

Suicide Prevention in the Macedon Ranges Community Workshop

Wednesday 30 April 2014

Report

Executive Summary

“Our community is inclusive and connected and enjoys strong mental and physical health and wellbeing”
Key goal in Macedon Ranges Shire Council, Council Plan 2013-2017

Macedon Ranges Shire Council is playing a lead role in bringing people from our community together to talk about the issue of suicide prevention in the Macedon Ranges.

Council has hosted two workshops with key stakeholders to gather information about the local context – to improve our understanding of why suicide occurs in the Macedon Ranges and what we as a community can do to prevent it.

These workshops are the first steps in Council’s efforts to increase community understanding of, and support for, mental health and wellbeing. The information garnered from the workshops will provide the basis for a shire-wide suicide prevention action plan.

Next actions

- To form a working group made up of community members with lived experience, representatives from organisations that provide mental health services in the Macedon Ranges Shire and other key stakeholders
- To engage with community members with lived experience who weren’t represented at the workshop (i.e. men, older people)
- Drawing on the outcomes from the Inter-Agency and Community workshops, to draft a shire-wide suicide prevention action plan that covers the prevention-response-recovery spectrum with achievable short-, medium- and long-term actions

Background

Evidence

In 2012 Council analysed data relating to the cause of death of Macedon Ranges Shire residents between 1989 and 2010 purchased from the Australian Bureau of Statistics (ABS). This data indicates that the suicide rate for Macedon Ranges is trending upward, which is opposite to the downward state and national trends observed during that period.

Recent national statistics indicate that 2,535 Australians died by suicide in 2012¹. This is the highest annual number of suicide deaths over the past decade. Suicide is mostly preventable yet it is now the leading cause of death for both Australian males and females aged 15-44 years².

Inter-Agency Workshop³

In response to the local data purchased in 2012 Council decided to develop strategies to increase our community's mental health literacy and ability to access effective support and services through holding a roundtable with local and specialist agencies (2013-2014 action in *Council Plan 2013-2017: Year One*).

55 representatives from 20 agencies that provide mental health or related services in the Macedon Ranges Shire attended the Inter-Agency Workshop on 31 October 2013. Dawn O'Neil AM (previous CEO of *beyondblue* and Lifeline) presented theoretical perspectives on risk factors as well as national and international collaborative approaches that have been successful in reducing the incidence of suicide. Jeanette O'Brien, Coordinator of StandBy Bendigo spoke about the community based 24 hour crisis response program that supports those bereaved by suicide. Ms O'Neil facilitated the remainder of the workshop. Participants discussed four questions that are pivotal to understanding why suicide occurs in the Macedon Ranges, and what we can do to prevent it.

A brief summary of the discussion is listed below:

- Risk factors in Macedon Ranges
 - Individual
 - Social
 - Contextual
- Assets and strengths of the Macedon Ranges community
 - Specialised services, programs and projects
 - Leadership, collaboration and advocacy
 - Place-based and other activities that promote community connectivity
- How to ensure people get the assistance they need
 - Education, information, awareness
 - Networking, collaboration, communication, support
 - Additional relevant services
- List of organisations / individuals who can help realise the change that is needed

¹ABS 2014 *Causes of Death Australia* ABS Cat. No. 3303.0

²Suicide Prevention Australia Media release: No time for complacency – Latest suicide figures released <http://suicidepreventionaust.org/wp-content/uploads/2014/03/2014-03-25-ABS-report-released-FINAL1.pdf> accessed 23 April 2014

³Macedon Ranges Shire Council (November 2013) *Suicide Prevention in the Macedon Ranges: Inter-Agency and Professionals Workshop Report*

Discussion throughout the Inter-Agency Workshop supported the 'take home messages' presented by Ms O'Neil at the beginning of the day:

- Prevention of suicide is not one person's or one organisation's responsibility – a whole-of-community, integrated approach is required. Therefore it is critical that collaborative processes are enhanced and a common agenda is set
- The complexity of the issue necessitates that curiosity is maintained. Individuals and organisations must continue to ask the questions 'what', 'how' and 'why' – and share concerns, information, evidence and ideas.

Recommendations for next actions included:

- To collate and organise further relevant information and evidence so that the issue may be comprehensively explored.
- To hold another roundtable in early 2014 with key stakeholders including community members with lived experience and politicians, with the aim of formulating a suicide prevention action plan for the shire.

Community workshop

The Community Workshop held on 30 April 2014 was a small confidential workshop with community members who have been affected by suicide or are caring for someone who is suicidal and representatives from organisations that provide mental health or related services in the Macedon Ranges Shire. Dawn O'Neil facilitated the workshop (Ms O'Neil also facilitated the Inter-Agency Workshop).

The aim of the workshop was to hear from people with lived experience and work together to identify how we can be more supportive as a community in suicide prevention - preliminary work for a shire-wide action plan. It was clear that participants are seeking an action plan that covers the prevention–response–recovery spectrum with achievable short-, medium- and long-term actions.

Ms O'Neill talked about Suicide Prevention Australia's target of 50% reduction in suicides in Australia by 2023. This includes halving the number of suicide attempts. This target could form the long-term goal of the action plan.

The focus of the workshop (and the future action plan) was on better outcomes for people at risk of suicide and those who care for them; people who have attempted suicide and those who support them; and people who have been bereaved by suicide.

Who attended?

7 residents affected by suicide or caring for someone who is suicidal; 1 politician who attended as a resident; and 19 representatives from 7 agencies that provide mental health or related services in the Macedon Ranges Shire attended the workshop.

10 of those who attended as service providers noted that they had also been personally impacted by the suicide of family members or mental illness experienced by family or friends.

Of the 27 participants, 1 was male.



What can we learn from people's stories?

In the first part of the workshop participants shared their stories – who they were and why they attended.

Common threads identified from analysis of confidential notes of people's stories include:

Common threads:

- the impact of the stigma attached to suicide > friends / extended family / broader community distancing themselves – not knowing how to respond
- the importance of family and community support > which makes the impact of the previous point even more powerful
- the lack of local professional practical support for:
 - families who care for someone who is suicidal > parents / siblings / children need knowledge and skills to care for this person, and themselves; and to navigate the adolescent/adult mental health systems
 - families who care for someone who has attempted suicide > parents / siblings / children need mentoring to prepare for the person coming home
 - families who have lost someone to suicide > no follow up for parents / siblings / children

These common threads underpin the key themes identified by workshop participants:

Key themes as identified by participants:

- Stigma
 - Impact
 - Ability to effectively advocate
 - Need for broad community awareness to combat stigma, e.g. package similar to that done for raising awareness about the danger of illicit drugs⁴ – to encourage people to talk about the issue
- Access to services
 - Support for people with mental health issues *and* support for families/carers
 - Advocacy for support services for carers
 - Communication between services (knowledge of other services available)
 - Service coordination (communication would be one part of this)
 - Funding rigidity and the impact this has on the way services are delivered
- Peer support for people affected by suicide
- Need for support for both genders and all ages (note that only 1 workshop participant was male)
- Location
 - Lack of services in the shire
 - Rurality of Macedon Ranges presents challenges/trauma associated with fire, flood and drought – situations that people in metropolitan areas don't experience
 - Isolation / social exclusion
 - Commuters and lack of social inclusion
 - Community of high achievers

⁴Department of Health, National Drugs Campaign

[http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/\\$file/Past%20phases%20of%20the%20campaign.pdf](http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/$file/Past%20phases%20of%20the%20campaign.pdf)

Broad sustainable solutions

In the second part of the workshop participants divided into three groups to discuss the main themes: *Access*; *Stigma/Community awareness*; and *Support for families/carers*.

In considering possible short-, medium- and long-term actions, participants were asked to consider the following questions:

- What can I do?
- What can our community do?
- What can others do?

The outcomes of this discussion are included below:

Access – support services, information	
Short-term	Education for community members (ongoing) > tapping into existing programs, meetings etc
	Network meetings with service providers
	Resource on Lifeline website on how to set up bereavement support
Medium-term	Service mapping (specific – health / community services / carers) Collaborative approach by each service Pathways (how to navigate the service system)
	Support for family, friends, community after suicide Community register Standby – early intervention and post
Not categorised	Simplified access / referral
	Access time – after hours quality support
	Short term access to mental health services and that can provide immediate support to families / carers
	(Services) funded to come to MRS
	ICT / Digital / e-health – peer support online (24 hrs) ‘Big White Wall’
	How do we cater for those who don’t have mobile or internet access
	Community wide survey on what people need
Resource of all services available to workers and carers (flip guide)	
	Services available to community listed in ‘Shire Life’ delivered to each household, updated regularly step by step guide of which one to call first

Stigma / Community awareness

Issues

- Geographical / service / catchment boundaries (rurality)
- Lack of advocacy for services
- Lack of general community awareness and education

Solutions

Diagram of see-saw

Now: MRSC leading (see-saw high end) / Services at fulcrum / Community following (see-saw low end)

Future: MRSC following (see-saw low end) / Services at fulcrum / Community leading (see-saw high end)

Short-term	<p>Individual</p> <ul style="list-style-type: none"> • R U Ok? Also need tools to respond/address answers to this question • Identify personal support networks <p>Community</p> <ul style="list-style-type: none"> • Celebrate diversity (cultural, sexuality, age)
Medium-term	<p>Individual</p> <ul style="list-style-type: none"> • 'Empowerment' – identifying and mobilising individuals with lived experience as agents for change (e.g. PS My Family Matters, RSL model). Need support and resourcing to form larger group. Group to become community champions (and create peer support group). Drive community education and awareness across age / gender. Draw on existing groups and in different contexts (e.g. school, family) > see next point <p>Community</p> <ul style="list-style-type: none"> • Community education and awareness across age / gender, e.g. Dis/Re-connect hour (campaign) – turn off devices to have real face time; commuter club/s. Promote through community events • Community mapping and promotion of services (Shire Life)
Long-term	<p>Others</p> <ul style="list-style-type: none"> • Reassess community values <ul style="list-style-type: none"> – Identify change from 'country' community to ...? Community survey – Increase community connectedness

Support for families/carers

Issues

Prevention, early identification and postvention
Carers' rights

Solutions

Short-term	<p>PS My Family Matters – support for families</p> <p>Local access to postvention suicide support for bereaved families</p> <p>Mobilising generosity of community to respond in practical ways to support families</p> <p>Sibling support</p>
Medium- to long-term	<p>Increase access to education (funding needed)</p> <p>How do parents talk to young people about suicide (other age groups?)</p>
Not categorised	<p>Individual (personal transformation)</p> <p>Relationships (transforming relationships)</p> <p>Culture (transforming collective patterns of thinking)</p> <p>Learn more about the issue</p> <p>Knowledge for carers – identifying the experience – unwrapping mental health world</p> <p>Having the courage to ask for help Stigma stops</p> <p>Parents – last on the list – experience too exhausting Services dropped in their laps (rather than having to seek it out)</p> <p>Home-based, experienced support person/people who can ride alongside the ongoing experience Peer led....non-judgemental To complement existing networks</p> <p>People with lived experience working in the sector</p> <p>Programs accessible to carers/parents</p> <p>Carers Rights – information sessions in Macedon Ranges</p> <p>Standby model in Macedon Ranges (Victorian Council of Churches?)</p> <p>People with lived experience to be the accountability measure</p> <p>Working group: carers / siblings / consumer representation (driving / guiding / adjudicating)</p> <p style="text-align: right;">Advocacy Agitator</p>



Workshop Evaluation

Participants were asked to complete a workshop evaluation form: 16 responses were received. The response was overwhelmingly positive (see page 9 for full evaluation report) but there were some cautionary messages about the shire-wide action plan:

It's a start – but needs to be reviewed regularly

.. a huge task for the community

I think we try anything we think might help. ACTION everything, rather than talk.

Next steps

The aim of the Community Workshop was to hear from people with lived experience and to gather information to inform a shire-wide suicide prevention action plan. The information garnered from this, and the previous Inter-Agency Workshop, will be invaluable during the development of this action plan.

The next steps in this process are:

- To form a working group made up of community members with lived experience, representatives from organisations that provide mental health services in the Macedon Ranges Shire and other key stakeholders
- To engage with community members with lived experience who weren't represented at the workshop (i.e. men, older people)
- Drawing on the outcomes from the Inter-Agency and Community workshops, to draft a shire-wide suicide prevention action plan that covers the prevention-response-recovery spectrum with achievable short-, medium- and long-term actions



Workshop Evaluation Report

Participants were asked to complete a workshop evaluation form: 16 responses were received. The response was overwhelmingly positive, below is a summary of responses received.

Question	Yes	No	Did not answer
Did you feel included?	16		
Did you have the opportunity to speak, if you wanted to?	16		
Did you feel listened to?	16		
Do you think the actions in the draft Action Plan reflect what needs to be done? ⁵	12		4
Do you feel there is an opportunity for you to participate further if you wanted to?	15		1

The following are examples of the comments received about the workshop

Question	Comments
Did you feel included?	<p><i>As a latecomer (only was aware day before) so not on 'booked in list' – I was completely included and felt very comfortable at all times. Thank you. (1)</i></p> <p><i>Excellent opportunity to share knowledge and expertise and stories.(3)</i></p> <p><i>Very much. (8)</i></p> <p><i>A very well run and inclusive event. (10)</i></p> <p><i>Felt welcomed by all. (11)</i></p> <p><i>There was ample opportunity provided to speak, and people willing to listen (and respond). (14)</i></p>
Did you have the opportunity to speak, if you wanted to?	<p><i>Everyone and all comments were treated with enormous respect and given a great sense of value. There were no feelings of judgement which can occur sometimes. Very comfortable forum for such a sensitive discussion.(1)</i></p> <p><i>Respect for inclusion; opportunity for people to equally contribute.(3)</i></p> <p><i>Definitely. (8)</i></p> <p><i>Tables worked really well. (10)</i></p> <p><i>Felt heard and valued. (11)</i></p>
Did you feel listened to?	<p><i>Absolutely. As a non-professional in this subject I felt the ability to speak even on the 'ordinary aspects' concerning people in this very sensitive situation – economic, day to day pressures, skills to 'be there' for people / friends in the community. Recognition of signs with people / friends in the community. My small thoughts were absolutely listened to and incorporated into the summaries from my table.(1)</i></p> <p><i>Each member of the discussion was valued and listened to.(3)</i></p> <p><i>Certainly. (8)</i></p> <p><i>Very respectful and considered format. (10)</i></p>
Do you think the actions in the draft Action Plan reflect what needs to be done? ⁵	<p><i>It's a start – but needs to be reviewed regularly. (3)</i></p> <p><i>It's a good start. (5)</i></p> <p><i>Indeed. (8)</i></p> <p><i>What is it? (Did not see) (9)</i></p> <p><i>I do. Though a huge task for the community. (11)</i></p> <p><i>I'm not sure – I think we try anything we think might help. ACTION everything, rather than talk. (12)</i></p> <p><i>In addition to some of the required actions identified today. (14)</i></p>



Question	Comments
Do you feel there is an opportunity for you to participate further if you wanted to?	<p><i>Need to further develop and evaluate an action plan that aims to include key stakeholders. (3)</i></p> <p><i>Mental Health Carer Support Program, Carers Victoria – access workshop; supporting PS My Family Matters. (6)</i></p> <p><i>We were invited to attend future workshops. (10)</i></p> <p><i>Willing to volunteer for support group. (11)</i></p> <p><i>I would like to be involved as part of my role in mental health, to better support our community. (14)</i></p>
Other comments / suggestions	<p><i>Establish a Suicide Prevention Action Group. (3)</i></p> <p><i>Very well organised. Good facilitation. Difficult area. (4)</i></p> <p><i>Worthwhile event – I feel excited that the situation will improve – well at least the wheels are beginning to turn. (7)</i></p> <p><i>Would be happy to be part of working group. On our table we discussed seeking funding to start up a community group to get the 'Macedon Ranges connect' started. Thanks for well organised and productive workshop. (9)</i></p> <p><i>I would like to continue to support a community driven program to raise awareness. (10)</i></p> <p><i>Well done to all. (11)</i></p> <p><i>Thanks. (12)</i></p> <p><i>I'm not a resident of the Macedon Ranges but I felt included and felt my attendance was appreciated. Even though my future involvement may be limited, as I work with a high risk group of 16-25 year olds, I do hope I can have some input. (13)</i></p> <p><i>This is a great space to collate a range of services and community. Well done in putting this together. (16)</i></p>

⁵The evaluation form was designed for the planned workshop format. The actual workshop format varied slightly and did not result in draft actions for an action plan.

