



LEGISLATIVE COUNCIL
PARLIAMENT HOUSE
ADELAIDE, S.A. 5000

Hon John Dawkins MLC

Opposition Whip

Shadow Minister for Regional Development,
Northern Suburbs and State Infrastructure Plans

tel: 08 8237 9312
fax: 08 8212 7075
toll free: 1800 182 097
e-mail: John.Dawkins@parliament.sa.gov.au
website: www.johndawkins.com.au

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

Dear Committee

RE: SUBMISSION TO INQUIRY INTO SUICIDE IN AUSTRALIA

I am writing in regards to the above Inquiry. I am grateful for the opportunity to comment on this important subject and I am pleased the Committee has chosen to hold an Inquiry into an issue which was once treated as a taboo subject.

This submission is focussed on the importance of community gatekeepers within a broader suicide prevention strategy. To this end, I would like to inform the Committee of the great work of the Community Response to Eliminating Suicide (CORES) initiative in helping combat suicide.

As the Shadow Minister for Regional Development in South Australia I have confined my comments to my experiences of CORES in a rural and regional setting but in doing so, acknowledge the initiative could be suitable for other high risk groups.

My involvement with CORES

I first witnessed the excellent work of CORES volunteers in 2006 as the initiative was showcased on a segment on ABCTV's *Landline* program.

Impressed by the concept, I arranged to visit CORES workers and volunteers at the Tandara Lodge Community Care Centre in the Kentish Municipality in North West Tasmania.

Since then, I have hosted CORES Manager Coralanne Walker in South Australia, undertaken the training and facilitated CORES community training sessions in regional areas such as Berri, Loxton, Gawler, Kangaroo Island and Port Lincoln. In addition, I have facilitated a training session at Parliament House in Adelaide's Central Business District (CBD) and made representations to the Rann Government for pilot funding of the CORES initiative.

What is CORES?

The original Community Response to Eliminating Suicide (CORES) program was funded by the Tasmanian Community Fund in 2003/04 and since then has expanded its reach in Tasmania and been implemented in regional Victoria and Queensland.

I am also aware CORES representatives have met to discuss the project with the Western Australian and South Australian Governments. Recently the Eyre Peninsula Local Government Association (EPLGA) decided to fund the CORES initiative on the Eyre Peninsula.

The CORES initiative aims to develop the skills and confidence of community members to intervene in suicide. By increasing awareness of the warning signs and giving participants the confidence to take action, the initiative increases the community's capacity to intervene before it is too late.

CORES offer a suicide intervention facilitators course and an intervention course for community members and service providers.

The course aims to make attendees aware of the common signs and indicators that a person displays when they are considering suicide and gives attendees an A,B,C,D checklist to take action, where ABCD stands for:

A: Ask – *“When in doubt, check it out”*

B: Behaviour – *“Gain information about prior suicidal thoughts or behaviours”*

C: Current Plan – *“Gain information about whether the person has a suicide plan and how detailed it is.”*

D: Dam – *“Explore resources and supports available to the person”*

The need for action

In 2007, there were 1881 registered suicides in Australia. Suicide is the 15th leading cause of death – higher than road traffic deaths. This is 1881 too many.

The most recent prediction suggests the ripple effect of people affected by suicide is as high as a further 8 people, meaning over 15,000 are affected by suicide each year.

The International Association for Suicide Prevention (IASP) and World Health Organisation have indicated that globally, over 1 million people die from suicide each year. Putting this into perspective it means there is one suicide every 40 seconds worldwide.

In addition to these reported deaths, between 20 and 100 million people attempt suicide each year.

Community Gatekeepers

The 2008 World Suicide Prevention Day slogan was “Think Globally, Plan Nationally, Act Locally”

One of the leading projects publicised by the IASP was the European Alliance Against Depression, which evolved from a community-based project, the Nuremberg Alliance Against Depression.

The project listed a four-component intervention strategy, which included

- increasing public awareness about suicide;
- improving the care provided by primary care practitioners;
- educating community gatekeepers; and
- targeting care available to high-risk groups.

It is the components of public awareness and educating community gatekeepers, that I consider be vital in a holistic suicide prevention strategy. It is also the key aim of the CORES initiative.

Other Community based courses

In 2008 the Salvation Army released its Hope for Life Suicide Prevention and Bereavement Service. At its heart is the strategy QPR or “Question, Persuade, Refer” which aims to show people how to spot the signs that someone may be considering suicide. At the launch the Salvation Army Envoy Alan Staines OAM said:

It's a myth to think only experts can prevent it [suicide]. It's a myth to think people who talk about suicide will not do it. It a myth to think you cannot stop suicide from happening. It's a myth to think suicidal people want to die. Many want to live a better, happier life. What they are saying is that they need help and relief from the intense emotional pain they are experiencing.

Hallmarks of CORES

One of the hallmarks of CORES and other community suicide prevention initiatives is the visibility of these volunteers in the community. This level of recognition is amplified in small townships and rural communities. CORES volunteers are as recognisable as CFS volunteers. Having a visible presence and more eyes and ears on the ground helping to identify suicidal warning signs increases the opportunity for help to be sought and to help prevent suicide from occurring.

While there is no agreed “theory of suicide” the (IASP), a worldwide body established to prevent suicide suggests one model which has some validity is the ‘threshold and trigger model’; often referred to as the ‘stress-diathesis model’.

Both models agree that the diathesis of issues which may raise or lower the threshold to engage in suicidal behaviour is interfered upon by stressors or a trigger, which precipitates the behaviour.

Factors related to the threshold include genetic predisposition, biochemical factors in a person's metabolism, personality traits, the emotional state of hopelessness, and the

presence of ongoing support systems. Triggers include mental disorders or physical illnesses, alcohol and/or other substance abuse, and interpersonal loss, rejection or loneliness.

It goes without saying that a person suffering to this degree is unlikely to be proactive in seeking professional help. They rely on friendly faces or well known community leaders to offer assistance.

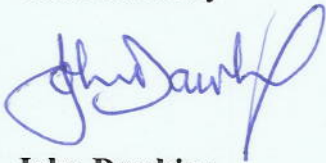
Conclusion

Suicide Prevention must be tackled by a multifaceted approach, involving the community as much as trained medical professionals and social workers.

One impressive, established and proven initiative is CORES, which has a strong track record in preventing suicides in regional communities and small townships.

I encourage the Committee to not only investigate further ways in which the community can be greater utilised in the fight against suicide. I also encourage the Committee to seek out the CORES initiative and other community-based providers and involve them in the Committee's discussions.

Yours sincerely



John Dawkins