



The importance of early intervention programs for young men

Submission produced on behalf of

Incolink

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For the

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Table of contents

1. Endorsement	3
2. About Incolink	3
3. Introduction	4
4. The personal and social costs of suicide in Australia	5
5. The role of targeted programs and services	6
6. Conclusion	10
7. References	11

1. ENDORSEMENT

This submission is endorsed by Incolink.

Incolink represents:

- Master Builders Association of Victoria
- Master Plumbers & Mechanical Services Association
- Master Painters Association
- Air Conditioning & Mechanical Contractors Association of Victoria
- Association of Wall & Ceiling Contractors
- Victorian Employers Chamber of Commerce
- Construction, Forestry, Mining and Energy Union
- Australian Manufacturing Workers Union
- Plumbers Union
- Australian Workers Union
- Victorian Trades Hall Council

2. ABOUT INCOLINK

Incolink is the trade name for the Redundancy Payment Central Fund Limited. It is a trustee company, established by unions and employers in the Victorian building and construction industry in 1989, to administer industry funds.

Incolink, through its charitable trust, offers an extensive range of services that address many of the issues that people in the building and construction industry encounter, at work and in their personal lives. A dedicated Member Services Department manages and delivers a range of valuable services to workers and their families. The services include suicide prevention, intervention and postvention, counselling and chaplaincy, critical incidence response, debt crisis and financial counselling, drug and alcohol services, apprentice support, employment and training services, careers counselling and advice, and health and wellbeing programs (e.g., Incolink's suicide prevention program the Life Care Skills Project). These services provide a valuable safety net for workers and their families in the Victorian building and construction industry.

3. INTRODUCTION

Incolink welcomes the opportunity to provide a submission to the Senate Community Affairs References Committee inquiry into suicide in Australia. This submission aims to highlight the importance of early intervention programs aimed at suicide prevention and the need for ongoing government funding to support longer-term programs to maximise their effectiveness. In particular, this submission wishes to underscore the importance of early intervention programs that are tailored to high risk groups, such as young men.

The 2003 Cole Royal Commission into the building and construction industry found that 41% of all deaths in the building and construction industry occurred as a result of suicide. More recent research conducted by the Australian Institute for Suicide Research and Prevention at Griffith University found that the suicide rate for workers in the building and construction industry were significantly greater than the rate for working-aged Australian men (Heller, Hawgood, & De Leo, 2007). These findings indicate that suicide is a significant problem in the building and construction industry.

Incolink has been addressing the issue of suicide for over twenty years and provides support services across the suicide continuum: preventative education, intervention (for people at risk), critical incident response (when a suicide occurs), and postvention (longer-term counselling to family members and work colleagues after a suicide). All these services are important and provide enormous benefits to people at risk or affected by suicide. However, Incolink advocates for increased early intervention to prevent suicides from occurring in the first place. Furthermore, Incolink supports early intervention programs that are targeted and tailored to the specific needs of high risk groups.

Incolink's programs focus on providing support and information to apprentices through Technical and Further Education providers (TAFE's), trade unions and employer associations and also to employees and employers on building sites. Between 1999 and 2003 Incolink's suicide prevention program, delivered in Victoria, was the only preventative program being run in the construction industry in Australia. During this time the Victorian building and construction industry had the lowest rate of possible suicides in the industry nationally, with Victoria showing only 42 per 100,000 deaths as compared to other states such as Tasmania (173 per 100,000) or Western Australia (105 per 100,000) (CBUS -Construction and Building Industry Superannuation death claims 1999-2003). Since this time Incolink has refined its suicide prevention program and developed additional staffing and resources including a DVD.

Incolink currently implements a suicide prevention program under Australia's National Suicide Prevention Strategy (NSPS) through the Living is For Everyone (LIFE) Framework funded by the Commonwealth Department of Health and Ageing. Operating since 2006 in rural, regional and metropolitan Victoria, this program targets apprentices and young workers in the building and construction industry who are predominantly young men aged between 15-25 years.

Research from Beyond Blue indicates that these young men are at higher risk of committing suicide than other groups in the community. In general, men are more likely to commit suicide than women, but the rapid increase in suicide amongst young men is alarming. Suicide rates

amongst young men aged 15-24 years have tripled over the last 30 years, and four times more young men than women commit suicide (Beyond Blue, 2007).

The Life Care Skills Program aims to reduce the risk factors associated with suicide, such as drug and alcohol abuse and relationship breakdown, and build resilience and protective factors (see 5.1. description of the program). Research indicates that young employees in the building and construction industry are particularly at risk of suicide due to relationship problems and untreated psychiatric problems (Heller, Hawgood, & De Leo, 2007). To date, over 5,000 young men have participated in the program. An external evaluation conducted by Victoria University in 2009 (see 5.2. effectiveness of the project) indicates initial success with the program being effective in increasing awareness and knowledge of risk factors associated with suicide, increasing skills and knowledge of protective factors and promoting help-seeking behaviour amongst young men. The evaluation found that the key components leading to effectiveness included its holistic approach that targeted multiple risk factors in preventing suicide amongst young men. Tailoring the program to the specific needs of young men, their learning styles (e.g., narrative approach) and considering access issues (i.e., delivering the program in workplaces) was found to be an effective strategy. It was also noted that building trust with the young men and industry stakeholders, and having industry support to deliver the program contributed to the effectiveness of the program.

Incolink believes these results would not have been able to be achieved without a targeted intervention and with this submission advocates for continued government support for early intervention suicide prevention programs.

4. THE PERSONAL AND SOCIAL COSTS OF SUICIDE IN AUSTRALIA

Suicide has an enormous immediate and long-term impact on families, friends, colleagues and the community. As noted, Incolink provides an immediate response to critical incidents, such as suicide, and ongoing counselling and support to workers in the building and construction industry. In addition, Incolink also provides counselling support for the family members of individuals who commit suicide. Families and colleagues are often traumatised when a relative takes their own life. They usually experience a long period of grief that can leave them permanently scarred when someone close to them commits suicide. It is something that affects them in their daily lives and not something that passes quickly or easily. They are unlikely to ever be the same again, and can experience a range of emotions that are difficult to deal with.

Some typical reactions include shock, anger, guilt, shame, self- or external blaming, insecurity, deep emotional pain, and abandonment. It can be difficult to talk about what happened with others and they will often ask impossible questions of themselves: Why?, Could or should I have known?, Could I have been able to stop it?, Was it my fault? Why didn't they talk to me about it?

It can be particularly frightening and confusing for children left behind although individuals of all ages find it difficult to cope with deep feelings (such as anger, grief and loss, depression etc.). This can lead to unhealthy internalised or externalised coping behaviours, such as aggression toward themselves/ others, or excessive use of drugs and alcohol, all of which can take a toll on family relationships. Thus, very often, counselling to deal with the immediate and long-term trauma and grief is seen as important to assist individuals and families in coping with their loss.

In summary, suicide is not only damaging to those who have taken their lives but also to their family, friends and colleagues. Coming to grips with the impact of suicide usually takes a long time and a large toll on people's lives. In extreme cases, the impact of suicide on family, friends and colleagues can cause them to develop unhealthy and even harmful behaviours that are damaging to themselves and those around them, creating a 'snowball' effect in the community. This makes dealing with the impact of suicide even more difficult.

Given that the consequences of suicide are often severe and far-reaching, Incolink believes it is best treated through prevention rather than treatment after the event.

5. THE ROLE OF TARGETED PROGRAMS AND SERVICES

5.1. Description of the Project

The Incolink Life Care Skills Project is aimed at preventing suicide and suicide attempts amongst apprentices and young workers in the Victorian building and construction industry. The program aims to increase the knowledge and understanding of suicide risk and preventative factors, and promote positive life care skills and help-seeking behaviour. Practical skills are provided to apprentices and young workers to assist them to cope with the pressures of work and life across a range of key issues including: relationship pressure, drug and alcohol issues, financial and health concerns, and remaining focused on their goals. Education and information sessions are delivered through TAFE's and Group Training Organisations to groups of predominantly young men in rural and regional Victoria. The project also provides information and links to local community services. Additional outreach support, counselling, referrals and follow-up are made available to individuals. The project is implemented in rural and regional areas of Victoria by five regionally-based Life Care Skills Project workers. Over 5000 apprentices and young workers have been involved in the program in the last three years.

The project targets apprentices and young workers, particularly those in regional and rural areas, because they are a high risk group for suicide. An Australian study of suicide found that suicide rates were significantly higher in the construction and building industry than in the general Australian male population (Heller, Hawgood, & De Leo, 2007). This increased risk was most notable in the 16-24 year age group, where the risk for building industry employees was more than double the general population risk for the same age group. Apprentices make up

the vast majority of people in the 16-24 year age group in the building and construction industry. They are also predominantly male, thus placing them in a group that can experience a number of issues that place them at risk of suicide, including; job insecurity, financial difficulties, drug and alcohol issues, sexuality and relationship issues, reduced help seeking behaviour, life transitions and workplace difficulties including bullying.

Young men are also less likely than other groups in the community to seek help when experiencing difficulty, which further elevates their risk of suicide. Recent research by Incolink (Du Plessis, Hoiles, Field, Corney, & Naphine, *in press*) indicates that young men foresee that they will have *intentions* of seeking help when experiencing difficulties. However, according to the literature many young people who experience difficulties (e.g., suicidal ideation), will also experience a 'help-negation effect', thus decreasing their likelihood of seeking help (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Further research by Incolink indicates that 15% of apprentices are at risk of isolation, as they have no sources in their immediate network (e.g., family, friends) that they feel can support them. This is particularly pronounced in rural and regional areas where there is a heightened sense of isolation and an increased risk of stigma attached to being identified as someone who seeks help for a mental health issue. It therefore becomes particularly relevant to provide a key source of support (the Life Care worker) for young male apprentices to conduct the Life Care program within their TAFE learning environments.

In summary, the Life Care Skills program aims to increase knowledge about suicide and suicide risk factors, such as poor mental health, drug and alcohol issues, financial problems including gambling, and relationship breakdowns. It also aims to increase protective factors, such as skills in handling difficult situations themselves and supporting others experiencing difficulty, and to promote help-seeking amongst young men by providing links to support services and supported referrals.

5.2 Effectiveness of the Project

An external evaluation conducted in 2009 by Victoria University indicates that the Incolink Life Care skills program has been very successful in achieving its aim of suicide prevention through promoting knowledge of suicide risk and preventative factors as well as promoting protective factors and help-seeking behaviour. A summary of the evaluation results are included below.

5.2.1 Increased knowledge of suicide risk factors – as part of the evaluation, apprentices were asked if their knowledge had increased as a result of the program against various suicide risk factors. The following table shows the percentage of respondents that answered positively to this question.

Table 1: Increased knowledge of suicide risk factors

Suicide Risk Factor	%
Mental Health	92%
Physical Health	95%
Drug & Alcohol	92%
Bullying	90%
Financial issues	97%
Work/Life Balance	95%
Life Transitions	99%
Sexuality	93%

5.2.2 Increased skills & knowledge of protective factors – a significant impact of the program has been increasing coping skills thereby building their resilience, and increasing help-seeking behaviour. The majority of respondents in the evaluation said their coping skills had increased around difficult situations such as relationship issues and workplace bullying. The majority of respondents also increased their skills in providing support to friends or colleagues who may be experiencing difficulty - 67% of respondents gave “Get over it” as a response to what would be unhelpful advice to give others facing difficulties. When asked what was one thing learnt from the program sessions, the most common response given was, “talk to someone” about difficulties (21%).

5.2.3 Increase in help-seeking behaviours - the evaluation indicates that young workers are more likely to seek help after having participated in the program. The majority of respondents nominated the Life Care worker as someone they could talk to (46%) and someone that understood their issues (88%). To date, 193 apprentices have requested and been provided with one-on-one advocacy, information and referral to local community services from a Life Care worker following their participation in the program.

5.3 Key Components of Effectiveness

Evidence gathered through the evaluation highlighted several elements of the program as being instrumental in the project’s effectiveness. These factors are summarised below.

5.3.1. Tailoring the project to the learning styles of young working men. An innovative narrative approach to preventative education is used which aims to engage young men in

discussion and encourages them to share their own stories as part of the learning process. This strategy has been adopted in response to research that states when delivering projects to men it is "important to 'gear' the style of delivery towards more informal, chatty presentations over lengthier, didactic, clinical presentations" (Headey, Perkis, Merner et al., 2006). The narrative approach also encourages peer-to-peer learning which is acknowledged to be an extremely powerful method of awareness raising amongst young people, particularly men. The project uses a DVD as a learning tool and this supports the visual learning styles of some young men and also encourages further discussion. Groups are purposefully kept small (on average 8-10) because research indicates that young men are more willing to openly discuss their experiences in smaller group settings (Tyson, 1998). In adopting ways of engagement that appeal to young men, and tailoring the content and language to their age group, the program becomes highly relevant to them, and this increases the likelihood that information will be retained.

5.3.2. Multi-faceted, holistic approach. The program is holistic in how it addresses suicide and suicidal behaviour through integrating suicide risk and preventative factors into the program, such as depression, drug and alcohol abuse, relationship management, coping skills and so forth. The program is not a single intervention, but a multi-pronged, tri-vention (prevention, intervention, postvention) approach to accessing and supporting young men. Life Care workers provide preventive education, individual counselling and outreach support. They provide links between young men and local community services, and individuals are supported before, during and after seeking help from health providers. This multi-faceted, holistic approach enables Life Care workers to become a trusted and reliable support person for young men experiencing difficulty and a single point of contact through the help-seeking process.

5.3.3. Building trust. Trust is critical and Incolink's research into help-seeking behaviours of young men shows that distrust of health professionals is a common barrier for men to access services (Addis & Mahalik, 2003). This project centres on building relationships of trust amongst young men and industry stakeholders. This is achieved by frequent visits to TAFE's and worksites, as well as by developing relationships with young men, teachers, and building site officials over time. Most of the respondents in the project evaluation nominated a Life Care worker as someone they could speak to if facing difficulty. Building relationships of trust with worksite officials and trade teachers has resulted in their increased capacity and willingness to identify young workers that may be at risk of suicide and refer them to a Life Care worker or a local community support service.

5.3.4. Access to workplaces and industry support. Many health services require people to self-initiate access and take-up of services. This is not the case with the Life Care Skills Program. Life Care workers pro-actively engage with young men to create opportunities for them to talk about their situation. Having access to young men at their workplace and training institution is critical to creating these opportunities and overcoming barriers to accessing health services (White, Fawkner, & Holmes, 2006). Incolink has the support of both unions and employers and has invested in building relationships with TAFE's and other industry stakeholders that enables it unique access to young male workers.

6. CONCLUSION

Incolink is committed to the health and well-being of workers and their families in the building and construction industry. Through the provision of the Life Care Skills program Incolink has contributed to raising young men's awareness and knowledge of suicide risk factors. Available data also indicates that there has been a reduction in deaths by suicide in the Victorian building and construction industry between 1999 and 2003. These figures coincide with Incolink's implementation of suicide prevention programs since 1998. More recent evaluations of the program have shown that there is a strengthening of protective factors (Sharples & Aguirre, 2009), which in turn will assist in preventing suicide in young men. In line with previous research, Incolink believes that programs targeted at specific groups (e.g., young men) which are delivered in environments that they naturally frequent (e.g., workplaces or TAFE's for young apprentices) by people whom they can trust and that they can relate to, will have most success in reaching its goals. The importance of building on this initial success in providing ongoing support for young men in a high risk suicide group cannot be underscored enough. The viability of this program, along with other suicide prevention programs, relies on further government support and funding.

It is also important to conduct further research and evaluation to measure the effectiveness of suicide prevention programs over the long-term. We are still learning what works and what does not work in suicide prevention. Systematic and rigorous evaluations are needed to expand our understanding in this area and provide the underpinnings of future programs aimed at suicide prevention. Being able to link individual program evaluations to a broader evaluation framework will enable a comprehensive and nation-wide body of evidence that can demonstrate the overall impact of suicide prevention programs in the Australian community. The government must play a key role in directing and facilitating this process.

7. REFERENCES

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