

A COMMUNITY BASED, MULTI-DISCIPLINARY APPROACH TO SUICIDE PREVENTION

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THIS PAPER DISCUSSES THE DEVELOPMENT AND ACTIVITIES OF THE FIRST community-based suicide prevention group in Australia. Outlined in the paper are the history, objectives and the work undertaken to date of the Suicide Prevention Task Force. Also examined is the Task Force training package which is used to train health and welfare professionals in the area of suicide prevention.

Introducing the Region

The Suicide Prevention Task Force was formed in November 1987. Its formation was the response of a number of workers who were working in Health and Welfare in the Campbelltown area, in the south-west of Sydney. These workers had attended a number of conferences and workshops about suicide and were frustrated that all efforts to deal with suicide appeared to be happening at an academic or university level or a policy level and very little was being done at the grass roots community level to make people aware of the issues of suicide, to prevent suicide and to work with survivors of suicide.

The Macarthur Region is about fifty kilometres south-west of the centre of Sydney. It is a distinct geographical entity which encompasses the three local government areas of Campbelltown, Camden and Wollondilly. Each of these local government areas is different and yet together they form an interesting pattern for workers. Campbelltown is the main population centre and this is where most agencies are based. However, as Camden and Wollondilly grow, services are being provided more and more in these two outer areas, with Wollondilly being the most rural of the three. Campbelltown itself is a mixture of public and private housing estates and, over the last ten years, the population has grown to about one hundred and thirty thousand, a third of whom are under 15 years-old.

Camden is mainly rural population, however, in the last twelve months there has been enormous growth and this is proving to be one of the fastest growing areas in this region. The Shire of Wollondilly is a mainly rural area with twelve small townships, each of which are also growing due to their proximity to Sydney.

Campbelltown is fortunate to have a number of service providers working in the area. The main government departments, both state and Commonwealth, have offices in Campbelltown as do the major non-government agencies. However, due to the enormous population increase, these agencies are always overworked with often long waiting lists for counselling services. The stresses of living in the Macarthur region are evident with the high youth population and very few recreation or entertainment facilities. There are high rates of vandalism, petty crime and family stress with a high proportion of young families and single parent families living in the area.

Workers in the area are constantly challenged with issues such as youth homelessness, domestic violence, child abuse and, more recently, suicide. It was from this perspective that a number of people who work in areas which focus on families and young people came together at the end of 1987 with the common purpose of addressing the issue of suicide in the Macarthur region.

Development of the Task Force

The first meetings were somewhat chaotic. There were about twelve members, each of whom had a yearning to do something about suicide, without the knowledge of quite where to begin. There was an attempt to recruit to the Task Force a cross-section of professionals including ambulance drivers, police and doctors. However, representatives from these organisations, although expressing a keen interest, were unable to put the time and energy in to attending meetings.

In December 1988, an Association was incorporated to develop a Constitution with the following objectives:

- to decrease the incidence of suicide and attempted suicide in the Macarthur region amongst all age groups;
- to raise awareness and educate the general public and professionals working in Macarthur on the issue surrounding suicide;
- to provide training and a consultative service to those who requested such a service;
- to promote and encourage suicide prevention amongst people living in the Macarthur region;
- to collect statistical data to monitor the prevalence of suicide in the region;
- to acquire appropriate resources about suicide and related issues both from within Australia and from other international organisations;
- to encourage networking between local agencies who deal with suicide issues;
- to encourage active cooperation between government and non-government organisations regarding the issue of suicide prevention;
- to encourage and assist the formation of groups in other regions to address the issues surrounding suicide.

At this time, membership was considered seriously as it was felt it would be very easy to open membership to the general community, to become a mixture of professionals working in the field and others living in the community who perhaps were survivors or in some way touched by suicide. It was felt that this would not be viable and would be, in fact, untenable, so a decision was made that the Task Force itself would only be made up of professionals working in the field. It was acknowledged, however, that there may be a need for survivors in the community to meet, and it was felt that if this was an identified need in the future, a separate group would be considered, perhaps under the umbrella of the Task Force.

Members were drawn from a variety of health and welfare agencies, including state Departments of Family and Community Services, Education, Health; Federal Department of Employment, Education and Training; the local hospital; representatives from local government mainly working in the field of youth; and representatives from some of the major non-government agencies such as Marriage Guidance Council, Burnside, Lifeline and Centacare.

The group felt that the best place to begin was to become educated about suicide and to feel comfortable talking about the issue of death. A number of training meetings were arranged on a regular monthly basis, and each meeting was used to discuss issues relating to suicide, statistical data, overdoses, myths and facts, crisis counselling and so on. A local palliative care worker was contacted who was able to spend time with the group assisting people to work through their own death fantasies. This was found to be a really valuable experience and for many it opened the door to talking about an issue that even professionals find difficult to talk about: death. Through other organisations, the group was able to collect journal articles and books which were shared, read and discussed to enable an understanding of some of the concepts in this difficult material.

Others in Sydney who were working in the field of suicide were contacted and invited to share their knowledge and information about suicide.

Activities Suicide Prevention Brochure

Very early the group became aware that there was very little information available for the general public in the area of suicide and suicide prevention, so a number of brochures were developed which would give relevant information about prevention of suicide and which would be available to the general public. Three brochures were developed: one targeting adolescents; one parents; and a general brochure. Each of these brochures provides information which can assist the general public to be aware of the issues of suicide. Every care was taken to ensure that these brochures were not sensational, that they had no jargon, and that they were clear and to the point. They also pointed out where help could be received.

The Macarthur Area Health Service and the Department of Employment, Education and Training assisted by providing some funding for artwork and the initial print run.

Response to these brochures has not been all positive. Prior to printing, the draft brochures were sent to some people working in the field of suicide who could give an opinion about whether the content was useful. The majority of the responses were positive. Some of these people felt that providing a brochure-style publication might encourage people to suicide. However, after some discussion with suicidologists in the United States, it is the belief of the group that this does not seem to be the case.

The launch of these brochures in February 1989 was a public affair held at the local shopping centre with assistance from 2JJJ. Following the launch of the brochures, there was quite a lot of interest not only by the local and Sydney media but also by the ABC through Radio National. The group's work with the media has also been quite extensive and it is felt that in breaking the taboo of suicide, there is no encouragement to those who are suicidal to attempt, but those who are suicidal are encouraged to seek help.

Employment of a Worker

Enormous amounts of energy were needed to keep up with the demand put on the Task Force. Throughout 1989, the group applied to numerous Commonwealth and state government departments for funding for a worker to assist in the work. Unfortunately, no

funding was forthcoming, although some facets of the bureaucracy gave support to the submissions.

Late in 1989, the Myer Foundation made a grant for one-year's funding for a worker to coordinate some of the Task Force's activities.

The Suicide Prevention Worker has three main functions. The first, to coordinate and to assist in the training program so that more training can be provided to workers in the field. The second role is a networking role. Networking in its broadest context, which includes contact with others working in Australasia in the field of suicide prevention and suicidology, and overseas, and the collation of statistics so necessary in the development and continued work of prevention programs. Thirdly, the Suicide Prevention Worker will be involved in a number of groups for young people, as well as their families. In the first instance, a group is being developed for survivors in the Macarthur Region.

Training Others

As expertise was developed in the field, requests were received to work with and train other professionals in the area of suicide. Over the last six months, a training package has been developed which is good grounding for other professionals who wish to work in the field. In the preparation of the training package, an attempt was made to condense the large amount of information available from overseas publications and others working in the field to provide succinct, factual information and literature sources for professionals who wished to expand their involvement in the area of suicidology, specifically in suicide prevention.

There were two main streams of thought about dealing with those who were suicidal. From the literature and discussion with suicidologists in the United States, these models of conceptualisation were, at times, at odds with each other. One model is the medical model which sees suicide as a psychiatric disease or sees suicide attempters as having a psychiatric disease. The other model, a more systemic analysis of suicide, sees suicide as something that could happen to anybody, given a number of stress factors occurring to them within a short, or protracted period of time. Following evaluation and discussion with suicidologists in the United States and within Australia, the Task Force chose the latter model and decided to work the training package around a more systemic analysis of suicide.

Outline of the training package

The aim of each day-long seminar—which has been presented to a range of health, welfare and legal professionals—is firstly to acquaint them with what suicide is; to discuss with them some of the myths surrounding suicide in today's society; to then look at what are considered to be the risk factors and warning signs for the person who may attempt suicide. The majority of the people that the Task Force trains are working with adolescents, therefore, some time is spent looking at adolescent suicide before moving on to the intervention phase—how to deal with it in a crisis mode and then how to deal with it in longer term counselling. Also, during training sessions participants are encouraged to continue researching about suicide and perhaps even to set up their own task forces. Therefore, an inclusive bibliography is provided, and those attending are encouraged to network and perhaps go back to their communities to set up an interest group which can focus on the issue of suicide and suicide prevention.

The definition used in the training package is one which comes from Shneidman (1985):

Currently in the western world suicide is a conscious act of self-induced annihilation best understood as a multi-dimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution.

The myths and facts session is an important part of the workshop. For many people, there are many myths about suicide and an attempt is made to debunk some of these myths to ensure that participants in the workshop are starting with a clear understanding of some of the myths and facts around suicide. Some of these myths are: those who talk about suicide do not attempt or commit it; all suicidal people are mentally ill; suicide only occurs in the adult population; talking about suicide encourages people to do it; suicide happens without warning. The risk factors and warning signs of suicide are discussed so that individuals will be aware of these when dealing with their client populations.

Some time is spent looking at adolescent suicide as it is the second highest killer of adolescents in Australia. Adolescent development and suicide is specifically discussed and then a video is shown called, 'I Don't Want You to Die', which was produced by a suicide prevention centre in America. The video uses role-play situations with adolescents to explore adolescents' perceptions of what suicide is, some of the antecedents to a suicidal situation, and some of the ways that an individual can actually intervene with a suicidal individual to avert the crisis, particularly when dealing with their peers.

The remainder of the training session is devoted to looking at counselling techniques for professionals involved in face-to-face client work. Issues such as level of lethality and degree of perturbation are explored in an attempt to train workers to assess both of these fundamental factors when dealing with suicidal individuals.

An important part of the role as a Task Force is to encourage networking and the development of other task forces in other areas. Resources are provided such as education backup and training for these groups in their initial phase of operation. It is easy for people to get enthused while attending a training session but that soon dissipates when they go back to their workplace so networking is encouraged at the seminar. Hopefully, it will continue to gather momentum.

Working with the Media

The Task Force has been called upon on many occasions to provide information to the media about suicide, including radio and television interviews which largely looked at debunking some of the myths that the population has about suicide. At all times, work with the media ensures that reporting is accurate and non-sensational and sensitive to avoid 'copycat' suicides.

Some Issues Highlighted

There have been several outcomes as a result of forming the Suicide Prevention Task Force. The first of these has been the overwhelming number of requests to provide training to both government and non-government organisations, both within the local area of Macarthur, within Sydney and, in fact, in large regional centres in NSW, for example, Newcastle, Taree, and Wollongong. Upon evaluating the training program, a consistent complaint by the attendants at our workshops and conferences has been the little training and the little provision for service that government has allocated to suicide and its prevention. This is a crucial issue, as the number of suicide attempts increases, especially amongst young people.

Secondly, and in some ways not a surprise to the members of the Task Force, workshop participants have talked about the lack of networking within the health, welfare and legal sectors. Often within one small geographical area a variety of services will not be aware of other services which exist within that geographical area. This has been an

important task, that of providing networking between agencies within areas, in order to minimise the effect of clients not being referred effectively.

Networking is also an effective way of workers supporting each other, to ensure that a quality service is given to each young person being seen. Professionals too are stressed, especially when working face to face with young people whose lives are stressful, and particularly if completed suicides or suicide attempts are a common occurrence. In areas where there is a paucity of workers, the opportunity for support and debriefing is vital.

Lastly, the several hundred participants to Task Force workshops and conferences have discussed the issue of looking at suicide and suicide prevention systemically from a community development perspective. Broadening participants' understanding of suicide has allowed them to look at many more options other than just maintaining and relying upon our psychiatric hospitals and psychiatrists and psychiatric workers as being the only help for the majority of suicide attempters and the surviving families. It has been the Task Force's experience, and certainly the experience mirrored by many of the workers throughout the areas in which seminars have been presented, that access to psychiatric hospitals has been minimal or nonexistent and certainly access to the scarce resources of psychiatrists and psychiatric nurses has been very difficult to obtain. By broadening the skill level of workers dealing with suicidal individuals, service delivery to those in need is more accessible. It should be emphasised that, when talking about suicidal individuals, the Task Force believes that the majority are not psychiatrically ill and do not have a diagnosable psychiatric condition. It is felt that, in providing prevention services, the group is reducing the burden in our already overtaxed psychiatric hospitals and community mental health services.

Conclusion

It is now nearly three years since the Suicide Prevention Task Force first began. It began as a group of workers concerned about the issue of suicide in a small geographic area. The Task Force believes that it has made some impact, not only in prevention of suicide, but also in training of other workers how to deal with those affected by suicide. However, there is a lot of work yet to be done.

References

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