

4. CURRENT SERVICES AND PROJECTS: A CONTEXT



The Task Force heard of many services developed by government and non-government organisations in Victoria aimed at preventing suicide, providing direct support to individuals deemed to be at risk or who had attempted suicide, and providing assistance and support to families of people who had attempted or died by suicide. Some services appear to have developed independently of each other in response to specific needs, and many programs are focused on single issues. Consequently, primary prevention, early intervention, intervention and postvention services are not provided in a comprehensive or coordinated fashion across Victoria.

Task Force members were concerned by the apparent lack of knowledge in the general community about the existence of many of the services. This was highlighted at community consultation meetings and in written submissions.

Nobody seemed to be able to suggest anyone who was able to help me...I was very surprised at the public meeting [of the Suicide Prevention Task Force] to hear about so many local support groups. (Written submission)

This chapter describes the services or projects frequently mentioned during the community consultation process. As such, it is not intended to be a comprehensive summary of all available services or initiatives in the area of suicide prevention, but to provide a context for discussion of specific activities and services in subsequent chapters of the report.

4.1 POLICY AND FUNDING ARRANGEMENTS

The Victorian Government funds a range of services to support individuals at risk and suicide attempters. It also funds a range of programs that address the capacity of individuals to cope positively with difficult situations and relationships. Other programs attempt to promote wellbeing in the home, work and education environments. Some of these services are described in this chapter.

Very few of the services funded through the Victorian Government are directly provided by government departments. Under current arrangements, government departments are responsible for determining what services are needed and where and how they should be delivered. They then seek tenders from other agencies to deliver the services. Most of the services funded by the Department of Human Services are outsourced and provided by other organisations (such as the Area Health Networks), or non-government organisations (such as youth and family support services and telephone counselling services). Funding and service agreements provide a contractual basis between government (as purchaser of services) and the agency providing the service.

The Health Care Networks established in the metropolitan and peninsula areas are designed to incorporate aged, psychiatric, palliative, rehabilitation and home-based services. Six Health Care Networks have been developed: five are geographically based and one is based on specialist expertise.

Rural health services are delivered through a range of locations including hospitals, community health centres, and multipurpose services.

Service coordination and intersectoral linkages were identified by the Task Force as a critical shortcoming in the existing service system. This issue receives attention in chapter 9 of the report.

Relevant services provided directly by government include the Department of Human Services Child Protection and Juvenile Justice programs. The Department of Justice provides correctional services and funds the Victoria Police.

Other services are provided through non-government organisations. Some of these agencies provide programs that rely entirely on publicly raised funds, while others receive a mix of funding from government, corporate sources, charities and trusts, and organisations such as the Victorian Health Promotion Foundation (VicHealth). VicHealth supports projects specifically targeted to the issue of youth suicide and youth mental health. Descriptions of initiatives funded through VicHealth are included in this chapter.

The Commonwealth Government, through the Department of Family Services, has established a Youth Suicide Prevention Advisory Group that provides advice to the department. The Commonwealth Government has also committed a total of \$32 million to developing a National Youth Suicide Strategy and to identifying, developing and establishing best practice models.

4.2 PRIMARY PREVENTION

4.2.1 FAMILY AND YOUTH SUPPORT SERVICES

Community-based family and youth support services are provided by local government and non-government organisations. They are located in most metropolitan and provincial centres. They aim to strengthen family functioning through providing individual, family and youth counselling, youth–parent mediation, in-home family support, family violence prevention and treatment services, and parent education. These services are targeted at those families and young people in the community who may have a variety of needs ranging from practical problems to more complex difficulties requiring intensive intervention. Professionals working with families with complex difficulties are often best placed to identify those individuals who are showing early signs of disorder.

The Family and Neighbourhood Links project has been developed by the Department of Human Services in conjunction with non-government organisations. It is being established in the Northern Metropolitan Region. It aims to develop a system that will bring together separate facilities (such as maternal and child health services, preschools, child care centres, neighbourhood houses and others) so they function as a whole. The project demonstrates new ways of supporting families by making the network of services easier to access. This project has not, as yet, been evaluated.

A range of services is provided for Aboriginal and Torres Strait Islanders, usually by local Koori organisations. These include children's and youth services, such as child care, preschool, recreation and sport programs, and youth advocacy.

PARENTING PROGRAMS

Parenting programs are generally provided from local community-based services such as maternal and child health centres, community health services, and family support programs.

The Positive Parenting Program developed by the Department of Human Services is based on research that suggests many disturbances in parent–child relationships are related to inadequate skills and abilities of parents. The research also states that family focused or parent training interventions are an effective way to assist children who are experiencing behavioural difficulties and thereby reduce their psycho-social risk factors. The program is targeted at parenting of children under four years and primary school age children. It provides a combination of booklets, tip sheets and videos, and a comprehensive system of direct family intervention of differing levels of intensity.

In addition to generic parenting programs, the Government funds a Parent Education and Support program through its Streetkids initiative. It specifically targets parents where there is a risk of family breakdown.

The Department of Human Services has recently allocated additional funds to develop a Parent Support Strategy. This strategy will give families experiencing difficulties improved access to assistance on parenting. The education components of the strategy will support families by providing information and advice.

4.2.2 EDUCATION PROGRAMS

There are currently 770,000 students enrolled in Victorian schools. Nearly 66 per cent of these are enrolled in government primary and secondary schools, 23 per cent are enrolled in Catholic schools, and 11 per cent in non-Catholic independent schools. The Department of Education is the major department responsible for education and training policy in Victoria.

PRIMARY AND SECONDARY SCHOOLS

Primary and secondary schools provide an important opportunity to implement Primary Prevention programs through good teacher–student communication and curriculum-based information and education.

The Department of Education favours including issues such as developing family and personal relationships, substance abuse, and personal skill development within the core curriculum. The department also advocates an integrated approach to literacy and learning as the basis of developing coping skills.

Specific support programs are provided by some schools to address particular problems. Examples of these programs include:

- Primary Foundations for the Future: a two-year pilot in primary schools to develop cooperative and supportive relationships between boys and girls through communication, conflict resolution, tolerance and respect.
- No Fear: kits for primary and secondary schools dealing with gender-based violence and encouraging the creation of a non-violent school community.
- Hands Off!: a resource for primary and secondary schools to improve communication skills and manage relationships in a constructive and non-violent way.

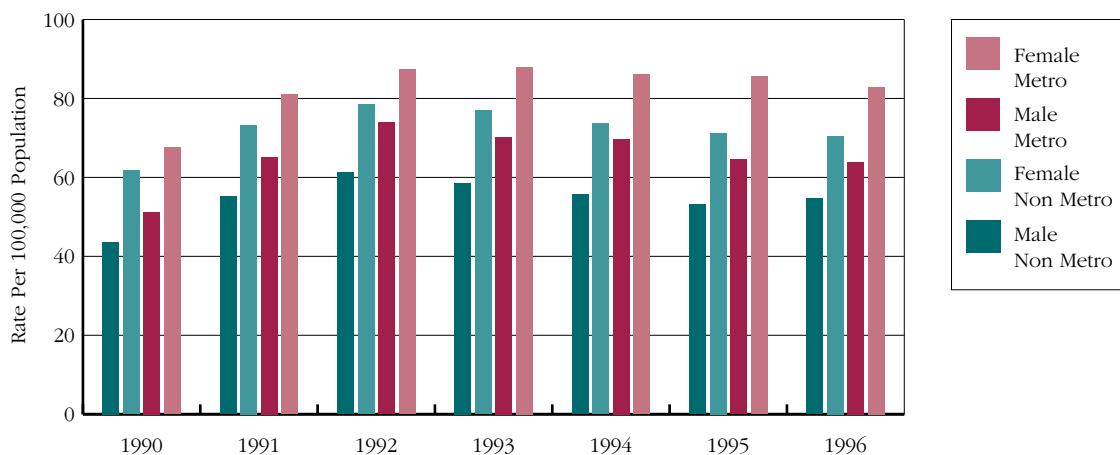
A number of other school-based projects have been funded by VicHealth including:

- Options Project: a school-based intervention and training program to reduce the incidence of violence and racism and promote wellbeing within the school population and the general community.
- Health Promoting Schools Project: a multifaceted approach focusing on building mental health and wellbeing among students.
- The Gatehouse Project: a project developed by the Centre for Adolescent Health, based at the Royal Children's Hospital. It is being piloted in 27 government and Catholic schools. It develops emotional health and wellbeing through a curriculum-focused health education program. The Centre for Adolescent Health is evaluating this project.

As significant changes are taking place in the structure and operation of youth labour markets in Victoria, three interrelated developments have occurred:

- A marked increase in participation in education, although retention rates of young males, particularly in rural schools, are lower than their female and metropolitan counterparts (see figure 4.1).

FIGURE 4.1: RETENTION RATES IN GOVERNMENT SCHOOLS, METROPOLITAN AND RURAL, 1990–96



Note: The Metro/Non Metro split is based on the 1997 Regional Structure
 Source: Department of Education, 1997

- A doubling of the enrolments of 15 to 24 year olds in higher education between 1981 and 1995.
- A substantial decline in the full-time labour force participation of young people aged 15 to 19 from 48 per cent in 1980 to less than 25 per cent today.

The Task Force heard these factors place pressure on schools to offer a wider range of education programs and provide other support structures not previously regarded as necessary. The Task Force is therefore concerned that pastoral care and comprehensive welfare support programs are by no means universally available in schools.

PASTORAL CARE PROGRAMS

Pastoral care systems vary according to school size and perceived need. Many large schools provide a sub-school structure to ensure students have access to a familiar teacher. Most secondary schools have a system of 'home group' teachers who provide closer staff-student contact throughout a school year. Peer support programs, student mentoring or similar programs are also adopted in many government schools. Currently, however, the School Accountability Framework does not include such pastoral and welfare supports in the review of school performance.

4.2.3 COMMUNITY-BASED NETWORKS

The Task Force was informed of the small number of communities that established local or regional area task forces to coordinate the efforts of community agencies to prevent suicide. These included the Moreland Youth Suicide Prevention Project, Mt Beauty Suicide Prevention group, the Albury–Wodonga Suicide Prevention Task Force, and the Central Gippsland Youth Suicide Task Group. Other models are adopting a community development focus to achieve better links between support agencies at the regional level based on partnerships and sharing resources (for example, The Barwon Adolescent Task Force). These groups often operate with limited resources and face continual difficulty in sustaining long-term commitment.

The Statewide Youth Suicide Prevention Project, funded by VicHealth, includes developing intersectoral models for prevention through metropolitan and rural pilots, establishing a youth suicide clearing house, establishing and coordinating a youth suicide network of over 400 organisations and individuals, and providing education and training to relevant health and welfare practitioners.

4.2.4 EMPLOYMENT PROGRAMS

Community Business Employment Program: introduced in March 1994 to assist unemployed Victorians, has placed over 30,000 unemployed job seekers in employment. Around one-third of these employment placements were secured by young people aged between 18 and 24 years. A further 1100 young people were placed in training in CBE's first year of operation. Twenty-seven per cent of the program funds have been allocated to the youth target group.

Victorian Industry and Public Sector Traineeship Program: due to commence in August 1997, it will provide 12 months of training for 16 to 20 year olds with nominated host employers in the public and private sectors. The traineeships will involve four days per week in work-based employment, and the remaining day will be spent in an appropriate, certified training course. The first round of offers under the program will be for clerical traineeships.

Pathways to Opportunity—Youth Employment Scheme: provides for apprenticeships, traineeships and other employment and training opportunities delivered through group training companies that will tender for government funds. The initiative will commence in 1997 and involve up to 338 15 to 19 year olds in pre-vocational/pre-apprenticeship programs with guaranteed pathways into apprenticeships, traineeships, employment or further training. The initiative will operate in locations across the State and at least 20 per cent of the programs will operate in regional areas.

4.2.5 COMMUNITY INFORMATION AND PUBLIC AWARENESS

Information that assists parents, relatives and others to deal with suicidal ideation and behaviour is available from a number of sources and in various forms. Examples include community resource directories (such as that supplied by the City of Moreland) that list a range of crisis services, The Uniting Church *Youth at Risk in Victoria: Services Directory* (1996), youth help cards provided to young people in a number of local communities including Ballarat, Hamilton and Sandringham, and a directory, *Bereavement Support Services in Victoria*, produced by the Centre for Grief Education.

The Department of Human Services has produced a *Youth Suicide Prevention Information Kit* containing a number of facts sheets including:

- What Are the Warning Signs?
- How Can I Help?
- Some Useful Contacts.

These have been reproduced in the report as appendices 10, 11 and 12. Copies of the kit are available by contacting (03) 9245 8353.

4.2.6 LOCAL GOVERNMENT SERVICES

A small number of local councils are supporting a broad community-based approach to suicide prevention. Many deliver a range of services for families and children and more specific youth services such as information centres, counselling services, housing services and services for the elderly. A number of councils have developed a history of working cooperatively with independent, non-government, non-profit organisations to support the needs of the community. The potential role local councils can play in suicide prevention is revisited later in the Task Force's examination of possible strategies.

4.3 EARLY INTERVENTION

4.3.1 SCHOOLS

The Department of Education is piloting a program called An Extra Edge that assists students, who may otherwise leave, to continue their studies. The program is targeted at young people with a range of difficulties including drug and alcohol problems. It assists them to access other sectors that can then help with family management, accommodation and health-related issues. Project officers for this program will be appointed to 13 school clusters during 1997.

STUDENT WELFARE PROGRAMS

Under the Schools of the Future Program, schools and school councils are responsible for how funds are allocated within the school. This includes the level of resources devoted to welfare programs, including the appointment of student welfare coordinators and year level coordinators. These coordinators are in an excellent position to identify students who are experiencing behavioural, emotional, social or academic problems, and detecting feelings of hopelessness, worthlessness and depression. These staff members are then able to support the student within the school environment, or refer them to other mainstream services for assessment, counselling and support.

DRUG EDUCATION PROGRAMS

The Premier's Drug Advisory Council made a number of recommendations regarding drug education and management of at-risk students within the school community. The following is a brief outline of some of the key recommendations of the Turning the Tide implementation strategy:

- Drug education should be included as a core component of the health curriculum in schools.
- Sufficient staff to be trained in drug education and drug-related student welfare practices.
- To achieve the above, schools are required to develop a School Drug Education Strategy to be facilitated by 19 regional staff who will also help improve coordination of local services.

4.3.2 TERTIARY INSTITUTIONS

The increase in the number of students remaining at school until Year 12 is mirrored in the significant expansion in the number of enrolments in post-secondary education. Over 80 per cent of Victoria's young people aged 15 to 19 years are at school or in further education and training.

Universities and TAFE institutes provide health and welfare services on campus for students and staff. However, there are no formal welfare infrastructure standards that apply to all tertiary institutions. The Task Force heard from a group of counsellors employed by tertiary institutions. On occasions, they become aware of people attending their services who may be at risk and they often assist, support and treat people with an array of problems. They are in a position to offer support, counselling and/or referral to mainstream services, although they reported many difficulties in achieving access to appropriate providers.

4.3.3 COMMUNITY HEALTH CENTRES

Most community health services have an early intervention focus, and provide some primary prevention activities. Major services include general counselling, and medical services provided by GPs and physiotherapists. Some community health centres have a youth counsellor who works directly with young people (for example, Heidelberg, Preston and East Bentleigh).

Many community health centres provide a range of services to specifically support elderly people in their local area. In some cases, this includes grief support and counselling services. A number of community health centres (for example, Melton and Doveton) have programs targeted at men, and have a very high participation rate in programs dealing with issues such as depression, substance abuse and family violence.

Some community health centres (such as Moreland, Springvale and North Richmond) facilitate NESB access by employing bilingual staff, providing cross-cultural training, using language services, and developing culturally relevant programs.

Community health centre services target a broad section of the population but are not always well publicised. This leaves many unaware of available services and support.

The Innovative Health Services for Homeless Youth Program, administered by the Department of Human Services, has funded a broad range of services for youth. Some of these projects are located in hospitals and community-based organisations, but the majority are delivered through community health centres in Colac, Geelong, Portland, Ballarat, Bendigo, Shepparton and metropolitan regions. Programs deal with issues such as crisis management, substance abuse, sexual abuse, psychiatric and psychological disorders.

4.3.4 ABORIGINAL SERVICES

The Victorian Aboriginal Health Service is an important provider. It is currently engaged in a longitudinal study of the mental health needs, including suicide risk factors, of Koori people. The project is being undertaken with Rumbalara Aboriginal Cooperative through the Woongi Cultural Healing Research Group. The Task Force met with members of the Rumbalara community and was impressed with the work it is doing and its potential to inform future practice.

4.3.5 NESB SERVICES

A range of culturally and linguistically specific health, welfare and social services is provided by immigrant/ethnic organisations. NESB services are in a unique position to identify individuals at risk of suicide, and to provide bereavement services to communities who may not otherwise seek support from other agencies.

4.3.6 AGED PERSONS SERVICES

A range of health and support services is provided to meet the needs and improve the wellbeing of older people in Victoria. They include:

- Home and Community Care (HACC) services that help older people to remain in their homes.
- Aged Care Assessment Teams (ACATs) that assess those older persons who may not be managing in their homes and may require admission to nursing homes and hostels.
- Supported residential services that provide accommodation and personal care.
- Community Aged Care Packages that provide a planned and coordinated package of community care services to assist frail, elderly people.

4.3.7 PROGRAMS FOR AT-RISK YOUNG PEOPLE

The Commonwealth has funded a number of suicide prevention initiatives as part of its Here for Life strategy, including the following specific projects located in Victoria:

- Limelight Productions, based at The Bridge Youth Services, Shepparton, targets troubled young people. The project involves young people between 15 to 19 years in a creative arts program that includes video production. It is anticipated that this will be a successful tool in increasing the understanding of GPs, youth workers and teachers regarding young people's perceptions of their struggle with mental health issues.
- A program, developed by the Centre for Young People's Mental Health, Royal Melbourne Hospital, will screen for and support an ultra high-risk group among young people with mental illness. It will combine individual or group cognitive behaviour therapy with specific medication monitoring programs.
- A project based at Meerindoo, East Gippsland, offers wilderness experiences and voluntary or part-time work to young people with emotional or behavioural problems.
- Connexions, established by the Jesuit Social Services in Melbourne, is a demonstration project trialing outreach counselling and support to young people who are marginalised, homeless or seriously disaffected. The overall goal is to minimise self-destructive, self harming, and potentially suicidal behaviour by strategies that reinforce inclusion and acceptance.
- The Young Women's Project in Melbourne has been funded to evaluate a model of supporting young women who are homeless and facing mental health problems. It provides support and crisis accommodation services, and implements preventive programs that encourage young women to access group and peer support.
- Mornington Peninsula Hospital was provided with funding to map current local pathways to care, note gaps and difficulties with access, and develop best practice. A multidisciplinary steering committee representing hospital and community-based agencies is overseeing the project.
- The Staying Alive Project, based at Maroondah Hospital, increases the level of access to services within the hospital and community by young people who have attempted suicide. The goal is to provide a 24-hour service, and build on current contacts the young person has with community agencies and individuals. The project pays young people who have attempted suicide to provide consultancy and advice to the service about their experiences.

4.3.8 CHILD PROTECTION SERVICES

Child Protection Services are targeted at all children under the age of 17 years (and their families) who have been subject to physical, sexual or emotional abuse or neglect. This group of children and adolescents, particularly those subject to Children's Court protection orders, are at risk of suicidal behaviours on these criteria alone. In addition, substance abuse, previous self harm, unstable domestic arrangements, and inability to establish stable relationships are common among this group. All child protection workers are trained in risk assessment and, once risk is identified, are able to access support and specific intervention through services such as:

- Behaviour Intervention Support Teams: provide help to children and young people with difficult behaviours that are likely to lead to physical or psychological harm.
- Intensive Youth Support Services (a program jointly funded by Child Protection, Child and Adolescent Mental Health Services and Drug and Alcohol Services): target young people who demonstrate extreme risk behaviours, including self harm and drug and alcohol abuse.
- Adolescent Support programs: provide general support for the young person in conjunction with other services.
- Streetwork Outreach Service: provides a team working on the streets with young people to minimise their risk-taking behaviours and health-compromising activities, and links them into other services.
- Families First: a 24-hour intensive parenting program that intervenes where risk is significant enough to consider removing the child from the family.
- Secure Welfare Services: help young people at imminent risk of self harm who are not considered to have a serious mental health problem.

Child protection workers may also refer clients to Child and Adolescent Mental Health Services, sexual assault services, family violence services, family and youth counselling, mediation services, and drug and alcohol services.

4.3.9 SUPPORTED ACCOMMODATION SERVICES

A range of supported accommodation services is provided by government and non-government organisations. These include home-based care for children and adolescents who are unable to live with their family because of abuse or neglect, and supported accommodation for people with specific disabilities or serious mental health illnesses. The Task Force was informed in several oral and written submissions of the importance of such services, and the need to expand access for at-risk youth on a 24-hour basis.

4.3.10 SEXUAL ASSAULT SERVICES

Sexual assault counselling and treatment services are provided through the centres against sexual assault (CASAs) and some counselling/family support services. These services deal with the initial crisis and immediate impact on the victim, and may identify those with suicidal intentions. Regional and statewide services provide crisis care, specialist counselling and other support services. They also provide a consulting service to relevant agencies. The Task Force heard these services deal predominantly with females.

4.3.11 FAMILY VIOLENCE SERVICES

Support services become critical in assisting families to overcome and resolve problems that result from violence within the home. Services include women's refuges, support groups, domestic violence networks, education campaigns, and men's programs to support them to reduce their level of violence and develop healthy relationships. Services, primarily funded by the Department of Human Services, are provided through a range of non-government organisations.

V-NET Inc. (Victorian Network for the Prevention of Male Family Violence) is a statewide peak body for agencies and individuals working in the field of family violence. Southern Family Life, based in Sandringham, is one family support agency providing a range of family violence services. Included are a women's program targeted at those who have a violent partner, children's groups for those who have witnessed or experienced family violence or sexual abuse, and a men's program.

4.3.12 DRUG AND ALCOHOL SERVICES

The Premier's Drug Advisory Council noted attention must be paid to fundamental social issues that lead to drug abuse. These social issues are many and varied and include alienation, lack of self-esteem, lack of hope, boredom and other social maladies. Drug and alcohol services are essential in identifying and preventing suicidal behaviour.

A range of services is provided through drug and alcohol treatment organisations. Community health centres, family counselling and youth services also provide information and referrals. The Turning the Tide strategy results from the Drug Advisory Council's recommendations.

4.3.13 JUVENILE JUSTICE AND ADULT CORRECTIONAL SERVICES

People who have committed offences and are held in Victoria's prison system often have a range of social and psychological problems such as drug and alcohol problems, histories of family and other violence, and mental health problems that may increase the risk of suicidal behaviours.

The Task Force received information that the rates of suicide during imprisonment are significantly higher than those in persons of a similar age and gender in the outside community.

Reforms implemented in the Victorian adult prison system have resulted in a substantial decline in the suicide rate among prisoners. However, attempted suicides and deliberate self harm continue to be at high levels and are a serious concern for prison administrators.

Juvenile justice clients comprise an adolescent population of 1200 who are detained in custodial centres or supervised by community-based units. These young people include those who have experienced abuse and family violence or depressive disorders, made prior suicide attempts, are drug and alcohol abusers, or have a previous psychiatric illness. Suicide prevention for these young people includes adolescent forensic health services that have a key role in specialist risk identification, comprehensive assessment, and targeted intervention including referral to community mental health services.

Environmental design that limits access to methods of self harm in Victorian custodial centres is setting the standard for juvenile justice facilities in Australia.

4.3.14 GENERAL PRACTITIONERS

GPs are an important source of support and information to families and carers of persons who are exhibiting suicidal behaviours or mental health problems. However, the Task Force is aware that not all GPs have the necessary training or confidence to assess suicide risk and respond appropriately to depressed and vulnerable people. The role of GPs in early intervention is examined in detail in chapter 6.

4.3.15 TELEPHONE COUNSELLING, INFORMATION AND REFERRAL SERVICES

There are 24 telephone counselling, information and referral services across Victoria funded by State and Commonwealth Governments and private sectors and often resourced by volunteers. Services include Crisis Line, Lifeline, Women's Information Referral Exchange, Domestic Violence and Incest Resource Centre, Direct Line (drugs and alcohol), AIDS Line, Bendigo Care, Kid's Help Line and Men's Referral Service.

All telephone counselling services deal with issues of relevance to people at risk of suicide. While some calls fielded by telephone counselling services relate directly to imminent suicide (intervention) and others to grief resulting from death by suicide (postvention), the bulk of telephone counselling services relate to a broader range of problems, some of which may be relevant to early intervention. Approximately 5 per cent to 6 per cent of all calls relate to suicide; that is, suicidal talk or ideation, suicidal intent and suicide attempts 'in progress'. Females contact telephone counselling services much more frequently than males. Data provided to the Task Force suggest the average ratio of calls is 80 per cent females to 20 per cent males.

Major telephone counselling services are currently unable to meet demand. This partly relates to calls peaking around particular times and to the duration of calls. Lifeline calls peak during the day and between 8.00 p.m. and midnight, while demand ebbs between 6.00 a.m. and 8.00 a.m. The average duration of Lifeline calls is 30 minutes.

Ballarat Lifeline has established a dedicated Youthline operating from 4.30 p.m. to 11.00 p.m., seven days a week. It is staffed by counsellors specifically trained in youth issues.

The Kids Help Line telephone counselling service is available throughout Australia on an 008 number. The service is available to the 5 to 18 year age group. Data are recorded on the nature of the call, scaled severity of the problem, and locality. Nationally, the rate of calls received about suicide is just over 1000 per year and Victoria and Queensland share the highest proportion. Currently, demand for the service exceeds its capacity and leads to only one in three calls being answered.

Kids Help Line and Lifeline have recently received funding from the Commonwealth Government. It is anticipated that both organisations will, as a result, expand their telephone services. The attention of the Task Force has also been drawn to the need for improved referral and follow-up of callers. This is discussed in chapter 6.

The Men's Referral Service, which is volunteer based and operated for a few hours each day, is the only service the Task Force heard about that provides anonymous, confidential counselling and information and referral for men who are violent or abusive in the home. This abusive behaviour includes physical, psychological, emotional, verbal, economic, social or sexual abuse.

Over 80 per cent of calls are from men primarily wanting to change their behaviour, and approximately 20 per cent are from women seeking help. The percentage of men contacting this service contrasts markedly with the percentage of calls by males to all other telephone services.

4.4 INTERVENTION

4.4.1 EMERGENCY SERVICES

The Victoria Police and the Metropolitan Ambulance Service are important first line services for intervention and postvention strategies. The Task Force heard from both these services about the issues that arise in their work with people with suicidal behaviours.

Members of the Victoria Police Psychology Unit are available to attend suicide interventions and other critical incidents. The Community Policing Squad has staff who are on duty 24 hours a day in every police district who are especially trained to care for people in crisis. There are protocols between the Victoria Police and the Department of Human Services for dealing with people in crisis.

There are occasions when it is not practical to call on specialist assistance, particularly where an incident escalates rapidly. In these cases, the police members on the spot are forced to react rapidly to try to defuse the situation. Changes to training developed by Project Beacon for all operational police members has improved the ability of members to react to crisis and to minimise harm.

4.4.2 EMERGENCY DEPARTMENTS OF HOSPITALS

Emergency departments of public hospitals have a critical role in managing suicidal behaviour and supporting family and carers. These departments also have an important role in liaising with emergency, mental health and other support services. There is evidence of a lack of liaison in follow-up for suicidal and self harming young people who have received treatment from emergency departments.

4.4.3 MENTAL HEALTH SERVICES

Mental health services, which are funded by the Department of Human Services, are accessed by a range of general and specialist organisations and individuals including schools, general health and welfare providers, GPs, private psychiatrists, drug and alcohol services, sexual assault services, correctional services and child protection services.

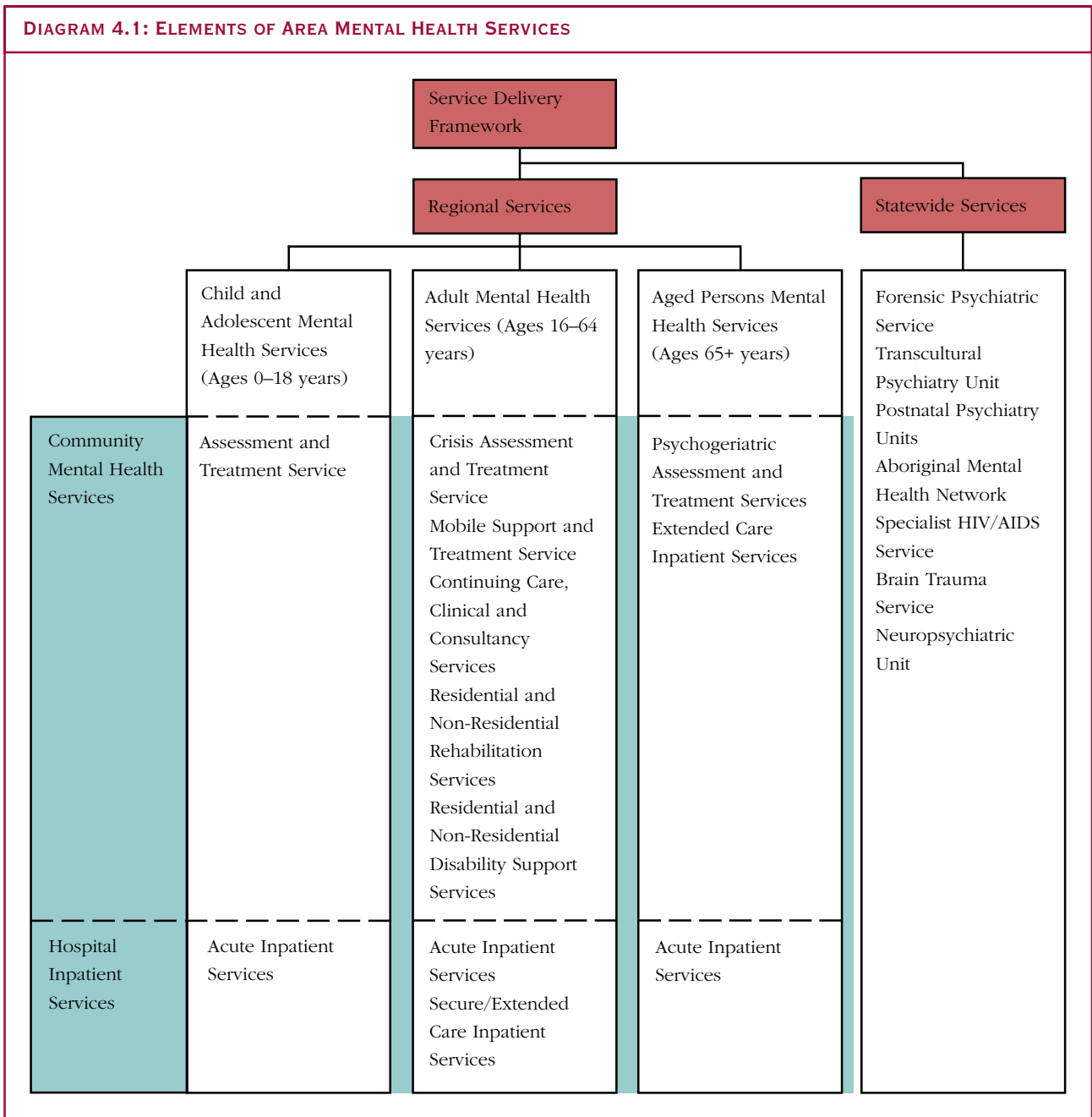
Commonwealth annual reviews of mental health services place Victoria well ahead of other States on most measures including having the highest:

- Per capita spending (\$72 per capita compared with \$58 nationally on average).
- Spending on community-based services (50 per cent above the national average).
- Level of private psychiatrists funded under Medicare with attendances and benefits 25 per cent above the national average.

However, there are significant gaps in service implementation that are discussed in chapters 6 and 7.

The following diagram outlines the framework for the delivery of publicly funded mental health services in Victoria.

DIAGRAM 4.1: ELEMENTS OF AREA MENTAL HEALTH SERVICES



Following is a brief overview of mental health services that forms the basis for more detailed discussion in the following chapters.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

The Child and Adolescent Mental Health Service (CAMHS) provides a network of multidisciplinary teams in each of the nine Department of Human Services administrative regions. CAMHS provide intake and crisis responses, assessment, inpatient and community-based treatment services to meet the needs of children and adolescents up to the age of 18.

Services focus on children and adolescents with serious psychiatric disturbance or who are known to be at risk of such disturbance. This definition applies to diagnosable psychiatric conditions that adversely affect the psycho-social development of children and young people.

Adolescent Inpatient Services provide acute treatment programs for children and adolescents with serious mental health difficulties who cannot be managed by a community-based treatment service. Sixty-six child and adolescent inpatient beds have been funded in metropolitan regions, and a further 10 inpatient beds are to be established in rural regions. While CAMHS are required to establish day treatment programs for children and adolescents who are not admitted to inpatient care but do need intensive treatment, this is currently a gap in the service delivery system.

All CAMHS have intake workers who can be contacted by telephone to discuss concerns about the mental health of a child or young person. In most instances, CAMHS see those at the end of an event rather than in prevention. CAMHS clients are often concurrently involved with other services, and this makes it essential the systems work together effectively.

Although CAMHS are funded to provide a range of services, the Task Force heard that, in some cases, they were not doing so in an effective way. The services provided by CAMHS are discussed further in chapter 7.

ADULT MENTAL HEALTH SERVICES

Adult Mental Health Services (AMHS) cater for people aged 16 to 64 years and provide a continuum of care ranging from community-based services to acute inpatient services. Services are administered through Area Health Networks.

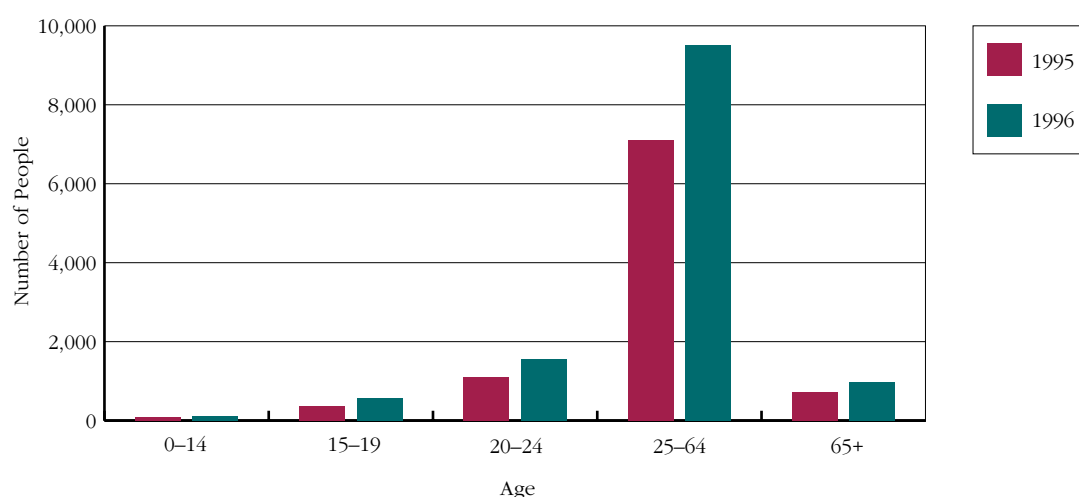
COMMUNITY-BASED MENTAL HEALTH SERVICES

Victoria has a range of community-based mental health services. These include:

- Services providing outpatient assessment, treatment, support and rehabilitation. Forty-six new services have been established, as part of the redevelopment of adult mental health services, to enable people who do not need inpatient treatment to be managed in their local community. Community-based services also provide consultancy and a single point of contact for access by other services. The Task Force was, nevertheless, informed of many instances in which this continuum of services has been far from seamless.
- Residential rehabilitation and disability support services that provide ongoing treatment in a supported environment.
- Mobile clinical teams that are available to treat and support homeless persons with a mental illness.
- Mobile Support and Treatment (MST) teams are funded to provide outreach services, intensive long-term support, treatment and rehabilitation of clients over 18 years with serious psychiatric problems. Each of the 22 area mental health services are funded to provide an MST.
- Crisis Assessment and Treatment (CAT) Services are funded to provide a rapid, 24-hour response to people in crisis, including those exhibiting suicidal intent. CAT teams are multidisciplinary and meant to provide intensive, community-based assessment and treatment for people who are being considered for psychiatric admission. CAT teams are funded to provide after-hours crisis response to people under 18 years. However, the Task Force received numerous submissions highlighting shortcomings in the delivery of these services. These are addressed further in chapter 7.

As can be seen from figure 4.2, an increasing number of people are accessing services of CAT teams.

FIGURE 4.2: NUMBER OF PEOPLE WHO RECEIVED A SERVICE FROM A CAT TEAM IN VICTORIA, 1995–96



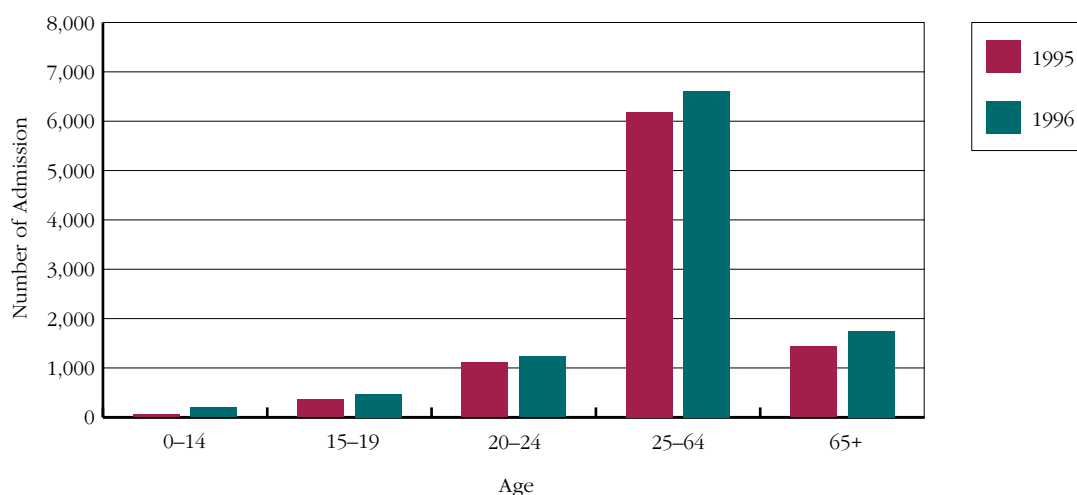
Source: Mental Health Branch, Department of Human Services

INPATIENT MENTAL HEALTH SERVICES

Acute inpatient and secure inpatient services are provided through general hospitals for those with serious psychiatric problems requiring 24-hour intervention and treatment.

The number of people in rural and metropolitan Melbourne accessing public mental health inpatient facilities is outlined in figure 4.3.

FIGURE 4.3: NUMBER OF ADMISSIONS TO INPATIENT MENTAL HEALTH SERVICES IN VICTORIA, 1995–96.



Source: Mental Health Branch, Department of Human Services

EARLY PSYCHOSIS PREVENTION AND INTERVENTION CENTRE

Victoria has an Early Psychosis Prevention and Intervention Centre (EPPIC) that has led to the development of best practice, knowledge and expertise in dealing with early onset psychosis (usually in older adolescents and young adults), and people at high risk of suicide. This work is now being extended through other services where staff are learning about ways to minimise the severity of the disorder, and reduce the consequential disability and the risk of suicide.

The Centre for Young People's Mental Health provides services for those up to 25 years. It has been established through integrating EPPIC with the Royal Children's Hospital Older Adolescent Service in recognition of the importance of early intervention, prevention and health promotion targeted at specific psychiatric disorders in young people.

AGED PERSONS MENTAL HEALTH SERVICES

Aged Persons Mental Health Services (APMHS) primarily assist people over 65 years who suffer from severe mental illness and/or whose behaviour cannot be managed in their community or by other aged care service providers. The Psychogeriatric Assessment and Treatment Teams are the first point of contact with APMHS. They support and manage the person in the community with the assistance of aged care services and carers.

Acute inpatient services provide assessment and treatment for older people with acute psychiatric symptoms who cannot be safely or effectively cared for or supported by the community services. Extended care inpatient services provide medium- to long-term residential care in a community-based psychogeriatric nursing home for those clients whose behaviour cannot be effectively managed in the general aged care system.

4.4.4 MENTAL HEALTH SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDERS

Only a small proportion of Aboriginal and Torres Strait Islanders use mental health services. However, where there are specific Aboriginal mental health services with links to the Aboriginal community, there is an increase in usage. The Rumbalara Cooperative, based in Mooroopna, has recently established a mental health service for the community. This is discussed in chapter 5 as an example of best practice.

4.4.5 MENTAL HEALTH SUPPORT GROUPS

Over 100 support services are available throughout Victoria for people with psychiatric disabilities. These services include psycho-social rehabilitation day programs, home-based outreach support, residential rehabilitation, planned respite, and mutual support/self-help groups.

4.4.6 PRIVATE PSYCHIATRISTS AND PSYCHOLOGISTS

Private psychiatrists, psychologists and private psychiatric hospitals are a valuable component of a comprehensive mental health service system. They play an important role in supporting individuals who may be at risk of suicide because of mental health problems. These services are available on a user-pays basis that limits general accessibility.

4.5 POSTVENTION

4.5.1 POST-SUICIDE SUPPORT AND BEREAVEMENT SERVICES

Only limited post-suicide support and bereavement services exist in Victoria. At virtually all the public consultation meetings, people spoke of experiences that pointed to the paucity of such services. The following list provides a summary of those professional services and self-help support groups available:

- The Centre for Grief Education: based at McCulloch House, Monash Medical Centre, provides education and training and ongoing support for all bereaved people to assist in their recovery and prevent chronic illness and ill health. The Centre conducts a Living Through Grief: Partners Program for people whose partners have died, and plans to develop a similar program for people bereaved by suicide.
- The Sisters of Charity Outreach Centre: a joint venture of St Vincent's Hospital, St Vincent's Private Hospital and Caritas Christi Hospice, provides a free bereavement counselling and support service within the context of family and community relationships. The Outreach Centre also provides a support group called Good Grief that attempts to address the needs of bereaved young people.
- The State Coroner's Office: provides a limited grief counselling and support service to families where there has been a tragic, unexpected death, including suicide. This service provides information and referral to ongoing supports, occasional assessment of the needs of the family, and crisis counselling.
- The National Association of Loss and Grief: made up of individual practitioners and services with an interest in bereavement. The association provides an information and referral service for bereaved individuals and families.
- Windermere Child and Family Services: established a pilot Community Based Suicide Prevention Counselling Service in 1996. It provides a crisis intervention and follow-up counselling service for at-risk people with suicidal behaviours. A specific bereavement counselling and support service is also provided for individuals and families following a death by suicide.
- Several funeral services provide post-suicide bereavement counselling and workshops on grief, loss and suicide.
- The Compassionate Friends: a world-wide network of self-help groups run by bereaved parents who volunteer crisis support, 24-hour telephone contact, long-term rehabilitation, and friendship and understanding to parents, siblings and grandparents bereaved by the death of a son or daughter of any age and from any cause. The primary purpose is to assist in the positive resolution of the grief experienced after the death of a child. The secondary purpose is to provide information and education about bereavement, and to help those in the community to be supportive.
- SPRING: a self-help group set up in 1993 in the south eastern suburbs for those bereaved by suicide. Evaluations conducted by SPRING indicated that group support and individual counselling are beneficial and appreciated by suicide-bereaved clients.

4.5.2 CRISIS/EMERGENCY MANAGEMENT POLICIES IN SCHOOLS AND TERTIARY INSTITUTIONS

Government schools are required to have an emergency management plan that outlines procedures to be followed after any traumatic event within the school community. Traumatic events would include death by suicide of a teacher, student or a student's family member.

Management of the aftermath of the death within the school community is usually provided by a crisis team comprising the school principal, student welfare coordinator and school psychologist or social worker. Referrals of those at risk are made to other community services.

University and TAFE health and welfare services provide bereavement support to students and staff when made aware of a death by suicide of a member of their educational community.

4.6 EVALUATION

The Task Force found little evidence of serious evaluation or performance auditing of the many suicide prevention initiatives brought to its attention. This is a major handicap in identifying best practice, establishing appropriate benchmarks of service, and recommending cost-effective preventive support measures. These matters are addressed in chapters 5 and 9.

