



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Senate Inquiry Into Suicide



The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

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The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

The MHCT supports the joint submission *Suicide Is Preventable* of:

- Suicide Prevention Australia (SPA)
- Lifeline Australia
- Inspire Foundation
- OzHelp Foundation
- The Salvation Army
- The Mental Health Council of Australia
- Brain and Mind Research Institute, University of Sydney

In addition to what has been recommended by the above consortium of organisations, the MHCT feels it is important to relay to the *Senate Community Affairs Reference Committee Inquiry into Suicide in Australia* the outcomes of the 2009 Suicide Prevention Conference.

In April 2009, the MHCT convened the 2009 Suicide Prevention Conference in Hobart. It was one of the main objectives of the conference to collect recommendations from the delegates. The attending delegates represented a broad range of stakeholders, including the following:

- ACT Health
- Anglicare
- ARAFMI
- Aspire, A Pathway to Mental Health
- Australian Defence Forces
- Australian Institute for Suicide Research and Prevention
- Bethlehem House
- Beyondblue
- Coming Out Proud
- Center for Remote Health
- Central Australasian Mental Health Service
- Central Highlands Regional Health Service
- Centre for Health Policy, Programs and Economics
- Colony 47
- Crisis Support Services
- Department of Health and Human Services (Tasmania)
- Department of Health and Ageing (Australia)
- Gay and Lesbian Switchboard
- General Practice Tasmania
- GROW (Tasmania)
- Hunter Institute of Mental Health
- Jesuit Social Services – Support After Suicide
- Kentish Regional Clinic
- Lifeline Central Australia
- Lifeline Hobart

- Lifeline Newcastle and Hunter
- Lifeline North West Tasmania
- Living is For Everyone
- Living Works Australia
- Mental Health Council of Australia
- Mental Health Foundation
- Mercy Western Grief Services
- Mission Australia
- Missiondale Recovery Centre
- NSW Department of Corrective Services
- NT Department of Health and Families
- OZcare
- OzHelp
- Parakaleo
- Peer Support Australia
- Phoenix Centre
- Queensland Police Service
- Red Cross
- Relationships Australia
- Rural Alive and Well
- Salvation Army
- SANE Australia
- Social Inclusion Unit (Tasmanian Department of Premier and Cabinet)
- Suicide Prevention Australia
- Suicide Prevention Information New Zealand
- TASCAG
- TasCOSS
- Tasmanian Aboriginal Centre Inc
- Tasmania Prison Service
- The Hobart Clinic
- Tasmanian Mental Health Consumer Network
- University of Queensland
- University of Tasmania
- Wesley Mission

Despite the diversity in attending stakeholders, there was an overwhelming consistency in the need for a whole of government response, if the suicide rate in Australia is to decline.

Many additional recommendations were made across the two days. These have been synthesised and organised under five key areas: government, services, community, research and media. These five areas recognise that mental health and suicide prevention is everyone's responsibility. While the recommendations were written to be specific to the Tasmanian context, the MHCT feel their applicability is broader and can apply at the national level.

Government

Government has an important leadership role to play in the prevention of suicide. Recommendations received during the conference that Government could take responsibility for included:

- Ensuring a whole of government response (including initiatives such as the inter-agency committee established in Tasmania, chaired by the Tasmanian Department of Health and Human Services/Statewide and Mental Health Services CEO).
- The Tasmanian social inclusion strategy needs to address disconnection of different cultures within the community. For example, converting empty schools into cultural centres with appropriate recurrent funding is one option recommended to address this.
- Governments need to recognise the value of, and fund appropriately, arts in health projects.
- Improved processes for funding planning services.
- Investigating networks at a regional level to look at gaps and instances of duplication resulting from fragmented funding received from all levels of government. Clear lines of accountability should be ascertained.

- Funding terms should be extended and have provision/flexibility to support smaller communities, including for example GLBTI training.
- Obligation for workplaces to be responsible to government through legislation such as OH&S for mental health and wellbeing policies

Services

Those providing services should consider how they are providing their services, and whether there are ways that they could improve their practice. For example, the conference recommended:

- The implementation of SANE Bereavement Guidelines (to inform practice) by all mental health sector service delivery organisations.
- Interventions being implemented should be individually tailored to the specific community (where community may not be defined by place, but rather common attribute etc).
- Suicide prevention training should be aimed at those who have the greatest access to potentially at risk individuals - i.e. Targeted suicide prevention training for corporals within the Australian Defence Force.
- Working with individuals who may be at risk of suicide should include families. For example, the Australian Defence Force should include families in their suicide prevention training.
- The coordination of all service providers regionally, including service providers coming together regularly.
- Service delivery planning/provision should be evidence based.
- The Peer Support Program to be implemented in all Tasmanian (and Australian) schools.
- Increased recognition of management plans at the local and regional level.

Community

The community can advocate for, and bring about change. Recommendations received that the community can advocate for include:

- Dedicated cultural centres to provide education support to young people.
- Ensuring mentally and physically healthier communities.
- Roll out of RAW (Rural Alive and Well) program to other rural areas including the West Coast.
- More people should complete ASIST training to alleviate suicidality.
- Bereavement services expanded within the community.

Research

Research into suicide prevention should be ongoing. Several gaps in research appeared during the conference that should be addressed, including:

- Future research should have a greater emphasis on social integration.
- Future research should have more emphasis on early intervention and prevention.
- Strengthen research to establish evidence base for effectiveness of arts in health programs.
- More research into suicide and suicide attempts regarding vehicle accidents.
- Reduce 'medicalisation' of suicide.
- Increase mental health literacy of researchers.
- Improve data collection processes around suicide and suicide attempts.

Media

The media is a critical stakeholder in the promotion of positive mental health messages, including those addressing suicide. While there are already programs addressing the reporting of suicide in the media, it was recommended that there also needs to be:

- Campaign at a national level.
- State level suicide prevention strategy to include media strategy.
- Media reporting of diagnoses and misinformation unhelpful such that there is a need to provide media with good evidence and facts; provide alternative stories using media criteria; challenge media to be competitive with good practice, good stories.
- MHCT (peak bodies) to develop media policy that has the capacity to be responsive and proactive.
- Media committee established to work on media responses with ability to take action against negative comments (i.e. boycotting).