Why Suicide Prevention is EVERYBODY’S Business

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Suicide Prevention Strategy 2020 & your Suicide Prevention Coordinator

- Promotion/facilitation of suicide prevention and mental health training to professionals, para-professionals and communities, increasing local communities and service capacity to identify and respond to suicide and related mental health issues

- Providing suicide postvention coordinated responses to families and communities

- Promotion of mentally healthy workplaces

- Providing public education campaigns and resources tailored to specific age groups and populations

- Assisting local capacity building through Suicide Prevention Community Plans or Wellbeing Plans (SP & AOD)

- Facilitating events to create community dialogue and inspire action in the area of suicide prevention

- Collaboration with local stakeholders to strengthen suicide prevention protocols.

- Assist communities/organisations in applying for MHC Suicide Prevention Grants.
On average one person loses their life to suicide every day in Western Australia

2016 ABS Data - 371 deaths by suicide in Western Australia.

The impact of this statistic is felt deeply and spans the entire community.

It is estimated that for every suicide, 6 people are deeply affected and 30 more affected.
Nationally, eight (8) people each day take their own life.

Suicide is the 15th leading cause of death in Australia.

In 2016 suicide was the leading cause of death for all people aged 15 to 44 years.

Men account for three-quarters of all suicide deaths; however, the suicide rate among women has been increasing.

Suicide is the main cause of preventable death for 15 – 24 year olds in Western Australia.

Although more men take their life, more women attempt to take their life.
Age specific suicide rates in Australia

Figure 1. Age-specific suicide death rates, Australia 2012

Source: Australian Bureau of Statistics, 2014
Suicide Attempts

For every suicide in Western Australia, there are approximately 20 suicide attempts.
High Risk Populations

- ATSI – 3 times higher than non ATSI
  - Youth
- Individuals with a mental health diagnosis/disorder
  - LGBTIQ
  - Rural & Remote
  - CALD
  - People bereaved by suicide
- People who have previously attempted suicide
- People who misuse alcohol and other drugs
  - FIFO/BIBO/DIDO Populations
    - Prison populations
    - First Responders
Other important factors to consider: SOCIAL DETERMINANTS OF HEALTH
Building a community safety net that helps prevent suicide

- Improving emergency and follow-up care for suicidal crisis
- Using evidence-based treatment for suicidality
- Equipping primary care to identify and support people in distress
- Improving the competency and confidence of frontline workers to deal with suicidal crisis
- Promoting help-seeking, mental health and resilience in schools
- Training the community to recognise and respond to suicidality
- Encouraging safe and purposeful media reporting
- Engaging the community and providing opportunities to be part of the change
- Data-driven decision-making
- Workforce information and development
- Cultural governance and inclusion
- Lived experience inclusion at every level
- Community engagement
What now?
DO NOTHING

After a critical incidence, often the spotlight is shone on communities and questions are asked
“What could we have done to prevent this incident?”
“Are we seen as a reactive or a proactive community?”
“Is Safety & Injury Prevention a priority within our community?”

These things should be a priority for LGA’s
• Community promotion of physical and emotional wellbeing
• Health services located within or providing outreach support in the treatment and prevention of injuries
• Local community members undertaking St John Ambulance training and mental health and suicide prevention training
• Knowledge of road safety and associated harms
• Knowledge of mental health and associated harms
• Knowledge of suicide prevention and associated harms
• Knowledge of older adults safety and commitment to pro-actively work in this space
• Knowledge of farm safety and associated harms
• Injury Prevention information disseminated through a variety of outlets
DO A LITTLE

• Wellbeing and injury prevention messages in community newsletters and publications.

• Supporting and encouraging mental health literacy and suicide prevention training in your communities.

• Being involved in State and National Initiatives (R U OK? Day, Mental Health Week, World Suicide Prevention Day).

• Ensuring that local community events have wellbeing messages and initiatives embedded.
TRAINING & EDUCATION

Gatekeeper
ASIST
safeTALK
Conversations for Life
Rural Minds
Mental Health First Aid for Adults supporting Adults
Mental Health First Aid for Adults supporting Youth
Aboriginal Mental Health First Aid
Opening Closets Mental Health Training
Staying Safe with Solid Yarning
Deadly Thinking
DO A LOT

• Well-being and injury prevention messages in community newsletters and publications.
• Supporting and encouraging mental health literacy and suicide prevention training in your communities (St John Ambulance training)
• Being involved in State and National Initiatives (R U OK? Day, Mental Health Week, World Suicide Prevention Day)
• Ensuring that local community events have well-being messages and initiatives embedded.

PLUS

• Utilising Yirra Koorl Newsletter and its prevention and wellbeing information
• Ongoing and regular mental health literacy and suicide prevention training
• Promoting the Think! Mental Health campaign within your community
• Ensuring that all workplaces are mentally healthy workplaces and also free of stigma and discrimination (lead by example and start within your LGA)
• Creating a local Suicide Prevention Community Plan
• Creating a Wellbeing Plan (combining suicide prevention and alcohol and other drug harm minimisation strategies)
Yirra Koorl – looking forward
Your prevention and wellbeing update for the Wheatbelt
Think! Mental Health Campaign & Website

https://www.thinkmentalhealthwa.com.au
The importance of workplace wellbeing and its impact on Productivity

Depression, anxiety and stress are now the leading cause of long-term sickness absence in the developed world.

They are also associated with PRESENTEEISM, where an employee remains at work despite their emotional ill health, causing significantly reduced productivity.

In Australia alone, from absences to lost productivity and compensation claims the hidden cost of poor mental health in Australian workplaces has been valued at **$12 billion**, including over $200 million worth of workers compensation claims.

*Every dollar invested in prevention in this area could see a Return on Investment (ROI) of $2.30”*
LGA’s that are leading by example!

- Shire of Moora
- Shire of Merredin
- Shire of Yilgarn
- Shire of Victoria Plains
- Shire of Pingelly
Pingelly Wellbeing Plan

Priority Areas:

1. Responsible provision of alcohol in sporting club

2. Disengaged youth resulting in antisocial behaviour

3. Excessive alcohol and other drug use resulting in violence and child neglect
“Where is the proof that it works?”
Highly commended
2018 Injury Prevention & Safety Awards

WA WINNER
2018 Alcohol and Other Drug Awards
Best Practice/Excellence in Prevention
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