

Suicide Prevention in the Macedon Ranges

Inter-agency & Professionals Workshop

Report

13 November 2013

Executive Summary

A key goal in Macedon Ranges Shire Council Plan is that our community is inclusive and connected and enjoys strong mental and physical health and wellbeing. To achieve this goal, Council is focussed on increasing community understanding of, and support, mental health and wellbeing. It is hoped that this approach will have a positive influence on reducing suicide in our municipality.

The upwards trend in suicide that has occurred in the Macedon Ranges Shire over the past two decades presents a significant barrier to the area being one that provides the opportunity for all individuals to live a fulfilling life. *Suicide Prevention in the Macedon Ranges: Inter-agency & Professionals Workshop* represents the beginning of a whole-of-community response to the issue. Guided by an expert in the field, participants shared their extensive local knowledge and experience. The workshop was the start of an ongoing dialogue that will identify local risk factors of suicide; the existing assets and strengths of the community that can be used to help prevent suicide; and the ideas and resources that will ensure a safe, connected, and healthy community for all. Whilst it was evident that the workshop was beneficial to a broader understanding of the issue, it also highlighted that there is still much work to be done.

Recommendations/next actions

- That further relevant information and evidence be collated and organised so that the issue may be comprehensively explored.
- That a round-table discussion be held in February 2014 with key stakeholders including politicians, community members with lived experience, and community champions, with the aim of formulating a suicide prevention action plan for the Macedon Ranges Shire.

Background

The Macedon Ranges Shire Council Plan 2013-17 incorporates the Municipal Health and Wellbeing Plan for the first time. Previously a stand-alone plan under the Victorian Public Health and Wellbeing Act 2008, Council has incorporated the plans in an integrated approach aimed at improving partnerships for optimal health and wellbeing outcomes for the community.

Mental health has been identified as a priority for health promotion in the plan through analysis of health and wellbeing data and consultation with local community health agencies. An action in year one of the plan is 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.

In April 2012 Macedon Ranges Shire Council commenced an analysis of 22 years (1989-2010) of Australian Bureau of Statistics (ABS) data related to suicide in the Macedon Ranges. This data indicates that the suicide rate for Macedon Ranges is trending upward, which is against the downward state and national trends. Council received a presentation on this data, and agreed to support further actions to help prevent suicide in our community.

Council determined it was important to increase community awareness on the issue, and to identify potential partnership approaches that may support the reduction of suicide in the shire. As a first step, Council, Cobaw Community Health, and Central Victorian Health Alliance organised a workshop for mental health providers, schools, emergency services, and other local agencies. The aim of the workshop was to table the issue, identify what prevention work is currently underway, and where the gaps are. It was also anticipated that the workshop could identify the next steps required.

The workshop

55 individuals representing 20 agencies and services that work in the Macedon Ranges Shire, attended the workshop on 31 October 2013 at the Kyneton Town Hall. The workshop started with an overview of the ABS data relating to suicide in the Macedon Ranges. Dawn O'Neil AM (previous CEO of *beyondblue* and Lifeline), presented theoretical perspectives on risk factors, as well as examples of national and international collaborative approaches that have had significant success in reducing the incidence of suicide. Participants also heard from Jeanette O'Brien, Coordinator of StandBy Bendigo, a community based 24-hour crisis response program that supports those bereaved by suicide. Ms O'Neill facilitated the remainder of the workshop. Central to the workshop's goal of information gathering were four group activities, where all participants worked together to discuss four questions that are pivotal to understanding why suicide occurs in the Macedon Ranges, and what we can do to prevent it. These questions and a summary of the information garnered are presented on the following pages.

What are the risk factors here in the Macedon Ranges?

The workshop participants acknowledged that there are many factors that may influence the vulnerability of individuals, to the risk of suicide. The following table highlights the individual, social, and contextual risks articulated by workshop participants:

Individual

- *Seniors*; our growing aged population (60 and over), may feel as though they have lost their 'value' as active participants in the broader community. Physical and mental health problems also present as risks for this demographic.
- *Youth*; Unique perspectives of the meaning and outcome of suicide may be prevalent amongst young people, i.e. wishing to join or reunite with people who have passed,

exacting revenge.

- *Carer stress*; for those that are tasked with looking after our aged population.
- *Lower resilience*; a result of poor coping mechanisms, late or non-existent help-seeking behaviour, increased impulsivity and desire for instant gratification.
- *Mental health problems*; including post-natal depression, dementia, birth-trauma.
- *Personal experience of life transitions*; i.e. becoming a parent, moving community, finishing school, starting university.
- *Alcohol and other drug use*
- *Gambling*
- *Experience of family violence*

Social

- *Social media*; particularly the influential role it plays in the lives of young people.
- *Family conflict, discord, tension, dysfunction, disconnection, breakdown*; the necessary commuting lifestyle, transience of young adults out of the community, and job demands in general, were seen as contributing factors to families being 'time-poor'. Separation/divorce and parental expectations of their children's achievement were other factors thought to create significant risk factors.
- *Family violence*
- *Reduced sense of community*; our community is now comprised of many 'tree-changers' who may not hold the same views or values about community.
- *Social isolation*; two groups at risk include teenage mums, older mums.
- *Stigmatisation and bullying*.
- *Perceived vs Real connections between individuals and support systems*; i.e. the support received by an individual may be not the support that was promoted/expected.
- *Experience of family violence*

Contextual

- *Geography*; no central town.
- *Access to appropriate services*; type, relevance, flexibility, location, lack of transport, and timeliness (when, and what time) of service, were all considered as barriers to access. The lack of 24/7 crisis services, day programs, support for families with complex issues, ongoing care, and 'prevention programs,' were also highlighted as significant issues. There was also discussion surrounding the population's overall awareness and understanding of services – what they do, what the experience will be like with the service, etc.
- *Services/agencies acting as silos*
- *Employment*; It can be insecure and precarious in nature.
- *Lack of diversity/weakening of social outlets*; whilst we have many sporting groups, it was thought that other interests and hobbies were either not well represented, or were not as strongly represented now (i.e. Scouts).
- *Under-reporting of suicide*
- *Community fear about suicide*.
- *Low profile of mental health issues and suicide*; resulting in low capacity to attract funding and resources, as well as lack of awareness amongst broader community.
- *Protective features of the Macedon Ranges community* may be also counter-productive, as in individuals are not empowered.



- *Global financial crisis*
- *Natural disasters; i.e. bushfires and drought.*



What are the assets and strengths of the Macedon Ranges community?

Individual, social, and contextual factors also present as protective features that can help to reduce the likelihood of suicidal behaviour. The assets and strengths of the Macedon Ranges community are important means of promoting social connectedness, and providing support to individuals trying to cope with difficult circumstances. Workshop participants identified the following resources as important assets of our community:

Specialised services, programs, and projects:

Live4Life (including Youth Mental Health First Aid); Youth Awards; Local Police – Youth Resource Officer; Brooke Street Medical Centre; Mental Health Nurses at some GP clinics; Wellbeing incorporated across school curriculum; Maternal Child Health Nurses.

Leadership, collaboration, and advocacy:

Forums like this, and leadership by Council; Mental Health Providers Network; Networking across all schools; Community ‘champions’ who take up issues and ‘run with it’

Place-based and other activities that promote community connectivity:

- Perception that living in the shire is safe, and this gives children freedom and an opportunity to develop greater resilience
- Natural beauty and resources that promote a healthy lifestyle
- Community assets, facilities, and groups (i.e. sporting clubs, Scouts, Guides, churches, music/arts/theatre groups, Men’s Shed, skate parks, library sessions, playgroups)
- Strong volunteering culture; neighbourliness and other rural qualities (i.e. healthy lifestyle, sense of responsibility, no traffic, nurturing qualities of school communities)
- Community that is not afraid to speak up; readiness to respond in crisis
- Employment opportunities (i.e. Council as a major employer of local people)
- Lots of local media resources; local businesses provide services and sponsorship; generosity in fundraising activities
- People connecting via Facebook
- Passionate professionals.

What can happen to bridge the gap to ensure people get the assistance they need?

The final questions of the workshop enabled participants to think about what might need to be done, what could happen, and who could be involved, to change outcomes.

Education, information, awareness:

- Provision of literature, and specific education to professionals, emergency services, community groups, the broader community,
- Expansion of Live4Life to additional demographics.
- Council to be more curious about the data; deeper analysis required of the information we have.

Networking, collaboration, communication, support:

- Opportunities for reflection in what went well/what went wrong.
- Build a 'no blame' culture.
- Relay the good stories.
- Mobilising and involving the community in finding, and being part of solutions.
- Collaboration between agencies on more projects and services.
- Use of peer support.
- Outreach to skate parks.
- Different/more funding options.
- Elimination of 'hand-balling'.
- Advice from the experts (i.e. Headspace).
- Conversations at a higher/decision-making level.
- Conversations with people who have had lived experiences.
- Opening dialogue with young people.

Additional relevant services:

- 24/7 crisis care.
- Post-vention/StandBy.
- Crisis accommodation.
- After Hours Police.
- Greater delivery on outreach services.
- Service Directory.
- Co-location of youth services.
- Teen Mental Health First Aid.
- Headspace (on need, not population).



Who can help us realise the change that is required?

Workshop participants identified that many individuals and organisations can help change be realised. Conversations about solutions should include:

<i>Politicians</i>	State and Federal members
<i>State government</i>	Department of Human Services, Department of Transport, Department of Health
<i>Local government</i>	Councillors and staff
<i>Health services</i>	local medical practitioners, hospital representatives, community health, Medicare Local, Women's Health Loddon Mallee
<i>Mental health organisations and services</i>	Suicide Prevention Australia, beyondblue, Headspace, Reachout, Orygen, Lifeline, CAMHS, public and private practice, mental health nurses
<i>Education</i>	Primary and Secondary Schools, Junior School Councils, Universities, Kindergartens, Child Care Centres
<i>Community organisations</i>	St Luke's, Haven, Salvation Army, Neighbourhood Houses
<i>Community groups</i>	Rotary, Apex, CWA, Sporting Clubs, Churches, Performing arts/music groups
<i>Justice and law enforcement</i>	local police, QC's, Youth Justice
<i>Emergency services</i>	Ambulance
<i>Community members</i>	lived experience of suicide, mental health experience, young people, older people
<i>Philanthropists / business owners / celebrities</i>	Michael Gudinsky, Lloyd Williams, Asher Keddie, Samuel Johnson, Atholl Guy, Ruby Rose, Tonia Todman, BATAs
<i>Local media</i>	

Workshop participants also took part in two mapping exercises aimed at identifying where current services exist, population groups serviced, and types of programs available. This information is being processed with a view to present a profile of current interventions, as well as geographical and service gaps that may exist.

Conclusion

Discussion throughout the workshop clearly supported the 'take-home messages' Dawn O'Neil presented at the beginning of the day:

- The prevention of suicide is not one person's, or agency's responsibility. Research demonstrates that the issue requires a whole-of-community integrated approach. It is therefore critical that collaborative processes in the Macedon Ranges are enhanced, and that a common agenda is set.
- The complexity of the issue necessitates that a curiosity is maintained. Individuals and organisations in the Macedon Ranges must continue to ask the questions what, how, and why, and share our concerns, information, evidence, and ideas. Council can play a lead role by facilitating discussion and analysis of the information available.