I, Dawson A, Buckley N, Carter G and Levey C. 1997, A model for the management of self-poisoning. *Medical Journal of Australia*, 167(3):142-146. Tehan M and Murray D. 1996, *Signs of Hope. A Catholic Health Care Response to Youth Suicide*, Jesuit Social Services Ltd, Parkville, Victoria.

### Green Card

The Green Card is a card with a telephone number to contact if help is needed. These are given out to people who have come to the Emergency Department at Gosford Hospital and mental health services on the Central Coast and who have attempted suicide or display suicidal behaviour. This group of people are encouraged to seek help early, and as they need it. Over the past two years more than 500 cards have been given out. Studies have shown that the Green Card has been successful in preventing people who have attempted suicide for the first time from re-attempting. The pilot is now being expanded in New England Health Service.

### NSW Consortium for Mental Health Education and Training

Training will be available to all health staff in NSW to ensure an effective clinical response for people at risk of suicide. The NSW Health Department has funded a Consortium of the Institute of Psychiatry, Hunter Institute of Mental Health and Wollongong University to coordinate this and other mental health education across NSW. This includes education to enhance effective mental health care, including recognition and management of suicide risk.

requirements of people who use alcohol and other drugs to harmful levels and also have mental health problems, people with mental illness who are in custody, and people with severe and chronic physical illness who also experience depression or other mental illness.

Programs for people with chronic mental illness and older people, particularly those with depression, are being set up across NSW. These will result in improved access to care and treatment for this vulnerable group.

Collaboration and integration of mental health and drug and alcohol services across NSW will improve services for people with dual disorders of mental illness and drug and alcohol misuse.

Mental health workers will work with general practitioners and aged care workers to reach older people in residential care, nursing homes and in the community to identify and treat depression. All those factors which may increase risk of suicide in people with mental disorders will be specifically assessed and suicide risk lessened through attention to such factors.

The NSW Government has undertaken major reforms of the NSW Mental Health Act 1990. These reforms will allow earlier treatment for people with episodes of mental illness. The aims of the reforms are to lessen the distress experienced by the individual and their family and friends, and to help recovery.

Care for people who are in contact with mental health services and who are at risk of suicide will be enhanced through the implementation of the NSW Health *Circular 98/31, Policy guidelines for the management of patients with possible suicidal behaviour for NSW health staff and staff in private hospital facilities*. Training for mental health staff will be available in 1999.

*Responsible agencies:* Centre for Mental Health, NSW Police Service, Area Health Services, Drug and Alcohol Services, Corrections Health Service, non-government organisations, consumers.

### **3.2.4 Establish best practice assessment, management and aftercare of people who are at risk of suicide in correctional facilities**

Young men aged 17 to 24 years comprise about 27 per cent of the total inmate population in correctional facilities in NSW and Aboriginal and Torres Strait Islander people comprise about 13 per cent.<sup>121</sup> Personality disorder remains the single most common diagnosis among people seen by prison psychiatrists in Australia.<sup>122</sup> In addition, 73 per cent of males and 83 per cent of females identify alcohol and other drug problems as having led to their imprisonment.<sup>123</sup> Twenty-one per cent of men and 39 per cent of females in custody have previously attempted suicide.<sup>124</sup> Inmates have a suicide risk 5 to 7 times higher than that of the NSW population.<sup>125</sup>

#### **What we will do**

Future suicide prevention strategies and initiatives will be further developed jointly by the Department of Corrective Services and Corrections Health Service. As part of these developments, the implementation of risk assessment protocols for multidisciplinary team reviews and management of inmates identified at risk of suicide will be reviewed.

The Department of Juvenile Justice has established a case management system to ensure adequate follow-up of people who self-harm. It has developed a structure to ensure that psychiatric consultancies are available for all detention centres, involving the Department of Health and some private practitioners.

#### **Corrections Health Service**

- Custodial officers have been trained in suicide assessment and management and basic mental health issues, using best practice models.
- The Risk Intervention Team Protocol facilitates improved early identification and management of inmates at risk of suicide. This is a new cooperative team approach, involving the Department of Corrective Services, for the notification and management of inmates at risk of self-harm and suicide.
- Initial assessment procedures have been reviewed. Discharge planning liaison has been improved. A triage model, to better identify inmates at risk, is being developed.
- Mechanisms to ensure and monitor the appropriate use of safe cells for inmates at risk of suicide and self-harm will be developed.

People who have attempted suicide or are at risk of suicide in correctional facilities will receive improved care as outlined in the NSW Health Circular 98/31, *Policy guidelines for the management of patients with possible suicidal behaviour for NSW health staff and staff in private hospital facilities*. Staff from Correctional Health Services will be trained. The provision of pre-discharge information kits to inmates will also help reduce suicide risk.

*Responsible agencies:* Centre of Mental Health, Corrections Health Service, Departments of Corrective Services and Juvenile Justice.

### **3.2.5 Ensure each Area Health Service has appropriate core child and adolescent mental health programs**

It is recognised that mental health problems in childhood and adolescence can lead to suicide later in life. Accessible and effective prevention, early intervention and treatment programs for children and adolescents are essential to treat problems early using best practice protocols, and thus lessen vulnerability to suicide, especially among young people.

#### **What we will do**

The NSW Government has allocated substantial funding to ensure child and adolescent mental health programs and services in each Area Health Service have a critical mass of skilled staff. Core components will include general mental health programs for children and young people, 24-hour crisis and emergency response services, outreach programs for high risk children and young people, including those with conduct disorder, and programs for preventing and managing depression and early psychoses. Developing links between young people and mental health services, to increase access and response to young people in need, is essential. Programs such as School Link and Youth Link will promote these links.

All Area Health Services will have a coordinated Child and Adolescent Mental Health Program, including a network of local programs.

Mental health programs for children and young people from culturally and linguistically diverse backgrounds, as well as Aboriginal and Torres Strait Islander communities, are also being developed.

Children with parents with a mental illness can suffer from a range of problems that can increase suicide risk in later life. Programs such as Impact in Wentworth and Gaining Ground in South Western Sydney are being set up to address this issue.

*Responsible agencies:* Area Mental Health Services, Centre for Mental Health.

### **3.2.6 Encourage consumers, carers and non-government organisations to contribute to health services' suicide prevention activities**

Consumers, carers and non-government organisations make important contributions to policy development and service planning in NSW. This promotes quality care and better health outcomes for those at risk of suicide.

NSW supports the implementation of the *Second National Mental Health Plan* which strongly encourages the participation of consumers, carers and non-government organisations in advocacy and in planning and evaluating mental health service delivery.<sup>126</sup> This is reiterated in the *National Standards for Mental Health Services*, which sets out criteria for their involvement.<sup>127</sup> Consumer and carer involvement in mental health services is essential for the provision of Commonwealth funding for State and Territory mental health services.<sup>128</sup>

#### **NSW consumer and community mental health forum**

This forum was a major initiative of the Centre for Mental Health and NSW Consumer Advisory Group to involve consumers and carers from across NSW in mental health service planning. The forum discussed prevention and consumer outcomes and participation. Suicide prevention was raised as an important issue. The *From Citizen to Consumer* report summarises the outcomes of the forum and has been circulated to Area Health Services across NSW.

Advocacy for suicide prevention programs and policies is an important role for consumers, carers and non-government organisations. Consumers can also play a valuable role in identifying service responses that may lessen suicide risk.

### **What we will do**

The Area and statewide youth mental health forums provide an opportunity for planning and evaluating services. These initiatives also aim to strengthen youth advocacy and the prevention and early intervention focus in service delivery for children and young people.

NSW Health will continue to expand consumer and community consultations for policy and program development. This will ensure the community is well informed and health services and suicide prevention programs are kept relevant and appropriate to the needs of consumers and the community.

*Responsible agencies:* Consumers, carers, non-government organisations, Area Health Services, Centre for Mental Health.

## **Strategy 3.3 Enhance the effectiveness of other services in suicide prevention**

About half the people who have attempted suicide may not have had any contact with health services after their attempt.<sup>129</sup> Any help they may have received must have come from families, friends, local social support systems or others in the community. These people and groups have an important role in suicide prevention.

Education and training of key workers in government departments and relevant non-government organisations can enhance the management of people at risk of suicide. Government departments include Police, Community Services, Juvenile Justice, Corrective Services, Education and Training, and Housing. Many non-government organisations such as Salvation Army, Sydney City Mission, Youth Insearch and the Smith Family, work with people who are at high risk of suicide, including people who are homeless, unemployed, disadvantaged, or have drug and alcohol problems.

### **What we will do**

Frontline and support staff should be trained to recognise and refer people who are at risk of suicide. NSW Health will review and evaluate suicide prevention training programs aimed at key workers in collaboration with other government departments such as Police, Community Services, Juvenile Justice, Corrective Services, Education and Training and Housing. Training programs for key workers from relevant non-government organisations will also be reviewed.

The Hunter Institute of Mental Health is preparing suicide prevention curriculum materials for the undergraduate training of medical practitioners, nurses, high school teachers and journalists. Training will be undertaken in 2000-2001.

#### **Department of Housing**

- Policies and procedures that address the management of people threatening suicide are available for frontline staff.
- 20 new specialist senior client service officers have been recruited and trained to manage clients with complex needs, including suicidal behaviour.
- NSW Health and the Department of Housing provided \$15 million over 4 years through the Mental Health Supported Housing Initiatives program for supported accommodation for people with mental illness.
- NSW Health and the Departments of Housing and Community Services have collaborated in a service agreement on the management of people with psychiatric disabilities.

#### **Department of Community Services**

Statewide training programs for Supported Accommodation Assistance Program workers include several initiatives directly relevant to youth suicide prevention, such as: Suicide, Self-harm and Young People; Sexual Assault of Young Men, and; Loss and Grief in Children and Adolescents.

As part of the enhancement of the Police Service, Youth Liaison Officers will attend a four phase training program. Issues such as youth depression and suicide are included in this training program.

The Victims of Crime Bureau will be developing educational material and guidelines for staff to assist them in recognising suicidal behaviour and referral to appropriate services. A database including counselling services for victims of crime has been developed.

*Responsible agencies:* Centre for Mental Health, other government departments including Police, Community Services, Juvenile Justice, Corrective Services, Education and Training and Housing and their related non-government organisations.

#### **Department of Juvenile Justice**

- Training is provided to staff in detention centres on assessment and management of suicidal and self-harming behaviours.
- A comprehensive policy and procedures manual to guide staff in their management of suicidal young people has been developed.
- Ongoing liaison is undertaken with Area Health Services to facilitate admission to formal treatment settings for young offenders in custody where the detention centre cannot provide the formal treatment they need; this initiative is evaluated by Coordinators of Specialist Services.
- A psychiatrists' interest group has been established to provide a forum for service development.
- The Department of Corrective Services is developing a comprehensive Crisis Management Unit training package for the custodial officers working in these units. This training package will meet best practice guidelines and selective modules will be relevant for other staff. The course will be delivered on a regional basis at regular intervals.

## **Strategic direction 4: Care and support**

Providing support for people affected by suicide

### **What are the issues?**

Families, friends, fellow students and local communities are devastated when a person dies from suicide and may also be at risk of suicide. Immediate reactions of shock and grief are often accompanied by longer term feelings of sadness, loss, guilt and fear. People may be unable to come to terms with the painful reality of the event. They may remain immobilised and unable to resolve the trauma and grief and move on with life. Staff involved may also have feelings of distress. Understanding reactions and getting help from health and other services is critical.

Suicide is a rare event in most communities. In some circumstances communities may become aware of an increase in suicides in their local areas. This is known as 'suicide clusters'. Developing effective responses to local increases in suicides in conjunction with local communities is critical. This will assist in the recovery and well-being of those communities and help prevent subsequent suicides.

Suicide may provoke great interest in the media. It has been scientifically established that media reporting can lead to an increase in suicide, particularly for young people.<sup>130</sup> This is known as 'suicide contagion' or 'suicide by suggestion'. Media reporting of suicide should be concise and factual to minimise the likelihood of suicide by suggestion.

### **Aims**

- To improve the systems and skills of staff to manage the consequences of death by suicide in a compassionate and apt manner; and
- To provide helpful and needed support to families, friends, workers, local communities and others involved after suicide has occurred.

### **Strategies**

- 4.1 Enhance procedures for immediate management of suicide
- 4.2 Enhance bereavement counselling and support services for people affected by suicide
- 4.3 Enhance local community capacity to prevent and respond to increases in suicide

## Strategy 4.1 Enhance procedures for immediate management of suicide

Suicide is a human tragedy causing devastation. It affects families, friends, students and local communities. Appropriate and immediate management of reactions of shock and grief can help those bereaved by suicide cope in the aftermath. NSW Health is committed to providing high quality services for people affected.

### What we will do

All health workers in hospital emergency departments, ambulance and police officers, corrective service officers and others who are involved in dealing with a suicide death are committed to supporting families and friends in shock and the grief that follows.

Debriefing or other support programs may be necessary for those directly involved in finding the body or with relation to the circumstances of the suicide death. However, families or other close relatives who have found the body of a loved one after a suicide will need additional professional counselling and support to deal with the trauma of these circumstances, as well as the grief. These issues will be addressed in guidelines for psychological first aid and support for health services staff across NSW and will be linked to other training for health workers.

Workers who provide support or counselling to families and friends after a suicide death will need their own support systems. Providing supervision and clinical review for these workers is critical.

After a review of existing debriefing procedures in NSW health services, correctional facilities and elsewhere, new protocols will be developed and implemented for staff working in this area.

Supportive debriefing and other assistance, including, if necessary, the use of skilled counselling, will be available for those who have been directly involved in the trauma surrounding the death.

*Responsible agencies:* Centre for Mental Health, NSW Police Service, Ambulance Service, Coroner's Office, Area Health Services, community groups such as Central Coast Suicide Safety Network, consumers.

### NSW Police Service

The NSW Police Service provides additional services to personnel affected by suicide:

- Police psychologists provide critical incident stress debriefings to officers who have attended suicides. The Police Service's Critical Incident Stress Policy outlines that patrol commanders have the responsibility to determine when support is required.
- Welfare officers assist police psychologists to provide Police Service personnel with counselling.
- Peer support officers undertake a three day training course and provide non-professional counselling and support to Police Service personnel. There are over 700 police and public servant peer support officers throughout the State who are located in police stations, specialist agencies and central agencies.
- Police chaplains provide emotional and religious counselling to Police Service personnel.

## Strategy 4.2 Enhance bereavement counselling and support services for people affected by suicide

Bereavement counselling and support services are an important community service for families and friends bereaved by suicide. These services should be culturally appropriate and meet the needs of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

### What we will do

*Care and support packs* are being distributed to those affected by suicide.<sup>131</sup> They provide information on dealing with grief and loss, contact numbers for community support groups and information on what happens after a suicide death.

### Care and support pack for families and friends bereaved by suicide

The Care and Support Pack is a practical, imaginative and caring resource for families and friends bereaved by suicide. It contains information, advice and shared thoughts from people who have experienced loss. A woman on the Central Coast whose son had died from suicide had the idea for these packs. This caring initiative has been funded through the NSW Government.

Advice will also be provided for school counsellors on delivering suicide bereavement counselling to students. Education in suicide bereavement counselling will be provided to each Area Health Service. Additional information will be provided to assist schools with their critical incident plans following a suicide death.

#### **Grief counsellors**

Grief counsellors are attached to the NSW Institute of Forensic Medicine at Glebe and the Department of Forensic Medicine at Westmead Hospital. They provide support for people bereaved by suicide deaths.

Following a review of services in NSW, new guidelines, *Guidelines for counselling for those bereaved by suicide* and *Principles for school support programs following suicide* will be prepared and disseminated.

*Responsible agencies:* Centre for Mental Health, National Association for Loss and Grief, Bereavement Care Centre, NSW Police Service, Department of Education and Training, consumers and relevant non-government organisations.

### **Strategy 4.3      Enhance local community capacity to prevent and respond to increases in suicide**

Swift and sensitive management of increases in suicide or suicide clusters in local communities is vitally important for the recovery and well-being of those communities and for preventing further suicides. When a number of suicide deaths occur in a community, the whole community is affected.

#### **NSW Health support kits for local communities**

Two kits to help local communities manage reported increases in suicide and media reporting of suicide have been developed and disseminated widely. These kits are called *Preventing and Managing Reported Increases in Suicide in Local Communities* and *Local Management of Media Reporting on Suicide Deaths*.

Responsible media reporting of suicide can reduce the risk of suicide 'by suggestion'. Public affairs and other staff need clear guidelines in liaising with the media for reporting of suicide deaths in ways that do not provoke this response.

*Responsible agencies:* Centre for Mental Health, Area Health Services, other government departments, relevant non-government organisations, local communities, and media.

## **Strategic direction 5: We need to know more**

### **Improving information on suicide prevention**

#### **What are the issues?**

Reliable and timely information on suicide is essential for government departments, non-government organisations and community workers to plan suicide prevention programs that meet community needs. Up to date information on local suicide deaths, suicide attempts and suicidal thoughts can inform a community about what actions it should take.

The recording of suicide deaths in NSW is accurate; however, all states are dependent on the Australian Bureau of Statistics for official suicide death data. These data are released by the Australian Bureau of Statistics as part of the annual national *Causes of death* data. Due to the complexity of compilation of this large volume of death data, there is up to an 18 month delay in release of this information. Improvements in the timely reporting of suicide data are being addressed nationally in the National Coronial Information System, in which NSW plays a major part.

There is a general need for information on all other aspects of suicidal behaviour in Australia, including suicide attempts, suicidal thoughts, the causes of suicide, high risk groups and effectiveness of suicide intervention programs. The lack of information about the effectiveness of various suicide prevention programs highlights the need for further research. Promoting and prioritising research into suicidal behaviour, including risk and protective factors, may include examination of cultural and gender differences, suicide clusters and contagion, the effect of journalism in suicide prevention reporting, access to means of suicide, and sexual orientation issues.

The *We can all make a difference: NSW Suicide Prevention Strategy* supports the co-ordination, collection and dissemination of research, information and best practice findings to all involved in suicide prevention.

#### **Aims**

- To ensure that suicide prevention programs in NSW are evidence based and effective, and;
- To provide timely data on suicide deaths and accurate information on suicidal behaviour in NSW.

#### **Strategies**

- 5.1 Establish suicide surveillance systems for NSW
- 5.2 Promote effective planning, management and evaluation of suicide prevention programs
- 5.3 Provide leadership in quality information on suicide prevention
- 5.4 Suicide prevention research

## Strategy 5.1 Establish suicide surveillance systems for NSW

Data are important and serve to inform the community of the size and scope of suicide and associated problems in NSW. New information technology systems will assist the development of the NSW Suicide Prevention Strategy.

### What we will do

A formal NSW suicide death surveillance system will be established. This system will provide current information on police reports of suicide deaths in NSW within three months of the report of these deaths. NSW is also playing a major part in the development of the National Coronial Information System which will address the difficulties in the timely reporting of suicide data nationally.

Detailed profiles of suicide and suicidal behaviour in NSW will be produced and updated annually. These profiles will include current information on suicidal ideation, behaviour and risk factors in NSW, and where possible, show gender differences. An updated profile will be produced on suicide in mental health clients and updated annually. These profiles will inform planning and monitoring of suicide prevention programs.

The Central Coast suicide prevention project will produce guidelines for the review of suicide deaths and an improved local coroner's database. The Central Coast project will report in 1999.

NSW Health will expand the current NSW mental health client suicide notification system to include notification of suicide attempts.

The Department of Corrective Services' *Risk Intervention Team Protocol* has established a multivariate classification system for the notification of self-harm, suicidal threats or suicidal acts. This system improves research and data collection.

Suicide deaths related to gambling will be collected as part of the mandatory reporting requirements of counselling and treatment services funded by the Department of Gaming and Racing.

*Responsible agencies:* Centre for Mental Health, New Children's Hospital Data Register, Area Health Services, Central Coast Area Health Service, Central Coast Coroner, Central Coast Police Service, Department of Transport, Child Death Review Team, Information and Data Services, Department of Corrective Services, Department of Gaming and Racing.

### NSW mental health client suicide notification system

The notification system requires mental health services and Corrections Health Services throughout NSW to notify the NSW Health Department of all suicide deaths of their clients. Mental health clients have a high risk of suicide well above the general public. Mental health services have a central role in identifying people at risk and intervening to prevent suicide whenever possible. Information about individuals is not identifiable so that confidentiality is ensured. The NSW mental health client suicide notification system provides an accurate database to inform prevention activities and plan better services.

### Statistics on suicide deaths on NSW railways

The NSW Department of Transport actively collects background information and statistics on suicide deaths occurring on NSW railways. The statistics are collated on the Transport Safety Database. This information is used to assist future investigations, and to provide advice to accredited rail operators to help develop prevention measures. The database information is also used to develop policies to improve occupational health and safety for train crew involved in suicide incidents.

### Corrections Health Survey

The Corrections Health Service, NSW Department of Health and the Department of Corrective Services collaborated and conducted one of the most detailed inmate health surveys ever undertaken. The survey includes information on suicide and self-harm. The survey report is part of the continuing effort of the Corrections Health Service to define the health profile of inmates and provide health services appropriate to their needs.

**Reference:** Butler T. 1997, Preliminary findings from the Inmate Health Survey of the inmate population in the NSW Correctional System, Corrections Health Service, Sydney.

### Transcultural Mental Health Centre report of suicide in people from culturally and linguistically diverse backgrounds

In 1997, the Centre produced a comprehensive research report on the use of mental health services by people from culturally and linguistically diverse backgrounds in NSW. The report includes information on suicide and suicide attempts in NSW for men and women from these communities, which will help plan community education and suicide prevention programs. The information is available in the book 'Immigrants and mental health' from the Transcultural Mental Health Centre, on 02 9840 3800.

**Reference:** MacDonald B and Steele Z. 1997, Immigrants and Mental Health: An Epidemiological Analysis, The Transcultural Mental Health Centre, Sydney.

## Strategy 5.2 Promote effective planning, management and evaluation of suicide prevention programs

The effective planning and management of suicide prevention programs across NSW contributes to improved outcomes. Such planning and management requires that programs are based on evidence and that up to date and current information is used to ensure that programs target people most in need.

Monitoring and evaluating the progress of suicide prevention programs ensures that those involved, including children, young people, their families, adults and older people, benefit and achieve the best possible outcomes.

### What we will do

Suicide prevention programs need to be based on the best available scientific evidence. The Centre for Mental Health will coordinate a review of evidence based suicide prevention programs. This review will be available for use by health and other services to assist in the planning of future effective and coordinated suicide prevention programs.

Evaluation guidelines can help with the monitoring of progress and the assessment of the outcomes of suicide prevention programs in NSW. Evaluation guidelines for suicide prevention programs will be developed by 1999. The review and evaluation guidelines will be used to plan, manage and monitor suicide prevention programs in NSW.

*Responsible agencies:* Centre for Mental Health, Area Health Services, consumer groups, non-government organisations.

### Central Coast suicide prevention project

In 1996, there was a reported increase of suicide deaths on the Central Coast. The NSW Government responded by funding a pilot suicide prevention project. This included: reporting on a community consultation about suicide prevention on the Central Coast; developing policies for managing suicide in health services involving working with the police and the local coroner; and, investigating the factors which may have contributed to the reported increase in suicide deaths. The project will result in improved coronial and police investigations of possible suicide deaths, improved linkages between service components within the Area Health Service, and coordinated local community resources for suicide prevention. A directory of local services has been developed to improve the community's knowledge of where to get help.

## Strategy 5.3 Provide leadership in quality information on suicide prevention

The success of the NSW Suicide Prevention Strategy will be determined largely by the level of understanding of the problem and knowledge of ways to address this issue. High quality information contributes to improved knowledge and understanding and is important for improving the capacity to reduce suicide in NSW.

### What we will do

A report on all suicide prevention activities in NSW, *Suicide and self-harm prevention initiatives in NSW*, has been prepared and disseminated.<sup>132</sup> The Commonwealth is conducting a National Stocktake on Youth Suicide Prevention Activities and Programs. NSW Health will undertake the NSW component of the stocktake. Further editions of *Suicide and Self-Harm Prevention Initiatives in NSW* will be available at regular intervals thereafter; the reports will include stocktake information as well as information on education and training for suicide prevention, current suicide research and suicide prevention activities provided by non-government organisations. All information on suicide prevention programs in NSW will be disseminated in booklets and on the Departmental Internet site.

*Responsible agencies:* Centre for Mental Health, Area Health Services, consumer groups, education and training consultants, research and academic institutions, non-government organisations.

## Strategy 5.4 Suicide prevention research

Suicide prevention research is needed to expand the knowledge base on which to plan and implement suicide prevention initiatives across NSW. This includes identifying factors that contribute to suicidal behaviour, groups and communities that may be at risk of suicide, appropriate and effective interventions, and programs that are applicable in health care and other settings across NSW.

### What we will do

NSW Health has funded a project in collaboration with the Child Death Review Team to investigate risk factors for suicide in children up to the age of 18 years. This project will build on the work of the Central Coast suicide prevention project to produce guidelines for reviewing all youth suicide deaths by 1999. Specific guidelines will also be developed for the clinical review of suicide deaths and suicide attempts of mental health clients.

Information from the NSW mental health client suicide notification system will be used to investigate factors that contribute to clients' suicide deaths and attempts. This information can then be used to further inform mental health and related policies and programs.

NSW health services will be encouraged to incorporate suicide prevention research as part of routine practice. This will help identify best clinical practice and prevention initiatives to ensure improvement and quality assurance in service delivery.

The current suicide prevention research projects that are underway in NSW will be included in further editions of the NSW Health *Suicide and Self-Harm Prevention Initiatives in NSW* publication and the NSW component of the National Stocktake on Youth Suicide Prevention Activities and Programs.

*Responsible agencies:* Centre for Mental Health, Area Health Services, Child Death Review Team.

### Research and development in the NSW Health system

- A discussion paper was produced setting out the first Research and Development Strategy of the NSW Health Department in 1995.
- Under the NSW Health Department Infrastructure Grants Program, NSW has allocated funding to the Mood Disorders Unit, Prince of Wales Hospital, to the Centre for Education and Research on Ageing and the Neuroscience Institute of Schizophrenia and Allied Disorders.

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