

DEPARTMENT OF HUMAN
SERVICES MENTAL HEALTH
BRANCH

Evaluation of the Victorian Suicide Prevention Response

-Summary Report



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INTRODUCTION AND BACKGROUND

Suicide is the ultimate act of desperation that brings with it wide-ranging consequences for a much larger group of people such as family members (particularly children), friends and sometimes entire communities. Why some people follow through with the suicidal act while others do not, is the subject of ongoing debate and is of practical concern for Governments, social welfare practitioners, sociologists, psychologists, philosophers and academics.

Over the past decade, successive Victorian governments have supported initiatives to reduce suicide rates and in particular to improve the well-being of young people. However, the major move toward a more formal and systemic approach to suicide prevention, was the appointment of the Suicide Prevention Task Force in 1997.

The Victorian Suicide Prevention Task Force conducted a major inquiry into the nature and extent of suicide in Victoria and the views of individuals and groups within the community about suicide-related issues. The focus was primarily on young people and the impact of suicide on families and the community.

Victorian Suicide Prevention Task Force Report identified a range of issues and concerns, including:

- There was a range of risk and resilience factors at the level of individuals, communities and the broader social environment.
- Risk factors often occurred in combination and they are often not easily predictable.
- Medical models for responding to suicide and self-harming behaviour were limited as are sociological perspectives that often ignore mental illness as a significant risk factor.
- The service system and the wider community needed to work together to appropriately respond to suicide.
- There were major deficiencies in research, program evaluation and data collection on the issue of suicide prevention.
- The service system was fragmented and compartmentalised, particularly affecting those individuals who suffer combinations of risk factors that run across service sector boundaries.

The Task Force submitted a final report, with 86 recommendations, to the Victorian Government in July 1997. Central to the report's recommendations was the 'Victorian Suicide Prevention

Framework' that would underpin and inform a comprehensive statewide strategy and approach. This framework outlined a four-tiered model for an intervention continuum of primary prevention, early intervention, intervention and postvention.

The Victorian Government Response to the Suicide Prevention Task Force Report affirmed the philosophical assumptions underpinning the Report's recommendations. These were:

- *Just as there is no one cause of suicide, there is no one solution.*
- *The responsibility for finding solutions to suicide lies with the community, business and all levels of government working in partnership.*
- *There needs to be better integration, coordination and focusing of existing services.* (Suicide Prevention: Victorian Taskforce Report (1997))

The response has aimed to minimise the impact of risk factors associated with suicide by funding a range of initiatives along the intervention continuum, to a total financial commitment of \$23.91m recurrent and \$1.63m one-off funds. These funds were directed to the establishment of a number of new services and an expanded role for some existing services including mental health, school education, youth services and the corrections system. The new services were progressively implemented throughout 1998 and 1999.

Informing this response was the understanding that suicide has multiple societal as well as individual causes, with the implication that it will require a 'whole of government' approach in order to achieve strong outcomes. The result was the Victorian Suicide Prevention Strategy, which attended to the importance of early intervention into suicide and self-harming behaviour, particularly for students and young people with mental health issues.

The Strategy included a range of initiatives to target existing services for enhancement, to improve communication between key players and stakeholders, and to focus on most at-risk target groups. A total of nineteen projects were funded under the Strategy. The Table below lists these initiatives along with the Victorian Government Department responsible for implementation and funding allocation.

Overview of Project Classification of Intervention Level

| Project Title | Department | \$ Allocation |
|---|----------------------|---|
| Primary Prevention | | |
| School Focused Youth Service | DHS – CC & DE&T | \$5.02m <small>(includes \$1.02m DE&T funds)</small> |
| Framework For Student Support | DE&T | \$8.08m |
| Rumbalara Healthy Lifestyles Program | DHS – Koori | \$100k+\$80k* |
| Early Intervention | | |
| Younger Men’s Access Project | DHS – MH | \$100k* |
| MAHRS (Older Men’s Access Project) | DHS – MH | \$100k* |
| Suicide Prevention Training for Mental Health Workers | DHS – MH | \$1.7m* |
| Expansion of Sexual Assault Services | DHS – PCB | \$500k |
| Vic. Foundation for Survivors of Torture | DHS – PCB | \$200k |
| Rural and Regional Counselling Services | DHS | \$90k+\$40k* |
| Suicide Prevention Initiatives in Victorian Prisons | DOJ – CORE | \$750k ¹ |
| Intervention | | |
| ECAT Service | DHS – MH | \$8.1m |
| Residential Rehabilitation for Young Suicide Attempters | DHS – MH | \$1.0m |
| Custodial Nursing Program | Victoria Police | \$100k |
| Suicide Help Line of Victoria | DHS – CC | \$1.0m |
| Postvention | | |
| Suicide Bereavement Support Program | DOJ – Coroner | \$40k |
| Research | | |
| Community Corrections Research | DOJ – CORE | \$58k* |
| Structured Research | DOJ – Coroner | \$50k |
| National Coronial Information System | DOJ – Coroner | \$20k* |
| Innovative depression treatments for Adolescents | DHS – MH | \$250k* |
| Internet Suicide Prevention | Multi-Media Victoria | \$40k* |
| TOTAL | \$27.418m | |

Please note: allocations marked * are non recurrent

¹ Agreed allocation as at April 2000 (DHS) for Suicide Prevention Initiatives in Victorian Prisons was \$650k. This figure will be referred to in the remainder of this report.

Evaluation Findings

The evaluation of the Response was undertaken during 2001 and involved interviews and/or focus groups with all departments and project teams, the use of any evaluative material and/or formal evaluations that had been completed for specific projects, and the development of a questionnaire to produce supplementary data.

The Evaluation found, on the basis of available data, that the implementation of the Response addressed the key issues identified in the Task Force recommendations. The Task Force strategy envisaged a more integrated approach and was a good example of 'whole of government' policy at work. Increasingly there is recognition that some problems require an integrated approach from government matched by investment in community capacity building. A number of the projects, particularly in prevention and early intervention, demonstrated the value of these approaches.

Although a number of the larger projects had not yet completed a comprehensive evaluation, the evaluators found:

- evidence of systemic improvements through the development of new infrastructure arrangements such as the School Focused Youth Service, Framework for Student Support and Enhanced Crisis Assessment and Treatment;
- a number of projects that improved service delivery responses and service system planning. In particular the Young Men's Access Project, the MAHRS Project and the Expansion of Sexual Assault Services. These examples demonstrated the need to approach suicide prevention in an holistic and comprehensive manner;
- raised awareness of self harm and suicide and developed good practice guidelines for intervention in the Department of Justice (Corrections and Coroner's Office) work in prisons. The Young Offenders' Unit and the Prisoner Listening Scheme were also examples of successful innovation; and
- a number of emerging groups that have been identified through the literature and research undertaken through the reported projects. Research has indicated the increased risk of suicide amongst ex-prisoners and people leaving psychiatric care, the children of parents with a mental illness, Vietnam Veterans, people suffering from co-existing disorders, adolescents (12-18), and young men in rural communities.

Future Directions

The evaluation found that broad policy concepts that inform any strategy for suicide prevention are:

- integrated governance as a means of deepening cooperation and collaboration at all levels in the policy process.

- an intervention continuum with appropriate responses along the continuum; and
- targeting resources and responses to identifiable high-risk groups.

Integrated Governance

A whole-of-government strategy requires a planned and strategic approach to suicide prevention in Victoria. A close connection is needed between the Victorian suicide prevention strategy and the national strategy. There is a good deal of cooperation between the States and the Commonwealth. The ultimate outcome of this cooperation is a coherent national strategy broadly operationalised across the nation, despite some state differences and administrative responsibility devolved to the states. The national strategy provides some additional resources but importantly provides a conduit of policy knowledge and experience from other jurisdictions.

There are strong links between the National Suicide Prevention Strategy and Victoria's Suicide Prevention Strategy based on a common understanding of the causes of suicide and the appropriate range of initiatives that may alleviate the incidence of suicide and self-harm. Both strategies have grown out of previous policy thinking about a response to youth suicide and each strategy highlights the importance of early intervention to ameliorate the impact of suicide on families and communities.

Whilst still maintaining a major emphasis on the issues for young people, both the Victorian and national strategies now attend to suicide prevention across all age groups. Those age groups and communities that have been identified through state and national research initiatives as being at significantly higher risk than the general populations are currently being targeted. There is also an ambition in both the national and Victorian initiatives for a more 'whole of government' approach that promotes better linkages and co-ordinated initiatives between State, Territory and Commonwealth government departments. This broader approach recognises the need to strongly coordinate efforts in order to maximise successful outcomes on both a local and national level.

RECOMMENDATIONS

THAT THE VICTORIAN SUICIDE PREVENTION STRATEGY CONTINUE TO BE PROGRESSED AS A WHOLE-OF-GOVERNMENT APPROACH OVERSEEN BY A HIGH-LEVEL CROSS DEPARTMENTAL COMMITTEE.

THAT THE VICTORIAN SUICIDE PREVENTION STRATEGY ADOPTS THE NATIONAL MODEL FOR INTERVENTION TO GUIDE FUTURE DIRECTIONS IN SUICIDE PREVENTION UNDER ACTION AREAS IDENTIFIED BELOW.

Within Victoria a number of strategies and initiatives have actual and potential overlap with suicide prevention including drug related initiatives such as Victorian Government Drug Initiative, the High Risk Adolescent program, and rural and regional development approaches, Koori health planning, the Women's Safety Strategy, Homelessness strategy and mental health promotion. Many of these initiatives have a major focus on young people; however, there are increasing levels of concern about other target groups.

At the Commonwealth level there is also a range of initiatives that have an impact on State-based services and programs including the National Drug Strategy, Reconnect, Mental Health Strategy, National Crime Prevention and Partnerships Against Domestic Violence.

Current approaches which could be improved by coordination and/or integration include:

- Identifying the common underlying causes of behaviours which are being addressed.
- Collaborating on the roll-out of local initiatives so that there is coherence and consistency on the ground.
- Identifying common 'at risk' target groups and ensuring that the resources are allocated in ways that will have greatest impact.
- Sharing resources, skill and expertise across initiatives and/or strategies.
- Developing common benchmarks and data sets.

RECOMMENDATIONS

THAT IN THE DEVELOPMENT OF AN INTEGRATED APPROACH TO THE SUICIDE PREVENTION STRATEGY ACROSS DEPARTMENTS AND AGENCIES, CONSIDERATION BE GIVEN TO COLLABORATIVE INITIATIVES WITH OTHER STRATEGIES AT THE STATE AND COMMONWEALTH LEVELS

THAT A LONG-TERM PREVENTION OR SOCIAL INCLUSION META-STRATEGY BE DEVELOPED TO ADDRESS THE RANGE OF ISSUES (INCLUDING YOUTH SUICIDE) FACED BY YOUNG PEOPLE IN VICTORIA, AS PART OF AN OVERARCHING WHOLE-OF-GOVERNMENT APPROACH.

Community Capacity Building

Community capacity-building should be recognised as an emerging paradigm focused on integration of programs and services at the community level and as the key to successful 'joined-up' government initiatives that lead to sustainable action at the community level.

The notion of placing the policy locus with local communities is based on an understanding that they are often best at identifying and responding to local problems. One aspect of community capacity-building is resources for services and activities, but the other is the way these services and activities actually work together in the community as a response to a complex issue such as suicide. Government has the dual role of providing the funding for many of the services and programs needed in communities but also of facilitating the creation of an effective infrastructure. New structures and processes will be required and must be sustainable.

RECOMMENDATION

THAT CONSIDERATION BE GIVEN TO HOW AN INTEGRATED APPROACH TO PROGRAMS AND SERVICES THAT CONTRIBUTE TO A SUICIDE PREVENTION CAPACITY IN THE COMMUNITY MIGHT BE OPERATIONALISED THROUGH NEW STRUCTURES AND PROCESSES AT THE COMMUNITY LEVEL.

Intervention Continuum - Making a Difference

The three major funded projects had the greatest potential for improving the existing service system. These are:

- the Framework for Student Support Services in Victorian Government Schools (FSS);
- School Focused Youth Services (SFYS); and
- the Enhancement of Crisis Assessment and Treatment Teams (ECAT).

Framework for Student Support Services in Victorian Government Schools

A major component of the Response strategy with systemic implications was the *Framework of Student Support Services in Victorian Government Schools* as it is the overarching the policy for support to all students passing through the school system. The Framework for Student Support is still at an early stage of development, considering its long-term perspective, but initial information is encouraging. The performance indicator of school compliance with the minimum requirements of the Framework was 95% of Victorian Government Schools in 2001, and the actual compliance was 95.3%.

The welfare infrastructure in schools is a core component of community prevention capacity for suicide as well as a range of other issues. Personnel on the ground need to have sufficient knowledge and skills to recognise the precursors of suicidal behaviours and to be able to act appropriately. The training provided to mental health personnel should be more broadly available to non-specialist 'first to know' personnel as part of the on-going professional development for school welfare workers or officers.

RECOMMENDATIONS

THAT AN EVALUATION FRAMEWORK BE DEVELOPED TO SUPPORT THE FRAMEWORK OF STUDENT SUPPORT SERVICES IN VICTORIAN GOVERNMENT SCHOOLS INCORPORATING BOTH FORMATIVE MONITORING AND FEEDBACK AT VARIOUS LEVELS, AND A SUMMATIVE EVALUATION.

THAT AWARENESS ABOUT SUICIDE ISSUES AND PREVENTION FOR SCHOOL WELFARE COORDINATORS AND COUNSELLORS BE SUPPORTED THROUGH A SYSTEM-WIDE APPROACH TO ENHANCING STUDENT RESILIENCY AND WELL-BEING.

School Focused Youth Services (SFYS)

When launched as a jointly funded project between the Department of Education and Training and the Department of Human Services, the SFYS was unique as a model for future partnering and collaborative activity between departments at a program level. In addition, issues of leadership and vision were key factors in the various regions which developed a strong collaborative focus. Articulating a clear and focused underpinning theoretical framework for action was also seen as a critical success factor.

Although funded under the Suicide Prevention Taskforce, the School Focused Youth Service initiative has a multi-issue capacity and should not be judged exclusively as a suicide prevention response.

RECOMMENDATION

THAT THE RECOMMENDATIONS ARISING FROM THE SCHOOL FOCUSED YOUTH SERVICE EVALUATION BE IMPLEMENTED AS A PRIORITY.

Enhancement of Crisis Assessment and Treatment Teams (ECAT)

The third major systemic program was the ECAT initiative funded in Mental Health. As a reform, it extended an already existing capacity on a larger scale but it also focused on the interface between 'first to know' services and Mental Health. The ECAT initiative provided funding for Area Mental Health Services (AMHS) to employ extra staff to undertake the 24-hour roster in addition to the current funding of the AMHS which allowed for one on-call staff member overnight. The intent was

to bolster the ability of service providers to extend services more efficiently and effectively on the 24-hour roster.

The policy intention was to enhance the capacity for a mental health response to suicide issues and instances of suicidal behaviour in individuals in the community. While ECAT was one of the largest initiatives to be funded, a strict assessment of the extent of systemic improvement was difficult to make because of the problems during implementation. A review of ECAT's implementation identified a number of problems and issues. Nevertheless, since the ECAT services were funded for 24-hour positions, there has been a 65% increase in the number of registered CAT client contacts (including persons presenting at ED who have self harmed, are suicidal or at risk due to the presence of risk factors).

RECOMMENDATIONS

THAT AN IMPLEMENTATION AUDIT OF THE ECAT PROGRAM REVIEW BE UNDERTAKEN TO ENSURE THAT THERE IS A STATEWIDE 24-HOUR OUTREACH RESPONSE AVAILABLE.

THAT INTENSIVE SERVICES TARGETING YOUNG PEOPLE LEAVING PSYCHIATRIC CARE BE FURTHER DEVELOPED ON THE BASIS OF THE FINDINGS AND LEARNINGS FROM THE RELEVANT RESEARCH AND PRACTICE PROJECTS UNDERTAKEN AS PART OF THE VICTORIAN SUICIDE PREVENTION RESPONSE.

In addition to systemic improvements there were also a number of projects that improved organisational and service delivery responses. Young Men's Access Project was one project that derived some transferable learnings about the potential impact on service delivery across a range of organisations and sectors. This project, like the SFYS, sought to develop a creative response to suicide prevention that would capture the interest of sector providers whilst working effectively within resource boundaries.

Although the evaluation of the MAHRS Project was still incomplete at the time of this evaluation report, the relative success of the Younger Men's Access Project points to the potential for the MAHRS project to achieve similar outcomes with implications for future service delivery for older men.

RECOMMENDATION

THAT LEARNING FROM THE PROJECTS FUNDED UNDER THE TASKFORCE BE INCORPORATED INTO SERVICES ACROSS VICTORIA TO IMPROVE ACCESS FOR YOUNG AND OLDER MEN.

There was only one project funded under the Strategy that had a specific focus on postvention counselling and support. Although a range of other initiatives also identified postvention as an activity area, the attention to this phase of the continuum lacked planning and dedicated effort. The Grief Counselling Service, administered through the Coroner's Office, was allocated a total of \$40k toward this initiative. This funding did not allow for the full development of specific resources and assessment tools needed to further enhance the service.

The National Suicide Prevention Strategy (NSPS) is perhaps a good example of how to broaden the perspective and dimensions of postvention activities. The NSPS intervention spectrum is underpinned by a theoretical framework that describes eight levels of intervention from within four inter-related areas of action: Prevention; Early Intervention; Treatment; and Continuing Care. Here, postvention is aptly defined as an area of continuing care and refers to long-term interventions and supports for those who have been identified as at sustained risk.

RECOMMENDATION

THAT THE DEPARTMENT OF HUMAN SERVICES INVESTIGATES FURTHER DEVELOPMENT OF POSTVENTION PROGRAMS TO PROVIDE SUPPORT TO THOSE WHO HAVE BEEN AFFECTED BY THE SUICIDE OF A CLOSE FRIEND OR FAMILY MEMBER.

Targeting Resources - Emerging Risk Groups

The notion of identifiable 'at risk' groups within the broader population continues to be an important conceptual and research based perspective for deciding on targeted intervention. High-risk populations identified in the 1997 *Victorian Task Force Report on Suicide Prevention* included, elderly males, Aboriginal & Torres Strait Islander people, young males aged 20–24 years, homeless people, people with HIV/AIDS, people in custody and gay and lesbian young people. Although depression and prior suicidal behaviour or attempts remain the most significant clinical risk indicators for suicide, a number of additional risk groups have been highlighted by Strategy initiatives. These include people suffering from co-existing disorders, adolescents at the secondary and tertiary level, ex-prisoners and ex-psychiatric care patients.

At risk target groups that did not receive priority attention in the Government's response to the Task Force's report and which should be considered for future focus include: Indigenous communities (particularly young men); rural and remote communities; and people from at risk populations within

cultural and linguistically diverse communities. Other possible at risk groups are children of Vietnam Veterans and children of parents with a mental illness.

RECOMMENDATIONS

THAT PREVENTION AND EARLY INTERVENTION PROJECTS, PARTICULARLY THOSE WITH YOUNG PEOPLE, DEVELOP CONSISTENT AND COMPLEMENTARY APPROACHES.

THAT FURTHER INVESTIGATION AND DEVELOPMENT OF RURAL INITIATIVES TARGETING MENTAL HEALTH SERVICE DELIVERY AND ACCESS TO SERVICES FOR YOUNGER AND OLDER MEN BE UNDERTAKEN AND THAT SUCH INITIATIVES TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF RURAL AND REMOTE COMMUNITIES.

THAT THE CORONER'S OFFICE BE FURTHER SUPPORTED TO CONTINUE RESEARCH INTO SUICIDE CAUSALITY AND 'AT RISK' POPULATIONS.

THAT A POLICY PROJECT INVESTIGATE THE BARRIERS AT VARIOUS LEVELS IN THE SERVICE SYSTEM TO PROVIDE A MORE EFFECTIVE COORDINATED RESPONSE TO YOUNG PEOPLE EXHIBITING COMORBIDITY, PARTICULARLY MENTAL HEALTH ISSUES, DRUG ABUSE AND HOMELESSNESS.

THAT THE DEPARTMENT FURTHER INVESTIGATE AND SUPPORT MAINSTREAM SERVICES IN DEVELOPING EFFECTIVE LINKS AND COLLABORATIVE EFFORTS WITH INDIGENOUS AND CALD COMMUNITIES TO INCREASE ACCESSIBILITY AND CULTURALLY SENSITIVE SERVICE PROVISION.

Conclusion

Victoria took a significant step in developing a response to suicide and has addressed the issue at a number of levels including systems change, service development and training and education for the community and professionals alike. The development of linkages between services has the potential for long term change and increased support to young people in particular. The foundation created by this strategy will allow any further work to ensure that suicide is adequately addressed within existing infrastructure. A whole of government approach linked to community capacity building is a long-term approach which will complement and enhance current activity and increase effectiveness of suicide prevention in Victoria.

List of Recommendations

1. *That the Victorian Suicide Prevention Strategy continue to be progressed as a whole-of-government approach overseen by a high-level cross departmental committee.*
2. *That the Victorian Suicide Prevention Strategy adopts the national model for intervention to guide future directions in suicide prevention under the National Life is for Everyone Framework (LIFE).*
3. *That in the development of an integrated approach to the suicide prevention strategy across departments and agencies, consideration be given to collaborative initiatives with other strategies at the state and commonwealth levels.*
4. *That a long-term prevention or social inclusion meta-strategy be developed to address the range of issues (including youth suicide) faced by young people in Victoria, as part of an overarching whole-of-government approach.*
5. *That consideration be given to how an integrated approach to programs and services that contribute to a suicide prevention capacity in the community might be operationalised through new structures and processes at the community level.*
6. *That an evaluation framework be developed to support the Framework of Student Support Services in Victorian Government Schools incorporating both formative monitoring and feedback at various levels, and a summative end-of-funding-cycle evaluation*
7. *That awareness about suicide issues and prevention for School Welfare Coordinators and counsellors be supported through a system-wide approach to enhancing student resiliency and well-being.*
8. *That the recommendations arising from the School Focused Youth Service evaluation be implemented as a priority.*
9. *That an implementation audit of the ECAT Program review be undertaken to ensure that there is a state-wide 24-hour outreach response available.*
10. *That intensive services targeting young people leaving psychiatric care be further developed on the basis of the findings and learnings from the relevant research and practice projects undertaken as part of the Victorian Suicide Prevention response.*
11. *That learnings from the projects funded under the Taskforce be incorporated into services across Victoria to improve access for young and older men.*

12. *That the Department investigates further development of postvention programs to provide support to those who have been affected by the suicide of a close friend or family member.*
13. *That issues for target groups that have been identified through recent research as significantly 'at-risk' of suicide (i.e. children of Vietnam Veterans, post-prison release, comorbidity) be incorporated in future service development.*
14. *That prevention and early intervention projects, particularly those with young people, develop consistent and complementary approaches.*
15. *That further investigation and development of rural initiatives targeting mental health service delivery and access to services for younger and older men be undertaken and that such initiatives take into consideration the special needs of rural and remote communities.*
16. *That the Coroner's Office be further supported to continue research into suicide causality and 'at risk' populations*
17. *That a policy project investigate the barriers at various levels in the service system to provide a more effective coordinated response to young people exhibiting comorbidity, particularly mental health issues, drug abuse and homelessness.*
18. *That the Department further investigate and support mainstream services in developing effective links and collaborative efforts with Indigenous and CALD communities to increase accessibility and culturally sensitive service provision.*