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Putting Prevention First

Suicide Prevention Planning

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Director, Hunter Institute of Mental Health

Who we are

Our vision	**A future where fewer people are impacted by mental ill-health and suicide.**
Our purpose	**To reduce mental ill-health and suicide and increase wellbeing through building the capability of individuals, families, communities, organisations and governments.**
Our pillars of work	✓ **Prevention of mental ill-health.** ✓ **Prevention of suicide.** ✓ **Promotion of mental health and wellbeing.**

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A few statistics to set the scene

General summary

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There were **2,864** deaths due to suicide in 2014 at a rate of **12.0** per 100,000.

This equates to an average of **7.8** deaths by suicide in Australia each day.

About **three quarters** of those who died by suicide were male.

There were **2,160** male deaths at a rate of **18.4** per 100,000.

There were **704** female deaths at a rate of **5.9** per 100,000.

Aboriginal and Torres Strait Islander peoples are almost **twice as likely** to die by suicide than non-Indigenous people.

In 2014, suicide accounted for **5.2%** of all Indigenous deaths compared to **1.8%** for non-Indigenous people.

While suicide rates are lower than the most recent peak in 1997 (**14.6** per 100,000) they have increased between 2013 (**10.9** per 100,000) and 2014 (**12.0** per 100,000).

Preliminary Suicide Rates, 2014

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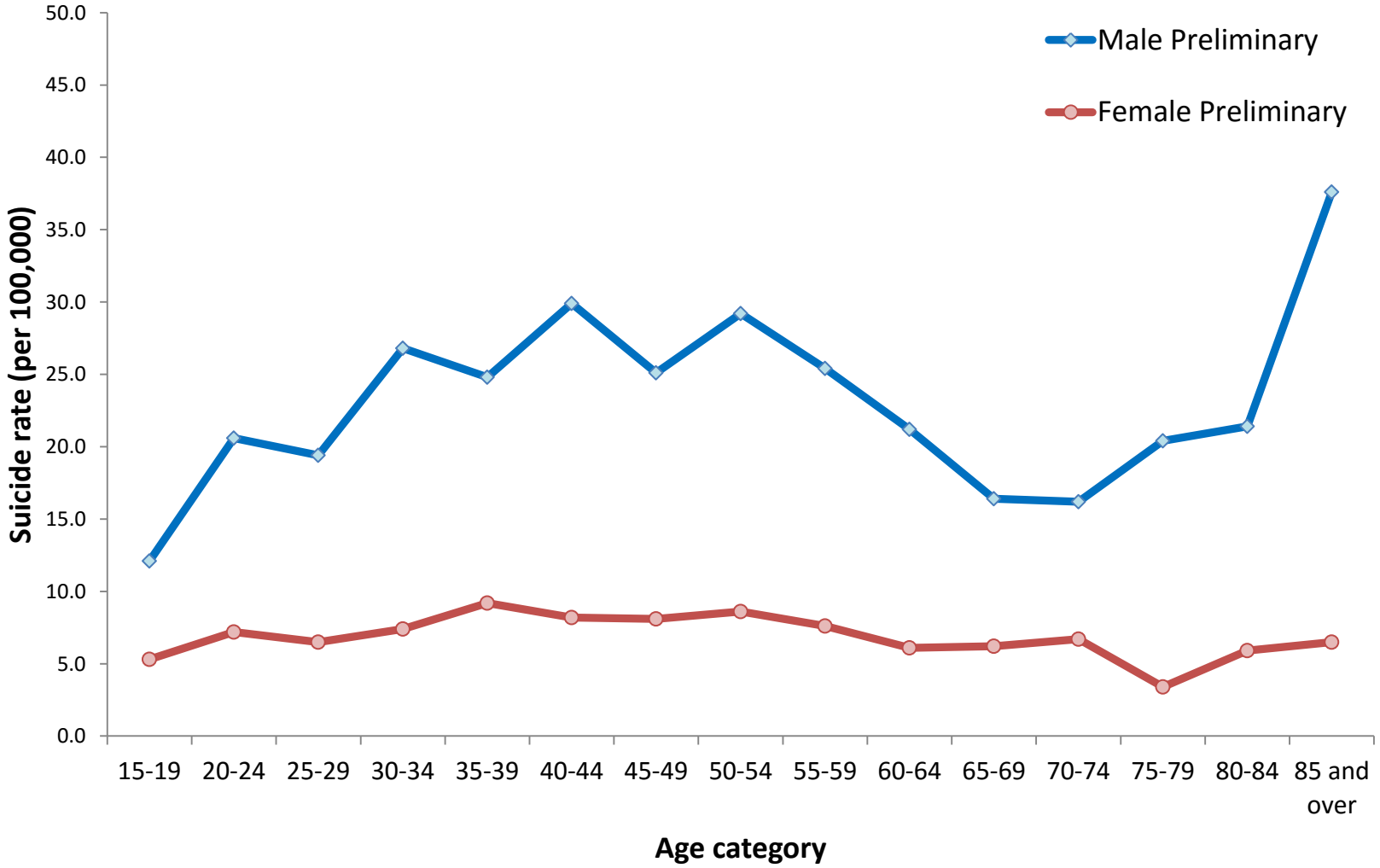

Suicide Rates (1989 – 2014)

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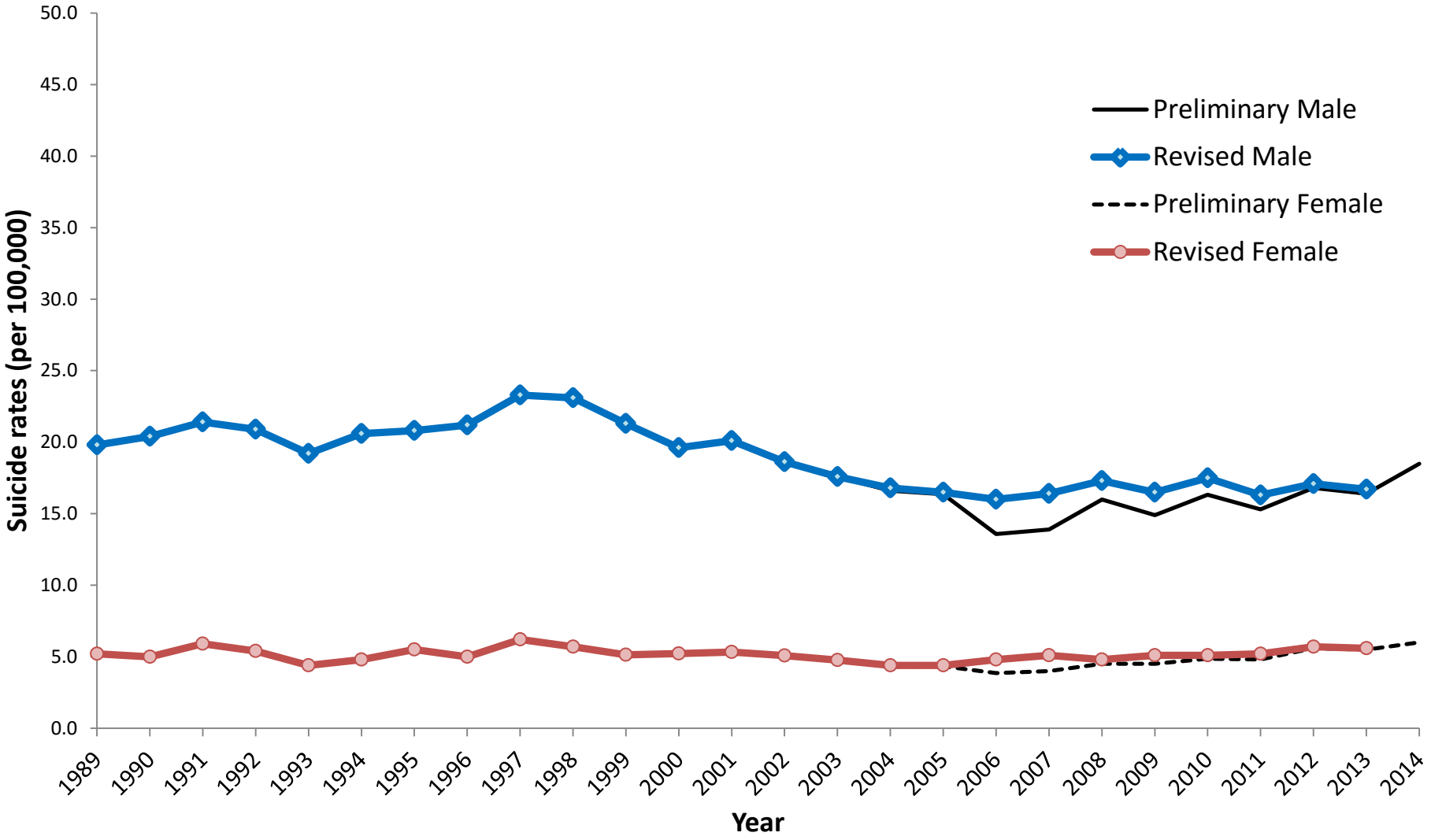

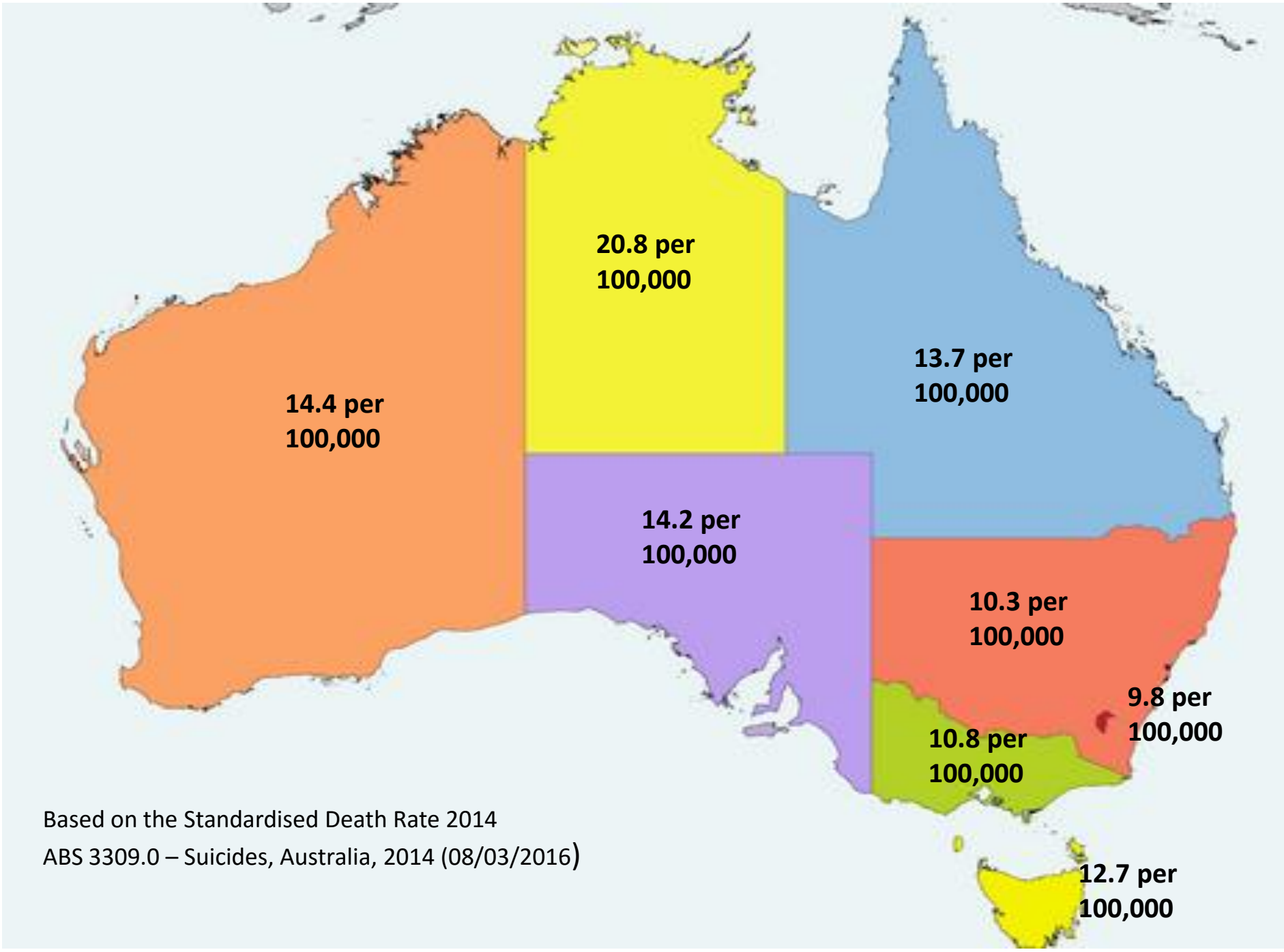

Based on the Standardised Death Rate 2014

ABS 3309.0 – Suicides, Australia, 2014 (08/03/2016)

Figure 21. Age standardised death rates, by state and territory, 2006 – 2014

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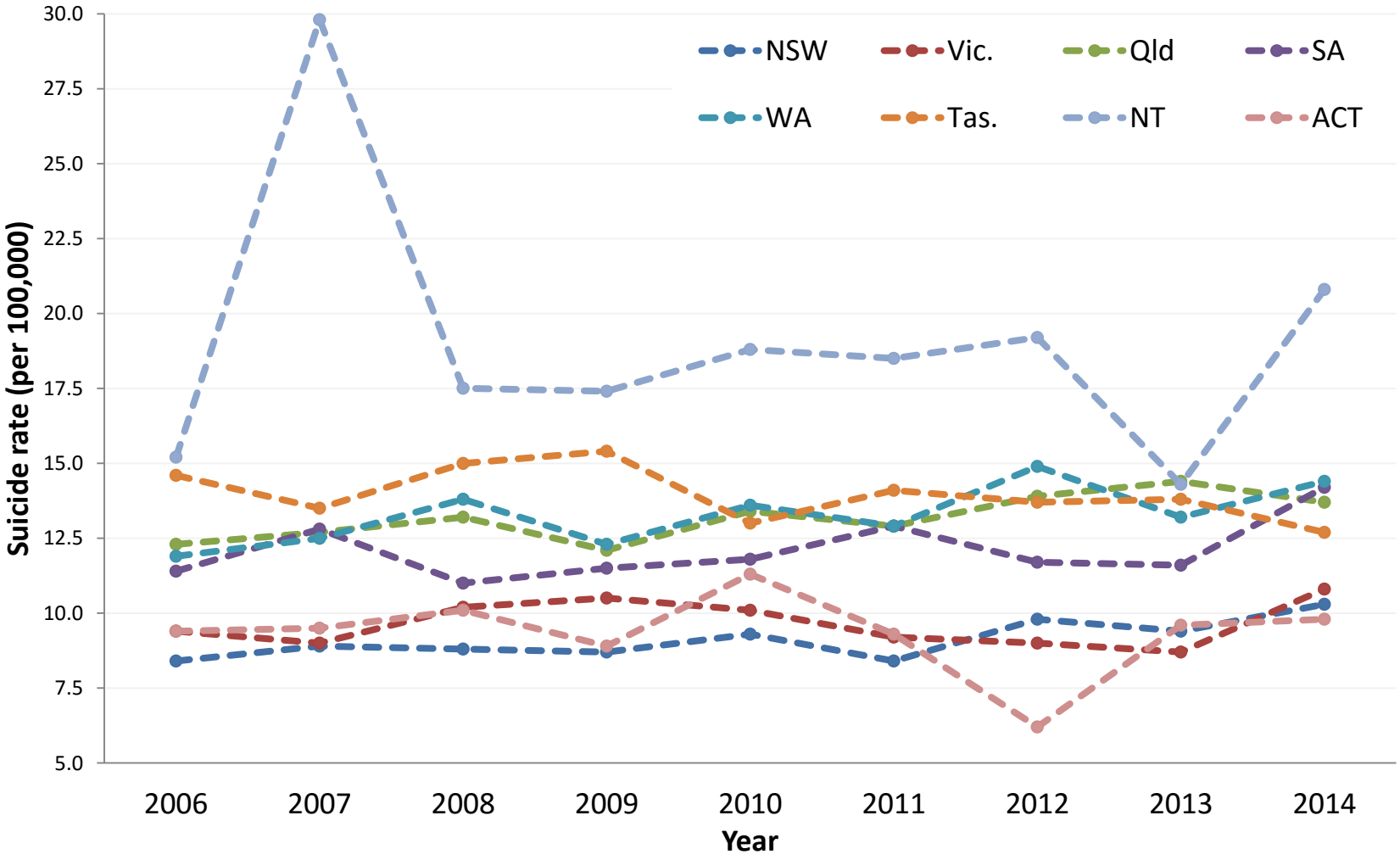

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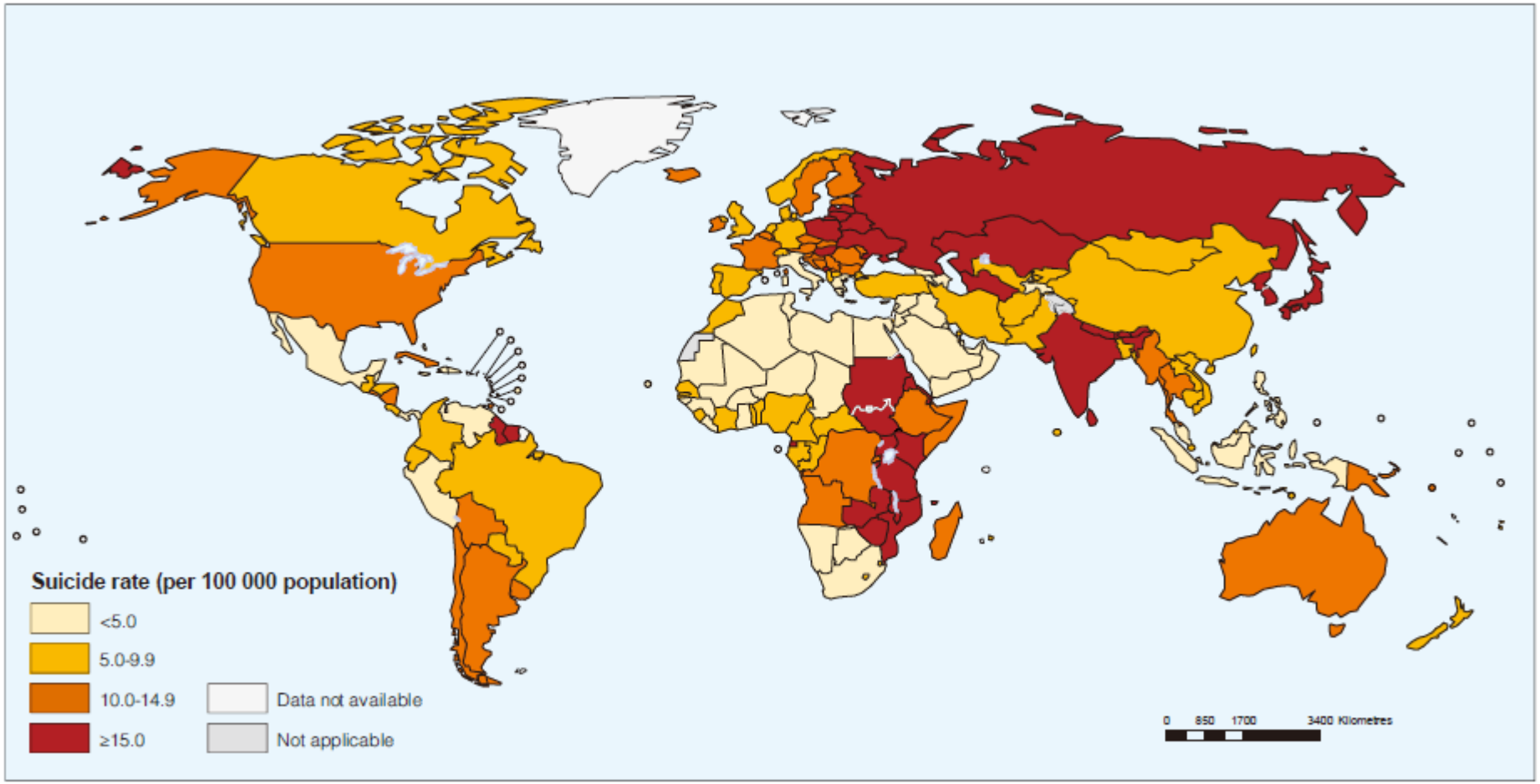

Worldwide: One death every 40 seconds

Source:
WHO report 2014

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Suicide prevention planning at the regional level

Setting the scene

The Government's response to the National Mental Health Review for suicide prevention has indicated the following will be prioritised:

- national infrastructure and leadership;
- a systematic and planned regional approach to community-based suicide prevention;
- refocusing efforts to prevent Indigenous suicide;
- working with states and territories to ensure effective post discharge follow up; and
- measuring progress on reducing suicide, including a KPI on active follow-up support for people who have attempted suicide.

Conceptualising suicide prevention

- Suicide is a public health issue that requires coordinated and combined efforts.
  - From all levels of government, health care systems, frontline health and community workers, workplaces, schools and other educational settings, community groups, the media, as well as individuals, families and communities.
- A successful strategy should prioritise **cost-effective and evidence-based approaches within the service systems** that focus on intervening as early as possible with those experiencing suicidal thoughts and behaviours.
- But it should think broadly about **tackling the factors that may increase or decrease risk in individuals and communities**.

Conceptualising suicide prevention

- For the most part, preventative approaches to suicide adopt a framework originally developed by Mrazek and Haggerty to describe mental health interventions and were later applied to suicide prevention under the *Living Is For Everyone (LIFE) Framework.*
- **Prevention First (adapted): A Framework for Suicide Prevention** has been developed by the Hunter Institute of Mental Health and includes:
  - a focus on the preventative activity (inner oval);
  - the broad population groups to be targeted in suicide prevention (outer oval);
  - a focus on the promotion of wellbeing at both a population level and individual level intervention.

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What does the evidence base look like in suicide prevention?

Evidence for public health approaches

Activity	Evidence rating
Means restriction (incl. barriers)	**good**
Media reporting guidelines	**good**
Multi-faceted programs	**good**
Community-based programs	**promising**
School-based programs	**good (immediate)**
Workplace programs	limited
Emergency Dept. brief interventions	**promising**
Child welfare/detention programs	limited
Prison-based programs	limited

Evidence for public health approaches (cont.)

Activity	Evidence rating
Programs for veterans/defence forces	**good**
Programs for substance use problems	limited
e-therapies	**good**
Gatekeeper training and peer education	**promising**
Education and support for GPs	**good**
Telephone services	**promising**
Support to family and friends of those at risk	**good**
Postvention support	limited*
Screening	**promising (youth/ older)**

Evidence for mental health approaches

Activity	Evidence rating
Intensive care plus outreach	good
Hospital admission	poor
CBT	good
Inpatient-based therapies	poor
Outpatient-based therapies	poor
Psychosocial interventions	good
Ongoing contact	good
Crisis cards	poor

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Options for planning evidence-based regional responses

Option 1: WHO

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1. Data surveillance and quality - both suicides and attempts
2. Means restriction
3. Engage the media
4. Access to services
5. Training and education –quality assured accredited training standards
6. Treatment
7. Crisis intervention
8. Postvention
9. Awareness and stigma reduction to change attitudes and beliefs
10. Oversight and coordination of strategy.

Option 2:
Systems Approach (BDI)

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1. Aftercare and crisis care
2. Psychosocial and pharmacotherapy treatments
3. GP capacity building and support
4. Frontline staff training
5. Gatekeeper training
6. School programs
7. Community campaigns
8. Media guidelines
9. Means restriction.

Option 3:
Multi-modal regional model (TAS)

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1. **Create a responsive, coordinated health service system** for people experiencing suicidal thoughts and behaviours.
2. **Train and support health workers and other gatekeepers** to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours.
3. **Empower and support families and communities** to respond to suicidal behaviours and the impact of suicidal behaviours.
4. **Implement public health approaches** to reduce suicidal behaviour and increase community literacy about suicide and suicide prevention.
5. **Ensure effective implementation, monitoring and evaluation** of the Strategy.

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Pulling it together – role for the PHN?

Role for PHNs (National Coalition)

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PREPARATION	• Engage media in help-seeking messaging and stigma reduction • Local mapping of services • Needs analysis • Training and education of gatekeepers • Quality assured evidence-based training and education for those working with at risk populations.
MOBILISATION	• Access to services • Coordination of services • Planning pathways: Drug and alcohol services; NGO/private providers; Local coordination of target 'at risk' group interventions; Those with severe and persistent mental illness • Postvention intervention.
RECOVERY	• Engage media in recovery and help-seeking messaging • ATAPS and other psychosocial supports • Community awareness and engagement activities.
EVALUATION	• Data surveillance and data collection • Community councils and local intelligence.

Final thoughts

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- ✓ Use-evidence, but leave some space for new ideas and innovation;
- ✓ Use a comprehensive approach – one off interventions in isolation do not work;
- ✓ Connect your suicide prevention planning to your health, mental health, drug and alcohol plans;
- ✓ Understand your community and the current service system;
- ✓ Map services responses against community needs to identify gaps and duplication;
- ✓ Think about digital integration;
- ✓ Ensure education and training is fit-for-purpose and evidence based;
- ✓ Include and involve lived experience in planning and delivery;
- ✓ Get good (and independent) advice.

Media reporting and media messages in the context of broader communication about suicide

CONVERSATIONS MATTER | resources for discussing suicide

Mindframe National Media Initiative

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Communicating about suicide

- Suicide is an important issue of community concern. It is important that all members of the community (including the media) are engaged with the issue.
- Often confusion about what is meant by “discussing” or “talking about” suicide, and confusion about the evidence
  - One-on-one conversations;
  - Large group presentations;
  - Media reporting about suicide deaths;
  - Media reporting about the issue of suicide;
  - Campaigns using multi-media to address suicide prevention.

What we know and don't know

We know:

- Talking to someone, one-on-one, directly about suicide will not increase their suicide risk (although the empirical evidence is weak);
- Media reporting of suicide deaths has been associated with increased risk for those who are vulnerable to suicide;

We don't know:

- Whether group presentation about suicide will increase or decrease suicide risk (e.g. conflicting evidence across settings);
- Whether more general media reporting about suicide (or awareness campaigns) will increase or decrease risk;
- The role of social media?

Talking about suicide

The risk associated with the “discussion” seems to be related to:

- ✓ The **focus** of the information (about death, about how to cope with a death, about the broader issue);
- ✓ The **status** of the individual receiving the information (little interest, vulnerable, bereaved by suicide);
- ✓ The **format** they receive the information (face-to-face, media);
- ✓ The **place** they receive the information.

Target audience for media messages about suicide?

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Excluding all the things that make us as humans different (e.g. age, gender identity, cultural background, location etc.)…

The audience for suicide related messages includes 4 broad groups:

1. Not affected and not interested;
2. Some level of interest;
3. People who are vulnerable, at risk;
4. People bereaved.

Media evidence: negative

- Over 100 studies have looked at media reporting of suicide and its impact on suicidal behaviour;
- 85% of studies have shown an association between media reporting and increases in suicidal behaviour following (*Werther Effect*);
- The risk of copycat behaviour is increased where the story is prominent, is about a celebrity, details method and/or location and where is glorifies the death in some way;
- Whilst healthy members of the community are unlikely to be affected, people in despair are often unable to find alternative solutions to their problems;
- People may be influenced by the report, particularly when they identify with the person in the report.

Media evidence: positive

- While the media has a role to play in raising awareness of suicide as a public health issue, there is generally a lack of evidence supporting positive benefits of discussing suicide in the media.
- That doesn't mean media can't be used as a tool for good.
- Single studies suggest that:
  - Personal stories about someone who has managed suicidal risk (mastery) can be protective (*Papageno effect*);
  - Focussing on the impact suicide could be protective;
- Expert opinion suggests that:
  - Adding help-seeking information can be helpful;
  - Adding information about risk factors and warning signs can be helpful.

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Media – challenges

- While talking about suicide will not generally increase risk, media is not a conversation, it is one way communication;
- Messages in editorial are not “market tested”. That is, we have no way of monitoring how the story is being interpreted by people sitting in their own homes;
- Vulnerable people may take away different messages than those that were intended;
- Raising awareness on its own (e.g. increasing reporting) is not enough to change behaviours;
- Does the evidence from media and suicide translate when we are thinking about a social marketing campaign?

World Health Organization

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WHO report highlights success of media guidelines in Australia, one of only two countries in the world where there has been:

- An improvement in the reporting of suicide
- Good awareness and use of the resource.


The Mindframe Approach
National Media Initiative
Training of journalism and PR students
Stage and screen portrayals
Media developing stories about suicide and mental illness
Sources of information for journalists
Mental health and suicide prevention sectors
Police and courts
Improved media coverage of suicide and mental illness

The approach:

- Evidence-based and sector appropriate print and online resources
- Professional development and sector engagement
- Changes to policies, procedures and codes
- National Leadership.

Under *Mindframe*, guidelines are promoted to media through face-to-face training, active engagement (including through social media), and integration of the guidelines into journalism curricula

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Mindframe
for media professionals

The approach:

- Evidence-based and sector appropriate print and online resources
- Professional development and sector engagement
- Changes to policies, procedures and codes
- National Leadership.

- ✓ Resources for media, health sector, police all available to PHNs.
- ✓ Training for media organisations at the regional level delivered by (or supported by) *Mindframe*;
- ✓ Opportunities for training on working with media and messaging for services and networks at the regional level.

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Mindframe for media professionals

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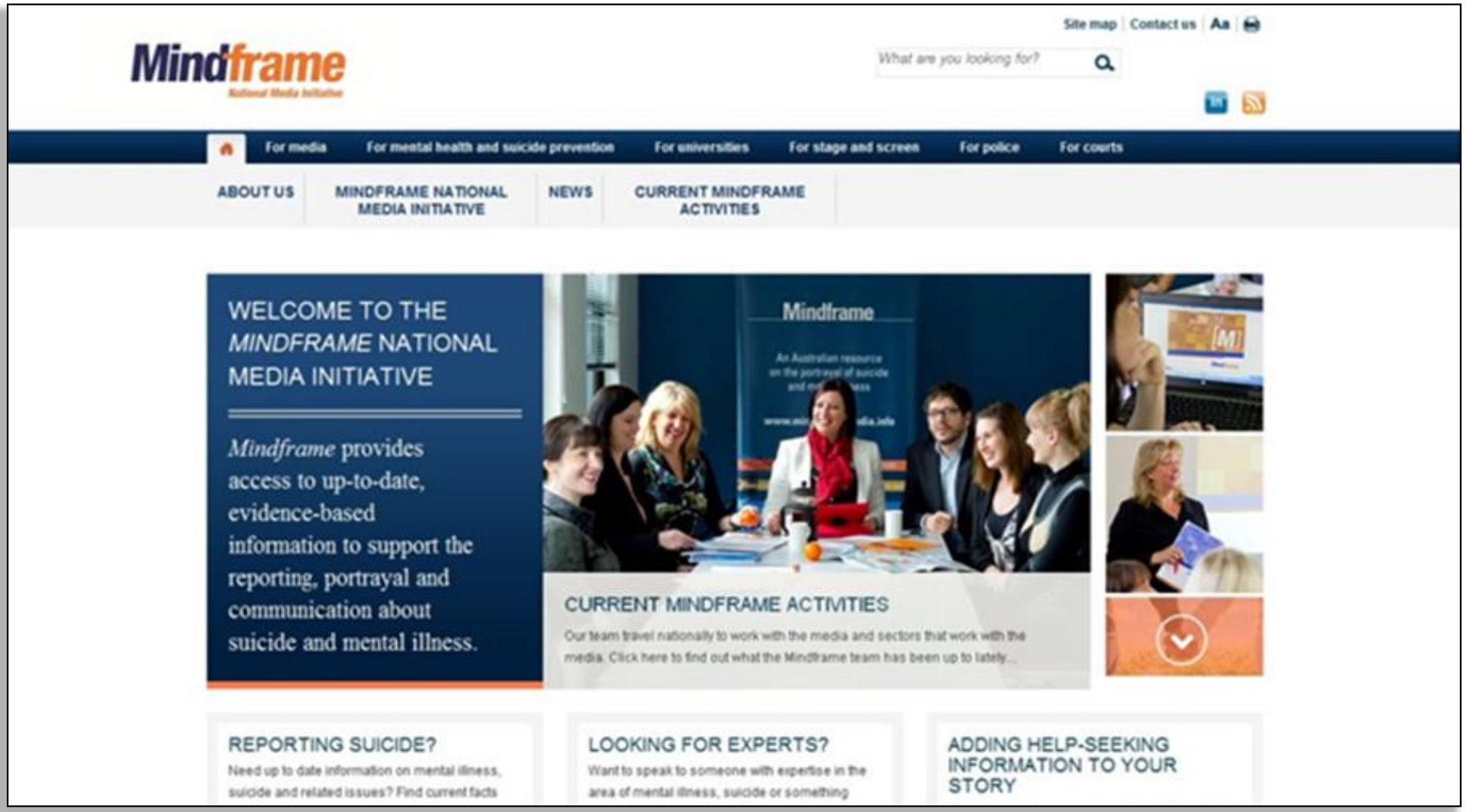
www.mindframe-media.info



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Conversations Matter

Community resources to guide and support safe and helpful conversations about suicide.

Available online at www.conversationsmatter.com.au

Conversations Matter

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The resources will assist communities when:

- ✓ They want to know how to talk about suicide more generally.
- ✓ They are worried about someone and want to know what to say and do.
- ✓ There has been a death and they want to know how best to handle individual and community level conversations.

Resources available as:

- **Online presentation**
- **Printed fact sheets**
- **Podcast**

Also has:

- **Links to services**
- **Supporting factsheets**
- **Research reports**

Conversations Matter

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Available to PHNs:

- ✓ Online resources for communities and professionals (existing and new resources);
- ✓ Opportunities for resources tailored for local communities or specific topics;
- ✓ Training (and support) for community gatekeepers;
- ✓ Support for regional planning to engage communities to talk about suicide.

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