

5. PRIMARY PREVENTION

As outlined in chapter 1, the aim of primary prevention strategies is to deal with those factors that place a person at risk of suicidal behaviours before such behaviours occur.

Therefore, primary prevention includes broadly based programs that aim at strengthening the capacity of all Victorians, particularly young people, to develop the personal skills and capabilities necessary to cope with their environment, to deal constructively with the demands of everyday living, and to realise their aspirations.

Prevention is far more effective than intervention. We need to build on and not dismantle our social support structures. Self-esteem, stress management, managing emotions and practical communication skills should be part of preparation-for-life skills, not just available in crisis counselling situations. (Community consultation)

In the course of its inquiry, the Task Force encountered a vast array of issues relating to the need for such primary prevention activities. Although these reflect a diversity of social, cultural and individual factors, the Task Force believes certain protective factors have proven successful in promoting resilience in people. As outlined in chapter 1, these protective factors include:

- Strengthening family relationships.
- Minimising stress through creating positive relationships.
- Promoting school belonging.
- Fostering spiritual and community belonging.
- Creating positive social behaviours and problem-solving skills through building self-esteem.

These protective factors, which the Task Force has identified as most likely to have an impact on reducing suicide, provide a framework for this chapter and other primary prevention responses such as:

- Increasing public awareness and access to information.
- Educating and training professionals in knowledge of resilience, vulnerability, risk factors and mental health issues.
- Reducing access to means.
- Encouraging responsible media reporting.

The Task Force is convinced of the need to underpin suicide prevention strategies with research, evaluation and data collection. It identified several deficiencies in these areas and makes reference to these in this chapter.

Inevitably, protective factors overlap and reinforce each other. They also link, in some cases very closely, with intervention and postvention factors. This is a limitation of the divisions that the framework comprises. Nevertheless, while noting these overlaps, the framework provides a useful tool for analysing approaches to preventing suicide.

5.1 STRENGTHENING FAMILIES

Evidence presented to the Task Force, through public hearings and written submissions, confirms family support and feeling connected to family are the essence of wellbeing for most people, especially young people.

Most families believe caring for their children and adolescents is the central objective of their lives. Most young people want to maintain a strong relationship with their parents, no matter how difficult that is. Many parents seek knowledge about how to parent more effectively and improve their relationships with their children.

[There is a need] for parenting programs which provide support for families to help them cope better with some of the stresses that are present, and which cover such issues as how to raise children with a sense of self-worth, self-esteem and discipline. (Community consultation)

The range of parenting support and training packages available to parents in Victoria was highlighted in chapter 4. One of these in particular, the Department of Human Services' Positive Parenting Program, provides information for early parenting but could be extended to provide information about parenting adolescents.

I just think that parents are the forgotten people, carrying an enormous burden. If you can discuss ideas and information in a positive manner, forget the negatives, keep with the positives with other parents in a similar position, you all learn, and we can support one another. (Community consultation)

The Task Force believes such programs should be made available at times and in venues that are suitable to parents. Information was received by the Task Force about the importance of strengthening the relationship between men and their children or step-children. The Task Force believes particular effort should be made to promote parenting programs that address the issues of step-parenting and father-son relationships.

Many young families, particularly those living in outer urban and rural areas, have difficulty in utilising parenting programs because of limited public transport. It is important such programs be readily accessible to parents at risk. The Task Force believes government should consider ways to enable families experiencing parenting difficulties to utilise these programs, such as providing transport and child care.

The Task Force heard about the Young, Pregnant and Parenting program being provided by Bendigo Community Health Services. The program provides social support, accurate health information, parent training, antenatal and postnatal care, family counselling and appropriate referrals for young women and adolescent mothers. It was recently evaluated by the Centre for Research on Ageing and Health (La Trobe University, Bendigo) and the Bendigo Community Health Services and was found to meet successfully the program's aims and objectives. As stated in the evaluation document, health workers were identifying and assessing program participants' needs and assisting vulnerable young families to improve their health. The program fosters the notion of caring and connectedness, and encourages participants to feel a sense of belonging by using a peer support model. Peer support workers are viewed as an essential link between the services and the program participants.

There is significant diversity among families in Victoria. The Task Force heard evidence from many parents who are coping with a range of very difficult situations. In most cases, parents solve their problems and support their families, in the face of enormous challenges. For those dealing with additional problems (such as the care of an older family member, a child with a learning disability, an adolescent engaging in acting out or quietly disturbed behaviour), such situations can escalate into crisis unless additional support from community or government services is provided.

...the importance of cohesive family structures has been referred to. We do not value the level of family relationships and the support they provide. The pressures in society appear to be leading to high rates of family breakdowns. (Community consultation)

Evidence presented to the Task Force suggests young people living in family environments that display disharmony, inconsistent discipline, violence, neglect and abuse are at significantly increased risk of suicide and require particular support. Some young people living in such circumstances subsequently become homeless, and their risk of engaging in self-harming behaviours then may escalate.

Support needs to be available for families to ensure dysfunctional relationships do not develop, but if they do, assistance is provided to protect children against harm to their physical and emotional health. The Task Force was convinced of the critical importance of supporting families before separation and breakdown occurs.

The efficacy of supporting and strengthening families as a primary prevention initiative is best illustrated by the following comment:

It is going to cost a lot more to fix up the families of kids who have suicided and all the ramifications of all the others who need treatment for years afterwards than to stem the tide in the first place with the kids. (Community consultation)

International comparisons of suicide rates point to lower rates being evident in countries characterised by stronger extended family networks and where secularisation is minimal.

However, for some people, extended family supports are not possible and these groups require special support. In the Task Force's consultations with representatives of ethnic communities, it was noted that refugees and migrants whose family structures have been damaged by war, conflict or separation were considered to be at serious risk. The work of the Red Cross, the Victorian Foundation for Survivors of Torture (VFST) and a wide range of ethno-specific agencies play a crucial role in supporting such people. The submission provided by the VFST indicates positive and nurturing relationships with children are often undermined by experiences of extreme and unrelenting human rights violations prior to migrating to Australia. VFST has received increasing numbers of referrals for services to children and adolescents who have been tortured or witnessed others being tortured. The Task Force noted with concern that Commonwealth government funding arrangements for organisations such as VFST do not adequately recognise the volume and complexity of their work. People who have been tortured or witnessed others being tortured are likely to have many of the risk factors that heighten their vulnerability to suicide. Individuals who came to Australia as part

of the unaccompanied minors program also have an increased likelihood of mental health difficulties and require counselling services to assist them.

The Task Force heard evidence of the distressing consequences of previous government policies that separated Aboriginal family members. Even in 1997, Aboriginal children are still five times more likely to be taken into care than non-Aboriginal children. While the reasons for this are complex, the Task Force believes extended family networks within the Koori community are critical in strengthening family support and need to be assisted to continue to do so.

The Task Force recommends that:

5.1 The Victorian Government support the Department of Human Services to expand and enhance opportunities for parent education, including a particular focus on step-parenting and father–son relationships. Programs should support parents to communicate with adolescents.

5.2 The Minister for Health support the Victorian Foundation for Survivors of Torture (VFST) and raise with the Commonwealth the need to expand post-traumatic stress counselling services with particular focus on child and adolescent refugees and people who came to Australia as part of the unaccompanied minors program.

5.3 The Victorian Government support the Department of Human Services to develop a training program with the Aboriginal community to provide them with the skills to deliver counselling services through their extended family networks.

5.2 CREATING POSITIVE RELATIONSHIPS

In the way that positive family relationships are a protective factor, positive relationships outside the family are also significant. Whether it be in an educational environment, place of employment or isolated community, the Task Force heard this protective factor is equally important.

The Task Force heard an important key to feeling connected, especially for young people, is to experience at least one positive relationship with a competent and caring parent. In circumstances where this is not possible, an adult such as another family member (uncle, aunt, grandparent), or a professional such as a teacher or youth worker can perform this critical role.

We provide them with experiences in which they learn to trust their teachers, youth workers, instructors and one another.
(Community consultation)

International research has demonstrated the existence of such a relationship is critical to instilling a capacity for people to cope successfully with the stresses of life. Submissions to the Task Force suggest such relationships can create a basis of security and self-worth from which to build a sense of belonging and place in the world.

I felt it was worth living because of the staff, who were really nice and who cared for us teenagers. They knew what we were going through. (Community consultation)

A number of submissions highlighted the importance of initiatives that create the opportunity for young people to receive the consistent support of an older mentor, particularly when such support is not available at home. The Task Force identified that programs such as Big Brother Big Sister, educational mentoring programs within the Koori community, cross-age tutoring and voluntary home tutoring for NESB young people, and sports and other mentor programs such as Reach for the Stars can have significant benefits.

The coroner, and others, have identified broken or difficult relationships as one of the issues leading to suicidal behaviour and suicide. The Task Force heard evidence that professional organisations such as Relationships Australia perform a critical function in providing relationship counselling for many people in the community. However, there are few accessible counselling services for people in crisis following the ending of significant relationships. For young people, particularly adolescents, such opportunities are even rarer. The Task Force believes counselling services, including Relationships Australia, should investigate options for providing counselling services to young people who may be distressed following a broken relationship.

The Task Force heard of a New Zealand initiative in which a Wellington-based business had ‘adopted’ a local primary school. After receiving appropriate training, staff from the firm spent one to two hours per week, on a

volunteer basis and during working hours, with a primary school student in need of special assistance. It was suggested the project has resulted in substantial benefits for the students who are able to develop an ongoing and personal relationship with their 'coach' (usually a male), and for the company, where an increase in productivity is reported. The Task Force believes this is an excellent model and encourages the business community to consider implementing similar projects in Victoria. The model could easily be adapted to support existing programs such as Reading Recovery that rely on one-to-one tutoring for children with reading difficulties.

Starting work can often be a bewildering and daunting experience for young people. It is especially difficult if this coincides with a shift from the family home, or to a new area. The Task Force considers developing initiatives to assist young people to form positive relationships following the transition from education to employment should be supported. One such initiative is the workplace mentor scheme. In this model, each new employee is teamed with a mentor who provides informal support and orientation to the young person during the first few months of their employment. The Task Force believes organisations such as the Victorian Employers Federation (VEF), Victorian Employers Chamber of Commerce and Industry (VECCI) and other employer organisations should promote mentor schemes to build confidence and self-worth in young people at the beginning of their working lives. Large and small organisations should seriously consider such schemes for the benefit of their young employees and the health of their organisations.

A number of submissions to the Task Force described examples of apprentices and trainees who had been subjected to workplace harassment and violence. The Task Force was pleased to receive information on a new initiative by the Victorian Government that is specifically designed to encourage reporting of workplace violence and harassment, to take punitive action against those engaging in such violence and harassment, and to assist young people subjected to such abuse to successfully complete their vocational training. It will be important for the Government to evaluate this initiative to ensure it is achieving its objectives of reducing bullying, violence and harassment in the workplace.

The Task Force recommends that:

5.4 The Victorian Employers Federation, Victorian Employers Chamber of Commerce and Industry and other employer organisations encourage employers to adopt mentor schemes to provide an orientation program and to promote confidence and self-worth in young people entering the work force.

5.5 The Victorian Government and an employer organisation pilot the New Zealand model of employees providing support to primary school age children.

5.3 PROMOTING THE ROLE OF EDUCATION

The role of schools in suicide prevention was emphasised throughout the written submission and consultation process. Young people spend more time in school than in most other structured environments outside the home, and often have their most consistent and extensive contact with trained professionals in school. Schools are well placed to assist students in developing self-esteem and self-confidence, and to identify and support students at risk.

For children aged between 5 and 18 years, schools are the significant source of socialisation outside the home. Therefore, schools are an ideal vehicle for the implementation of preventive strategies. (Community consultation)

Students of different ages have different social, emotional, physical and intellectual needs. Consequently, while some primary prevention activities apply to the whole school population, others need to be focused on the needs of specific age groups.

In the early years of schooling (P-4), the key task is to help students to move from the home to the culture of school. A considerable body of research has demonstrated acquiring literacy skills is the foundation for all learning. Children who fail to develop literacy competence by Year 3 often fall further behind as they progress through school.

Literacy is seen...not just as a set of skills to be mastered but as mental functioning which actually structures and organises specifically literate ways of thinking. Because of this impact on thinking, literacy is seen as intimately bound up with later school success and...without literacy, progress in school becomes impossible. (Rabin-Bisby, 1995)

Achieving literacy skills, academic progress and developing self-esteem are so intertwined that a major preventive focus in schools must always be on the learning needs of individual students. The Task Force heard of a number of

positive examples of early literacy programs, such as the Keys to Life Early Literacy Program, and strongly supports these initiatives.

CASE STUDY

The Task Force heard from a mother of four who lost the youngest of her children to suicide four years ago. She described her deceased son as fit, good looking, a lover of sport and challenging projects.

He hated doing nothing—that drove him really silly. He was always looking for exciting and challenging projects. He related to his peers, friends and family very easily. He was articulate and used communication very effectively. He showed affection very easily. He had a genuine love of nature; no doubt that was accentuated by our rural lifestyle...However, there was one aspect of his life that was to haunt him, and that was his difficulty with the language in written form.

Though his parents had expressed concern to teachers about his writing difficulties as early as Year 1, the parents were dismissed as ‘over-anxious’ and a diagnosis of dyslexia was not made until secondary school. By this stage, he did not comply with the expected literacy level of a young secondary student and the young man responded by incorrectly regarding himself as ‘dumb’.

‘The education system has a degree of responsibility, as of course, do parents and families. The education system should at the very least recognise that self-esteem does hinge on having the basic skills which are learnt in primary school and which most of us take so much for granted,’ said his mother.

A number of submissions to the Task Force also suggested the size and structures of schools had a significant influence on young people’s attitudes to education. The perceived negative impact of very large schools on students in the middle years of schooling, usually Years 5 to Years 8 and 9, was described at a number of community consultations. The Task Force considers the Department of Education should carefully monitor the outcomes of current school amalgamations prior to any further structural changes being implemented.

As a group, early adolescents are subject to profound physical, social, intellectual and emotional changes. Years 8 and 9 have typically been the period in which the social, emotional and welfare needs of young people are most pronounced. Alienation from school, as evidenced by the number of suspensions from school and other disciplinary measures, is most apparent in these years, particularly for low achievers and students from dysfunctional home backgrounds.

The Task Force heard because young people at this stage value security and a sense of safe limits, there were many positive benefits of a middle school approach to organising schools. Although there are a number of models of middle schools, a unifying theme is a structure that makes schools more cohesive, less bureaucratic and impersonal, and more like a collection of small communities. There has been considerable research on the positive outcomes of middle schooling, particularly in the United States:

When implemented effectively, the middle school concept increasingly leads to substantially positive outcomes in virtually every area of concern to educators and parents, including academic achievement. Improvement can also be noted in a range of aspects...such as attendance...improved relationships between students of different racial and ethnic groups; parents and teachers; teachers and students... (George & Shewey, 1993)

The Task Force supports the promising work in middle schooling already evident in Victoria and believes that it should be extended.

For adolescents and young adults in Years 10 to 12, the key task of education is to assist them to make the transition to adult roles, including further study or work. The highly competitive nature of entry to tertiary education and the labour force means young people at this stage need to make critical decisions about future study and vocational choices. The Task Force heard there was a need for more extensive and informed careers counselling to be available in schools, and more diverse options for students to gain experience of the world of work to assist in making these important decisions. Similarly, the importance of schools providing a more adult environment for students in the upper secondary years was stressed.

The *Outcomes of Schooling* study (Teese et al., 1996), which surveyed 10,186 Year 12 students, highlights the complex relationship between academic success and students’ perceptions of school.

The study found that, as a group, boys were more likely to describe school as a 'prison'; however, the boys who most often describe themselves as 'prisoners' are those doing poorly at school. Overall, the findings indicated if there are not sufficiently varied opportunities for learning in the later school years, frustration and a sense of rejection and confinement will occur among less academic students.

The need for schools to provide a wider range of academic opportunities was also highlighted during the community consultation process.

The main reason for being at school has become intellectual development. I have no quarrel with that, but it does not help the self-confidence of the less able who may have skills in other areas of endeavour...It can be a source of sadness to us as adults that many children complete their schooling without finding out what they are good at, and everyone is good at something. On the other hand, they will be able to tell you, and in detail, what they are not good at. (Community consultation)

The Task Force noted a review of VCE is currently being conducted and believes the review should consider the needs of young people who may not wish to continue into tertiary education. There is a need to provide opportunities for young people to develop skills through a broader range of curriculum options and appropriate accreditation arrangements. Initiatives such as the VCE Dual Recognition program, which enables students to gain TAFE qualifications as part of their VCE studies, are strongly supported by the Task Force.

There are many contributing factors to suicidal ideation and behaviour, and the Task Force does not believe suicide-specific curriculum should be built into the programs of schools. Rather, the curriculum should provide opportunities for students to develop strong communication and problem-solving skills, and more practical training in how to access professional and medical services. This should be done through networking with other professionals in the local community, and through developing a health-promoting framework for appropriate parts of the curriculum.

The importance of communication skills in preventing suicide was highlighted many times.

There are concerns that some suicides seem to come from students who do not outwardly display warning signs. (Community consultation)

Young men, in particular, are much more likely to keep silent about personal difficulties and do not readily access services. The Task Force believes schools should place a high priority on programs to increase the capacity of students, particularly young men, to communicate more effectively and to seek help in times of crisis.

A small survey of school students in Tasmania asked young people to identify what should be done to prevent youth suicide. Encouraging young people to talk about their feelings was identified as one of the top 20 responses. The 10 most frequently identified responses are outlined below.

TABLE 5.1: YOUNG PEOPLE'S IDEAS ON PREVENTING YOUTH SUICIDE

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1. Talk about it.
 2. Adults have a better understanding of youth problems.
 3. Counselling should be offered and made easier to obtain.
 4. Have people who have tried it and survived talk to others.
 5. More awareness.
 6. More places to go.
 7. Society stop alienating youth.
 8. Counselling in schools.
 9. Changes in society's attitudes to people to be more open with their feelings.
 10. Talking positively not negatively.
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(K. Farrow, 1997, submission to Task Force)

Victorian curriculum policy is sufficiently broad to allow incorporating health-promotion activities relating to a range of subject areas (mental health promotion, alcohol and drugs, sexuality). The method and style of teaching can also play a role. Consequently, the Task Force supports all students having exposure to ongoing structured programs relating to building self-esteem and developing problem-solving and other social skills within the context of the current Curriculum and Standards Framework. The Task Force also understands schools might wish to consider delivery of particular aspects of such programs in a single-sex environment. Some evidence suggests adolescent boys, in particular, gain less benefit from such activities when provided in a coeducational setting.

The Task Force is mindful that schools already have a complex role due to the increasingly diverse nature of school populations and social and economic changes affecting families. However, the requirement for schools to adopt an holistic approach to a young person's needs was emphasised in a number of submissions.

Schooling isn't just about learning arithmetic. School is a way in which kids can get support rather than living on the streets. School often becomes a place of sanctuary. If young people are given options and support at school, their lives don't have to end in tragedy and pain. (Written submission)

The Task Force is aware schools and teachers are not qualified to provide extensive health and welfare services. However, these services can be provided in partnership with other agencies and the wider community. The Task Force heard of a number of examples in which schools had developed effective links with other community service providers in their regions. In such cases, staff responsible for student welfare were able to draw on the professional expertise of doctors, youth workers, police and others to protect students from a broad range of health-compromising behaviours, and link students directly to professional services when required.

Since educational achievement and the welfare of individual students appear to be inextricably linked, the Task Force believes that:

- The pastoral care role that schools have traditionally undertaken can be strengthened in a way that is consistent with positive learning outcomes, the social and emotional health of their students, and the establishment of better links with other professionals and support services. This should be articulated within a school welfare strategy.
- It is important for all Victorian schools to adopt a health-promoting framework that is reflected in broader school policy, staff-student relations, the physical and emotional environment of schools, community links, and curriculum.

The Task Force heard evidence of some excellent examples of pastoral care and student welfare infrastructure. Unfortunately, this high standard of school welfare provision is episodic and inconsistent, and is often tied to pilot program funding through State and Commonwealth government initiatives, or through the initiative of individual teachers or principals.

On the basis of available information, any new initiatives must build on, rather than duplicate, existing programs. The current drug and alcohol activities being introduced into schools as part of the Government's Turning the Tide strategy could readily be adapted as one core component of a broader welfare framework. The audit of welfare practices that schools are undertaking as part of developing an Individual School Drug Education Strategy should form the basis of a broader School Welfare Strategy.

Written and oral submissions to the Task Force point strongly to a prevailing community view that all schools should assume some level of responsibility for the wellbeing of their students.

There is insufficient interest in young people who drop out of school. There are no truant officers any more. We find if a young person is moving from primary school to secondary school, that no-one is particularly interested if the person does not turn up for secondary school. If a young person goes from school A to school B say from Year 8 to Year 9—often the most vulnerable time—and they do not arrive at school B, there is no-one who worries, particularly if the young person is in difficulty. (Community consultation)

Implicit in this view is that school welfare policies and practices should be strengthened, and include more rigorous monitoring of student attendance and welfare. Current student attendance guidelines require that where a satisfactory explanation is not provided within five school days of an absence, parents/guardians should be contacted. The Task Force believes schools should respond to unsatisfactorily explained student absences in a more timely fashion than five days. Response within 48 hours is preferred.

The Task Force heard non-attendance, particularly school refusal, may be an early sign of depression or the onset of a psychiatric illness, and specific strategies are required to assist young people with ongoing attendance problems.

A high priority [should be to] establish a protocol between the Department of Human Services and the Department of Education for the tracking and case management of non-attenders. There is a need for a statewide overview of the non-attendance issue to enable the development of effective strategies to remedy the problem. (Written submission)

Although statewide guidelines exist in relation to curriculum content and, in some cases, even the number of hours to be devoted to specific subjects in government schools, the Task Force was disturbed that there are no minimum requirements for school-based welfare arrangements.

The Task Force believes the Department of Education should, as a matter of priority, develop minimum standards for providing student welfare in schools to be supported with appropriate resources. These standards should also include each school organising a team to implement, manage and monitor the standards. In larger schools, consideration should be given to a team consisting of an assistant principal, a member of the school council, year level coordinators and other appropriate staff.

There are a number of frameworks that could inform the development of minimum student welfare standards. The National Health and Medical Research Council has developed a framework for health-related school initiatives. This framework can equally be applied to suicide prevention and mental health promotion, or alcohol and drug education. The key factors in successful school-based health advancement initiatives are described as those where:

- Programs are comprehensive (not problem oriented or categorical) in approach.
- Program relevance is reinforced through strong community partnerships.
- The program is integrated into all relevant learning areas.
- Students are empowered to acquire healthy life skills.
- The health program is integrated into the school policy framework.
- The school maintains a healthy physical and social environment.
- Teachers receive appropriate training.
- There is collaborative involvement of teachers and students.
- Community health (and welfare) services are actively involved.
- Initiatives are underpinned by appropriate evaluation.

The Gatehouse Project, a population-based prevention approach being conducted by the Centre for Adolescent Health and funded by VicHealth, involves a longitudinal study of Year 8 students. The project's overall aim is to promote and enhance the emotional wellbeing of young people through a curriculum-focused health education program. The project targets 13 and 14 year olds as this transition period from childhood to adolescence has been identified as being particularly important for developing emotional health. It is seen to be a time of growing independence when an individual is developing attitudes to self and others that are related to good mental health and will carry forward into adult life. The key aims of the project are:

- To better understand the perceptions of young people about the stresses and difficulties they face.
- To explore ways in which schools, families and peers can support emotional wellbeing.
- To develop, implement and evaluate practical ways schools can promote emotional health through school policies and practices, and through curriculum.

At the level of the whole school, the project will work to provide a safe and secure environment for students, to enhance structural changes that facilitate communication between teachers and students, and to engage student welfare professionals productively with teachers. Emphasis will be given to developing effective models of linkages between schools and child and adolescent mental health services. The materials have been designed within the Curriculum and Standards Framework and the Health Promoting Schools Framework for Victoria. If the intervention is evaluated as feasible and effective, it will provide an holistic model for suicide prevention and mental health promotion. The Task Force believes the Departments of Education and Human Services should examine the outcomes of this project to determine whether this approach could be adopted for the whole school system.

Generally, the responsibility of schools for enhancing student wellbeing could be supported by the school accountability process in government schools through a review of the *School Charter Guidelines*. The school charter should reflect the broadly based social welfare ethos and specific student welfare priorities of each school. This would ensure schools maintain a balance between their responsibilities for student welfare and student academic progress. This does not always appear to be the case at present, as the following comment highlights:

Schools feel pressured to concentrate on academic progress. An enormous conflict exists between our desire to help students: a desire to keep students at school with the high retention rates on the one hand and, on the other hand, the publicity associated with the publishing of...VCE performances, because the latter puts enormous pressure on schools to get rid of the poor performers who reflect badly on schools. (Community consultation)

VicHealth funds two school-based projects that enhance student wellbeing. The Options project aims to reduce violence and racism in the school community and the general community. The Health Promoting Schools project focuses on building mental health among students, and addresses problems in school environments that impact on mental wellbeing. These are considered best practice projects that should be ongoing.

The practice, adopted by some schools, of local workers and professionals becoming 'familiar faces' in the school through co-location or regular visits was promoted to the Task Force as an important strategy in supporting students

by building links with community-based services. Students then become more comfortable with such people and view them as more accessible.

The Task Force was impressed by a range of Australian and overseas school-based initiatives that strengthen peer support and foster a climate of school-based care. Such peer support programs are particularly important because of the evidence presented to the Task Force that the prevailing youth culture often emphasises peers as being more appropriate sources of help than adults. One outstanding model of peer support is the Natural Helpers model that operates in a number of countries.

NATURAL HELPERS: PEER-BASED PASTORAL CARE

Natural Helpers is a peer-helping program based on the premise that, within every school, an informal 'helping network' exists. It involves a cross-section of students and school adults identified through an anonymous school-wide survey. After representatives of the students and staff of the school community are selected, they are invited to participate in the Natural Helpers program. They receive at least 30 hours of training in a retreat setting. There, they learn how to improve their helping skills, how to contact helping resources when problems exceed their limits, and how to better care for themselves. Natural helpers also attend ongoing training that enhances basic skills and information on topics of concern to students such as chemical dependency, sexual abuse, stress, academic pressure, and relationships with friends and family.

Some of the features of the Natural Helpers model that could be built on within Victoria include:

- The survey used to identify natural helpers ensures that those students and staff who are selected are already seen by their peers as trustworthy and helpful people.
- The selection process ensures that all subgroups in the school community will be represented by a natural helper.
- The natural helpers build upon their current abilities and increase their knowledge and skills.
- The Natural Helpers program addresses the areas of concern most often identified by the student population.
- Bringing together representatives from different subgroups in the school and helping them see their similarities contributes to a more positive school climate.

Many excellent peer support models operate in schools in Victoria, through agencies such as the Peer Support Foundation and Kids Help Line. These share many of the positive features of Natural Helpers.

The Task Force recommends that:

5.6 The Victorian Government support the Department of Education to develop and implement a policy that specifies minimum standards of student welfare provision within government schools.

5.7 The Minister for Education consider including peer support programs within the overall minimum standards of student welfare.

5.8 The Minister for Education review the school charter and school review guidelines to enable the role of schools in promoting the personal welfare of individual students and in promoting connectedness to school to be identified and measured as part of the overall accountability process.

5.9 The Minister for Education review the student attendance guidelines to ensure that follow up of absences, without a satisfactory explanation, occurs within 48 hours.

5.10 The Ministers for Education, Health and Youth & Community Services initiate discussions between local service providers, such as GPs, youth workers, community health centre nurses, to develop models for providing outreach services to schools.

5.11 The Minister for Education and Minister for Health examine the outcomes of the Gatehouse Project to determine its applicability to the whole school system.

Over 80 per cent of young Victorians aged between 15 and 19 years are participating in full-time or part-time education and training programs. Therefore, universities and TAFE institutes have a major part to play in promoting the wellbeing of young people.

The Task Force heard that developing effective listening and communication skills were just as important for tertiary students as they were for school students. Developing such skills means that a young person is more likely to seek

assistance from a peer or professional if a crisis occurs, and is more likely to recognise when their peers may be in need of assistance.

We need greater emphasis on problem solving and communication techniques both at home and in schools and universities. (Community consultation)

One problem described to the Task Force relates to moving many young people from rural communities to provincial centres and the metropolitan area to obtain work or tertiary education. These transitions were identified as creating substantial difficulties for some young people.

Kids from small country towns have been used to a very close environment in which everybody knows everybody and they have people they can go and talk to. After they leave home and travel down the freeway, that support system is no longer there for them. They can call home but it is not the same. (Community consultation)

The Task Force sees the need for further investigation of this issue. Evidence suggests practical support (information and advice, appropriate accommodation and welfare support) for rural young people moving to larger centres (particularly for education/training) can assist in reducing the level of risk. Universities and TAFE institutes should look closely at the needs of country students, especially during the settling-in stage. Funding to TAFE institutes to increase access to further education for early school leavers in rural Victoria is required so that the need to leave home can be postponed.

TAFE institutes have an important role in rural communities and should provide student welfare and support of a high standard. Contact between TAFE institutes and other local agencies provided best practices in a number of communities; for example, the East Gippsland Access Project (EGAP). EGAP was set up within the local TAFE.

The Task Force heard young people moving to tertiary education often felt overwhelmed and bewildered. Tertiary institutions are much larger than schools, provide less student staff interaction, and have few procedures that enable students with emotional or social difficulties to be identified. Given that the rate of death by suicide is higher among young people aged 19 to 24 than for any other age group (except those over 75 years), the support structures provided by universities and TAFE institutes for students is an important component of a broad suicide prevention framework.

Suicide is overrepresented among senior medical students and medical graduates. I can even remember a lecturer in my third year actually asking who in the group had contemplated suicide. About 50 per cent of the people put up their hands. People admitting to suicidal ideations in such a forum actually underrepresents how common such suicidal ideations are. (Community consultation)

In a meeting with student counselling staff from tertiary institutions, the Task Force heard of an innovative outreach program being conducted at Box Hill Institute of TAFE. The program addressed problems associated with the reluctance of male students, particularly those in apprenticeship programs, to access services available on campus. The Task Force believes other TAFE institutes should investigate introducing similar models.

The Task Force recommends that:

5.12 The Minister for Tertiary Education discuss with the Councils of Universities and TAFE Institutes the importance of their social welfare policy and structures in promoting student wellbeing and preventing suicide, including issues such as the need for effective induction programs, especially for students from rural areas, for peer support activities and accessible counselling programs for students.

5.4 STRENGTHENING LOCAL COMMUNITIES

The Task Force heard of many instances where suicide prevention had been addressed by strengthening the resilience of the individual and increasing their sense of belonging to the community. This was done by building up the level of supports available within the community. Many people already have an active role in suicide prevention in Victoria, some with government support. Many more could have such a role.

A number of surveys of young people in recent years suggest many feel a deep sense of pessimism about the future, and this pessimism may increase in later adolescence. Such surveys underscore the fact that young people are vulnerable to uncertain times. Negative community attitudes can increase young people's feelings of vulnerability and social alienation.

I get very depressed. I don't want to do anything. I'm down and out. I don't shave and get depressed. I've thought about suicide, but I would hurt my mum and dad. It's just that you get so many knock backs. (Unemployed youth focus groups)

The Task Force believes a week dedicated to a celebration of the vitality, resilience and energy of young people could be an important focus for the entire community. Modelled on Senior Citizen's Week, a Youth Week could serve as an affirmation of the importance of young people to the broader Victorian community as the people they are now and for the future they represent. The Task Force believes this activity would enable business and other organisations to make a positive contribution to promoting the wellbeing of young Victorians. It could also help to inform young people, particularly young men, of services available to them.

There are other areas in which citizens of Victoria can lend support to government initiatives around suicide prevention. The most effective are likely to be those organised through established community networks and activities, such as local councils, church groups and community service clubs.

There is a need for a local community effort to be harnessed to achieve positive outcomes. As noted earlier, local councils can play a particularly vital role in stimulating local interest within their municipalities. They can act as coordinators to bring together members of community groups and organisations to address local needs. Local adult, community and further education providers also have a role, particularly in providing workshops and other learning opportunities (for example, English as a second language for migrant communities) and supporting minority and isolated groups and individuals.

Many local communities, through local council involvement, are actively involved in suicide prevention and many good examples brought to the Task Force's attention could be replicated in other areas.

The Moreland Youth Suicide Prevention Project provides a good example of agencies coming together to bring about service improvements at the local level.

MORELAND YOUTH SUICIDE PREVENTION PROJECT (MYSPP)

Aims and objectives:

- To provide networking opportunities for workers in the City of Moreland who come into regular contact with young people who are suicidal or self harming.
- To provide opportunities for the exchange of expertise and research information across the different sectors including health, youth, welfare and education sectors.
- To establish formal protocols on the management and referral of suicidal young people between service providers in the City of Moreland.
- To facilitate the wider dissemination of information on the fundamentals of suicide prevention, intervention and postvention strategies.
- To assist in the further development of effective programs and research initiatives targeting young people at risk of suicide and self harm at local, State and national levels.

Outcomes of the network:

- Training in youth suicide risk assessment was conducted for 31 local workers from education, housing, police and recreation by the Centre for Social Health.
- Fifteen thousand help cards for distribution to local young people have been produced.
- MYSPP members have enhanced their understanding of member agencies' roles in providing services for at-risk young people.
- Opportunities have also been created for workers from different sectors to jointly develop written submissions for support.

Other regional models with a specific suicide prevention focus include:

- Youth Suicide Advisory Group, Youth Services Network, City of Kingston. This project aims to establish interagency protocols for dealing with young people at risk; to provide training for youth support workers involved with such young people (workers with youth, teachers, health professionals) to raise awareness, to develop risk assessment skills and knowledge of appropriate intervention and referral; and to develop information resources for young people and their parents (including a widely distributed poster and World Wide Web site).
- Central Gippsland Youth Suicide Task Group, Central Gippsland Regional Youth Network. This is an incorporated body with a clear statement of purpose, aims and objectives. The task group resources media, schools, workers, peers and families regarding youth suicide issues. It was responsible for developing a quick reference guide for GPs for referral of youth at risk of suicide.

In addition, the Task Force was extremely impressed by the work of the Mount Beauty and Albury–Wodonga groups as presented at the Wodonga community consultation.

The particular need for networks of support to be formed in rural areas was highlighted by several submissions. Examples were provided to the Task Force of schools and community-based agencies forming networks of support services on a local basis, including recreation and sports programs, counselling services and opportunities for young people to participate in community enterprises. The Task Force believes government can assist such local networks by providing the resources to support them, as outlined in chapter 9.

The following highlights the plight of existing suicide prevention networks, especially in rural areas:

The group lacks specific funding and resources. There are a number of groups similar to this but rarely do we know of each other's activities...there have been some attempts to coordinate suicide prevention with workers in other regions. However, no stable, long-lasting structure beyond the service network developed. (Community consultation)

Alongside a role for networks, the Task Force sees a role for churches in developing resilience among individuals and the community. For many people of all ages, a sense of purpose, meaning, belonging and wellbeing is closely related to feeling spiritually connected. Contributors to the Task Force consultation process frequently emphasised the importance of the spiritual aspects of life as a path to finding meaning and purpose in an increasingly material and rational world. A number of submissions also referred to the practical and non-judgemental support provided to young people in need by church groups and agencies.

Churches have been the best for me...they don't ask questions except why you need help. (Community consultation)

The Task Force recognises the important role religious communities can play. It received many submissions and heard much evidence pointing to the role religious communities want to play in setting in place environments of care that can protect against suicide. One example came from the Victorian Council of Churches outlining the need to develop guidelines and training for religious communities wishing to extend their support, within the ambit of their faith, to vulnerable people. The Task Force supports this initiative by the Victorian Council of Churches.

The Task Force heard young people's sense of belonging in their communities is a major determinant of their overall resilience and wellbeing. For some young people, the danger of having no stake in the community in which they live is a major constraint.

It is not because I am crazy that I have tried to suicide. It is because of all of the sh...that I have been through; I cannot deal with it...Basically, being homeless you feel like you have nothing. That is it. (Community consultation)

The Task Force is convinced of the critical importance the community, and influential decision makers/leaders in the community in particular, can play in providing young people with a sense that they are valued and have a meaningful contribution to make. The Task Force believes local employment initiatives deserve to be investigated.

Business leaders can contribute by working closely with local youth support agencies to identify local work opportunities, or by sponsoring local activities that enhance self-esteem, especially for those who are disadvantaged.

Young people at the bottom of the barrel need basic employment skills and opportunities for employment... (Community consultation)

The role of employers was emphasised in relation to being in the best position for providing young people with a start.

It is time that employers were told to go back to when they were young...You have to give someone a chance so they can do a job. No matter how you look at it, there has to be experience. (Community consultation)

The Victorian Government has recently established a pilot youth training initiative, the Victorian Industry and Public Sector Traineeship Program. It is designed to give young people between 16 and 20 years an opportunity to gain relevant work skills and training to help them gain meaningful employment. The Task Force believes Victorian employers should strongly support this program and recognise their vital role in providing workplace training.

Community service clubs also have a useful role to play. Some (for example, Rotary) have already recognised this role and are actively addressing the suicide problem. The most effective responses involve harnessing local support through fundraising, local projects, establishing links, and involving young people themselves.

Some very positive initiatives were identified in rural communities attempting to overcome problems of distance and isolation. These initiatives reflect the community's resourcefulness in the face of significant challenges. The following is an example.

RUMBALARA FOOTBALL AND NETBALL CLUB

The Aboriginal community in the Goulburn Valley is the largest outside metropolitan Melbourne and comprises about 6 per cent to 10 per cent of the total community. The community is overrepresented in the criminal justice system, has a much higher rate of substance abuse, extremely poor health status and an average mortality age 20 years below the general population. Rates of poverty and unemployment are higher than in the general population, and the school-leaving age is much lower than mainstream counterparts. Mental health issues are also pervasive throughout their community.

The Rumbalara Cooperative has established a football and netball club that is intended to become the main vehicle for social change within the community. The club promotes a healthy lifestyle that includes a decrease in the use of unhealthy substances, and increasing knowledge about nutrition and the benefits of exercise. The program is closely associated with skill development and higher levels of achievement. It is designed to increase self-esteem, emotional and spiritual wellbeing, and pride in the community.

The club has a holistic view of promoting positive change in the community. It identifies difficulties and problems early and addresses them through its other services; for example, its mental health program, youth worker and community justice worker.

The Task Force discussed the specific needs of the farming community with the Victorian Farmers Federation. The viability of the farming sector to the economic health of rural towns was discussed. The role of rural financial counsellors as a resource that has positive results but requires extension to other areas of counselling was drawn to the attention of the Task Force.

While problems may initially be financial, this initial problem may lead to other underlying problems. Rural counsellors are in a unique position to gain a true picture of a client's ability to cope with their situation. (Community consultation)

The Task Force was also informed of the difficulties of recruiting and retaining professionals such as GPs, counsellors and psychiatrists to rural areas.

The Task Force recommends that:

5.13 The Victorian Government explore financial and other incentives to encourage health and other professionals relevant to suicide prevention to locate in rural areas.

5.14 The Victorian Government support Rumbalara Football and Netball Club to implement their Healthy Lifestyles program aimed at strengthening the community, and evaluate the program to determine its broader applicability.

5.5 CREATING POSITIVE SOCIAL BEHAVIOURS AND PROBLEM-SOLVING SKILLS

5.5.1 BUILDING SELF-ESTEEM

Low self-esteem, especially in young people, is a common feature of suicide cases made known to the Task Force. The Task Force heard evidence of the positive benefit wilderness-based problem solving and adventure experiences can have for young people, particularly when they have not had the opportunity to overcome adversity and experience success in other aspects of their lives.

The Task Force was convinced such initiatives have most benefit when they form part of a broader program of personal development for young people. Such programs are of optimum benefit where the experiences gained through the wilderness program can be reinforced in the environment to which the participants return. These programs can build self-esteem, strengthen peer relationships, enhance problem solving, engender a sense of success, and provide opportunities for adults to become important supporters of vulnerable young people.

I was abused by a person. I have had a lot of emotional and anger problems, which made me feel like I wanted to commit suicide, which was a very hard thing. After I went to...because of the wilderness programs, I got to go on camps. I felt it was well worth living because of the staff, who were really nice and who cared for us teenagers...I also got to overcome my fear of heights when I abseiled down a cliff...If it were not for...and others putting their hearts and souls into this program, I do not think we would have had the opportunity to show our abilities... [Young person, community consultation]

The Victorian Youth Development Program (VYDP) delivered through schools is another good example of collaborative endeavour that contributes to building self-esteem. This program provides secondary students with:

- Opportunities to demonstrate a sense of responsibility through community service.
- Leadership, initiative and teamwork skills.
- Accreditation to improve further education and employment opportunities.

The VYDP involves a consortia of service providers which assist in organising and conducting a range of recreational and skill-based activities in areas such as emergency services, fire safety, life saving, first aid, environmental management, leadership training, and defence force cadetships. It includes elements that strengthen self-discipline, self-reliance and self-esteem. The program shares many of the features of successful wilderness initiatives.

Initial feedback on the VYDP suggests it is operating successfully and is popular among students. However, it is only available to Year 8 students and above.

The Task Force believes there is scope for a variation of this program to be developed for upper primary (Year 6) and lower secondary school (Year 7) levels. One activity the Task Force believes could be included in such a program is the Western Australian Sports Challenge program that was also identified as building self-esteem. This program is believed to be effective with adolescent males and may also be particularly beneficial for isolated rural communities that lack other infrastructure.

SPORTS CHALLENGE PROGRAM

Sports Challenge is a primary prevention program aimed at improving self-esteem and reducing levels of physically and socially destructive behaviours through the challenge of basketball. The program involves selected groups of students in upper primary or secondary school participating in two sessions per week for 15 weeks. Sessions are conducted by high-profile sportspeople with students who have been identified as not realising their full potential. The program also involves whole school populations, parents, teachers and the local community through supplementary self-esteem enhancement workshops for teachers and parents.

The program also operates in juvenile justice centres and includes a mentoring program for released youth. The program has been running since 1992 in rural and metropolitan Western Australia and has recently expanded to schools in Singapore.

Evaluations have shown students demonstrated more confidence, are happier with their physical appearance, their relationships with their family and friends improve, as does their academic performance.

The Task Force was impressed by the Sports Challenge model that is one of the few that has been researched and evaluated.

Programs such as these give young people a sense of belonging, hope for the future, and the skills to deal with life's hurts and disappointments without resorting to suicide. They show young people that the community cares and can help them to develop more positive outlooks on life. They help teenagers identify adults as resources in their lives. If we are to prevent or at least minimise youth suicide, members of the community must begin to work together and take some responsibility for assisting young people to cope with their increasingly complex lives. (Community consultation)

A further model that aims to build self-esteem is the ReLink recreation program provided by the Sacred Heart Mission in St Kilda for homeless and unemployed people. ReLink began in 1990 and is now operated by welfare agencies in Sydney, Brisbane, Adelaide, Perth, Hobart and Melbourne. Activities include football, lawn bowls, outdoor and indoor cricket, basketball, netball, running and walking. Recreation is seen as a way to assist those people who may be in some type of emotional pain, are not able to access work, and may be isolated from their families to increase their sense of self-worth, self-esteem and connection to others.

The Task Force recommends that:

5.15 The Victorian Government support the Department of Education to:

- **Expand the Victorian Youth Development Program to all schools.**
- **Develop and implement an alternative Student Achievement Program for students in Year 6 and Year 7 that includes wilderness adventure and sports-based options among the program's activities.**
- **Establish a special fund to assist children from low-income households to participate in the VYDP Program and Student Achievement Program.**

5.16 The Victorian Government, VicHealth and the business community consider funding recreation, arts and sports-based self-esteem building programs.

Death by suicide of young men from small rural communities is a priority concern. The recommended initiatives (recommendations 5.15 and 5.16) should give priority to rural areas.

Suicide is especially devastating in rural communities because of their intimate nature. Young people in the country have far fewer options for employment and for activities that are likely to improve their self-esteem. A perception of a lack of future options can lead to a sense of hopelessness that may result in suicide. Young men may often be reluctant to seek the advice of some types of counselling services. (Community consultation)

The link between unemployment and suicide risk was examined in chapter 3. The Task Force recognises the Commonwealth Government's primary role in employment and labour market programs.

Someone talked about self-esteem, and that has a strong link with employment. It is also a gender issue. Young males in particular are socialised to expect, and also themselves expect, to be in employment, yet see no real prospect of that. It is a real issue for them. (Community consultation)

The unemployed youth focus groups organised by the Task Force identified three major areas for assisting unemployed young people who present a demonstrable risk of suicidal behaviour:

- The transition from education to work for 19 to 24 year olds can be a difficult time and, in some cases, help from labour market programs is critical. The case management approach adopted by employment agencies begins six months after the start of unemployment. Case managers direct young people to assistance offered to people seeking work. However, some participants at Task Force forums characterised their case managers as 'apathetic or antagonistic' to their situation, and few felt they had been referred effectively for help. It is necessary to improve the operation of case management.
- Better communication and collaboration should occur between labour market and youth programs. The Task Force notes with concern the perception by young people of many government services as 'unknown, difficult to access, uncomfortable to use and unlikely to be genuinely respectful or helpful'. A minority of unemployed youth were found to utilise only a fraction of the community resources available, especially counselling support. The Commonwealth Department of Employment, Education, Training and Youth Affairs (DEETYA) has contributed to a project entitled Front Yard Youth Access Centre, which is co-located with the Front Yard Youth Service. This model demonstrates the benefits of collaboration and cooperation between agencies.
- Unemployed young people need practical and basic help to build confidence. This theme was also reiterated in a number of submissions to the Task Force. The value of Job Clubs and Skill Share was recognised, but these may be threatened by changes to federal funding. Business groups can help to fill the gap by providing support to these groups, sometimes by way of resources, such as computers, no longer required for business needs. The Task Force was informed of the Planning for Employment and Training Program developed by the Victorian TAFE system. This program was specifically targeted to disadvantaged young people outside the education and training system. This excellent program is described more fully in chapter 6.

As outlined in chapter 4, the Victorian Government has a number of well-targeted employment programs for young people and other vulnerable groups. Employment is, however, a Commonwealth responsibility.

The Task Force recommends that:

5.17 The Victorian Government raise with the Commonwealth Government the elimination of the six-month gap before case management applies for unemployed young people exiting the education system, enabling those young people to participate in relevant training and other assistance at the time when their motivation and self-esteem are at their highest.

5.5.2 PROMOTING HELP SEEKING

The Task Force heard that even when information and services were available, certain groups in the community were much less likely to access them in times of crisis. This was true of men, particularly young men. It was suggested the socialisation process leads men to believe they should keep silent about personal difficulties and tough it out on their own. In rural communities, independence and self-reliance have often been promoted as necessary requirements of rural life.

Given the overrepresentation of males as a high-risk group within the suicide population, encouraging males to recognise that seeking help for emotional distress is not a sign of weakness is an important focus for a broadly based education campaign.

We want those at risk to end up with a feeling that it's okay to ring up, that it's okay to ask, it's okay to talk. It isn't wimpish, and it isn't laughable in the eyes of peer groups. (Community consultation)

Promoting positive role models, particularly for young men, by featuring prominent sporting and media identities in public awareness campaigns is one mechanism by which changes in the behaviour of males may be achieved.

The Task Force recommends that:

5.18 The Minister for Health and Minister for Youth and Community Services commission a project to develop strategies for encouraging help seeking by males and to improve their access to services.

5.6 INCREASING PUBLIC AWARENESS AND ACCESS TO INFORMATION

A range of suicide prevention strategies that target the broader population through a comprehensive community education campaign is required. It was suggested to the Task Force that cultural changes within the community toward suicide prevention could be achieved in similar ways to those obtained by the successful campaigns relating to alcohol and driving, and tobacco. VicHealth is playing a significant role in health promotion.

In the same way as the campaigns against drink driving have worked, we could easily use life-affirming publicity campaigns on television, radio and billboards. (Community consultation)

The Task Force believes one of the key areas of prevention is the development of a community education strategy that provides accurate information about mental illness and mental health issues, and promotes greater understanding of the nature of depression and other psychiatric disorders.

Societal attitudes and stigma toward mental illness and psychiatric disability were identified as particular problems in small, close-knit rural communities. The lack of anonymity in country areas was recognised as a difficulty for those with mental illness.

You cannot be institutionalised for a long time and have people say 'You're fine, here is the door. Go home'. What do you go home to? You go home to a society which in country areas specifically is judgmental and where people are narrow in their outlooks. In the city, you can remain anonymous and hide away. In a country town, you cannot move away from your problem for as long as you live there. (Community consultation)

Many people in the community are uncomfortable talking about death, and lack confidence in knowing how to react appropriately to people who have experienced the death of someone close. Embarrassment can also cause people to stay silent, or change the topic when others attempt to speak about personal difficulties. Even worse, embarrassment or discomfort may cause a person to simply not hear a cry for help. The Task Force believes it is important that a broadly based public awareness campaign should include education about how to listen and respond effectively to conversations about death, and to the people bereaved by the death of a loved one.

The lack of sensitivity within the community to people bereaved by a death by suicide was a further issue raised with the Task Force. Common experiences of attribution of blame and guilt, and feelings of being ostracised and isolated by the community were frequently described by those presenting to the Task Force. A public education strategy to increase understanding of bereavement should also include information on how best to assist, support and give acceptance to families who are bereaved within their communities.

The Task Force recommends that:

5.19 The Victorian Government support a long-term, broad public awareness media campaign using high-profile role models to promote positive community mental health, and to encourage men to access services. Particular attention should be paid to rural areas.

The Task Force was struck by the lack of community awareness of services that are available to assist parents, relatives and others to deal with suicidal ideation and behaviour, particularly following suicide attempts or the aftermath of completed suicide. Time and again the Task Force heard examples of lack of information by members of the community and community workers that prevented them from accessing services currently there.

Community resource directories are one way of bridging the information gap for professionals and the community. The Task Force believes such information needs to be accessible, maintained and updated. It suggests print and computer-based directories need to be developed, publicised and disseminated widely.

Disseminating community resource directories could be facilitated through health and welfare agencies, GPs, information kiosks, and other centres in the local area. In addition, first responders following a death by suicide (such as funeral directors, ambulance officers, police and the suggested 24-hour suicide crisis support service discussed in chapter 6), should disseminate information on post-suicide support and bereavement counselling services to individuals and families.

The rapid increase in access to, and the capacity of, on-line information technology was suggested to the Task Force as a potentially powerful medium for individuals to seek information on a range of issues in a confidential manner. Initiatives such as Vicnet, SOFnet, and Health Net enable access to on-line computer-based information in a range of sites (including schools and Victoria's network of public libraries) and have considerable potential to augment other sources of information. The Task Force supports further development of these projects to enable greater dissemination of advice regarding services and information to prevent suicide. This should be available from a wide range of sites including information kiosks, hotels, game parlours, sporting and youth clubs, and food outlets such as McDonalds and Hungry Jacks, which are frequently used by young people.

Consideration of a statewide 24-hour electronic information service delivered via touch screen terminals located in facilities where young people are likely to congregate; that is, McDonalds restaurants. [Workers with youth consultation]

Technological advances make access to services by remote rural communities a little easier. Moreover, bringing service providers together could be achieved through better use of such technology, which might also be used to provide counselling in cases where face-to-face assistance is not available.

Specific strategies are required to address the information needs of people from diverse cultural and language groups, especially in regional and rural areas. Ethnic communities may be better informed through links with existing 24-hour interpreter services, recorded messages in languages other than English, recruitment of bilingual staff, and by using ethnic radio and press.

The Task Force recommends that:

5.20 The Victorian Government support increased access to suicide prevention information through a project to make statewide and local information available on-line through the Internet.

5.21 The Victorian Government support local councils, through small grants, to develop interactive computer-based and hard copy suicide prevention resource directories, booklets, brochures and videos that identify all the services available in their municipalities relevant to suicide prevention, and make that information widely available and accessible to all local services, the media and others in the community.

5.7 PROFESSIONAL EDUCATION AND TRAINING

The Task Force also heard of many instances where training of professionals and others who work with young people would assist in suicide prevention as a primary prevention measure. Such professional education and training should be provided pre-service (that is, tertiary undergraduate courses) and in-service (ongoing education while in the workplace).

There may be a need for all major human service provider pre-service training courses to re-examine their curricula to ensure some basic competencies in risk identification, counselling and referral are embedded in the courses. Key pre-service training courses should include those for medical practitioners, psychologists, social workers, youth workers, nurses, health workers, clergy and educators.

It appears that, at a minimum, every training course for professionals who will encounter families and young people as part of their professional duties should place greater emphasis on understanding family dynamics and adolescent behaviour, and providing strategies for early intervention.

It became clear through Task Force consultations that the professionals working with those most at risk of suicidal behaviours are not always best placed to identify and assist them. It is also clear that expert mental health services for the most vulnerable members of the community are not always available or accessible.

Even where services are available, people who are vulnerable or experiencing psycho-social distress do not spontaneously or readily seek help from mental health and related services. The Task Force was informed that front-line workers coming into contact with a person in crisis have little training to assist them to deal with and provide support at these times.

Consequently, the Task Force believes professionals, particularly those in contact with young people, should be provided with in-service training in accurate recognition of risk factors especially depression, crisis management, strategies for making appropriate referrals, general mental health issues, maintenance therapies and rehabilitation. In addition, communication and listening should be emphasised as very important to identifying risk factors, in particular depression.

The Task Force noted one submission argued that publication of 'shopping lists' of risk factors and problem behaviours may merely add to existing confusion for non-clinical service providers. Training in skills related to engagement and communication are at least as important as a working knowledge of risk signals.

The Victoria University of Technology is currently engaged in a training needs analysis in suicide prevention for youth, Koori and juvenile justice workers. The findings of this work should inform future pre-service and in-service training in these professions. However, further training is required across all major human service disciplines and should be considered a priority by funding authorities. This includes teachers, welfare workers, nurses, GPs and staff of hospitals, ambulance and emergency services, and police.

Any training should be founded on clear identification of specific professions to be targeted, intended outcomes of training, and any anticipated impacts on service delivery. It should also build in an evaluation component. The Task Force is strongly of the view that in-service training for professionals in imminent risk assessment and broader health promotion practice needs to be subject to rigorous quality control. Evidence was presented that suggested there are training providers of uneven quality and doubtful expertise operating in this field.

Given the difficulties of accessing professional training in rural areas, the Task Force believes existing and new in-service training programs should be made available by distance education to ensure they are available to the widest number of people.

Two models of training reflecting the broader health enhancement approach and imminent risk assessment for suicide are represented by the Centre for Adolescent Health, Graduate Diploma of Adolescent Health and by the Centre for Social Health, Imminent Risk Assessment training modules respectively. A particular strength of the Graduate Diploma of Adolescent Health is its multidisciplinary approach. This model could usefully be extended to rural areas. Similarly, the Task Force was pleased to receive information regarding a certificate/diploma in mental health for members of the teaching and allied professions currently being developed by Monash University.

People who encounter suicide as part of their professional working lives, including first responders such as police and ambulance officers, need to be adequately trained in grief and bereavement services.

Research indicates that of those who suicide, up to 80 per cent are seen by a GP in the months before they die. Therefore, GPs have an important role in identifying and managing people with depression, suicidal thoughts and suicidal behaviours. This is particularly important as the estimated cost of untreated depression in Australia is between \$4 billion and \$5 billion annually. The Task Force also heard some criticisms of GPs' lack of knowledge and understanding of suicide, and of inappropriate prescribing of antidepressants and sedatives.

GPs need to have further specialised training in suicide awareness and intervention as well as needing to improve their own knowledge about available support services locally. (Community consultation)

Evidence presented to the Task Force emphasised it should not be assumed that medical professionals, including those working in very difficult settings such as emergency departments of hospitals, have more than a rudimentary understanding of issues relating to suicidal behaviours.

...GPs do not know everything. We try to be jacks-of-all-trades, so we have a lot of limitations. We certainly lack the expert training we require to deal with people who are on the edge and who want to kill themselves. (Community consultation)

The Task Force recommends that:

5.22 The Minister for Tertiary Education in association with professional bodies request tertiary institutions to review course structure and content of tertiary courses for professionals (including teachers, social workers, health workers and medical practitioners) to place greater emphasis on understanding adolescent behaviour and family dynamics, suicide risk assessment and early warning signs, identification of depression, referral strategies, and coping with grief and bereavement.

5.23 The Victorian Government encourage all government and funded services to provide in-service training and professional development opportunities for teachers, youth workers, GPs and other allied health workers. These programs should include training modules for communication skills, risk assessment, identification of depression, referral strategies and ways of coping with grief and bereavement.

5.8 REDUCING ACCESS TO MEANS

Suicide is a permanent solution to a temporary problem. The taking of one's life is a decision that assumes the despair being experienced is so pervasive it will never lift. This is usually not the case. However, people in despair may not be able to imagine a life free from emotional pain or depression. Reducing access to lethal means is a way of providing people who are caught in a temporary current of despair with a chance for survival and recovery.

The majority of suicide deaths result from hanging, firearms, carbon monoxide poisoning and overdoses. Many attempts involve use of prescription pills and other poisoning substances. The Task Force has been advised that limiting access to the means of suicide may contribute to lowering rates of suicide attempts and completions. Whether reduction in accessibility leads to a reduction of suicide, or simply a transfer to other means, is a debatable question and the answer may not be the same for all methods.

Minimisation of access to means is nevertheless a critical prevention strategy. Prevention approaches must include considering measures such as reducing access to firearms, redesigning cars to reduce carbon monoxide poisoning, changing guidelines to limit access to prescription drugs, and other impediments to access to means.

The report of the *Coroner's Working Party on Suicide* (Tiller et al., 1997), suggests there is a need to address the impulsiveness trait particularly evident in young males. Reducing access to means may therefore be particularly effective if impulsiveness is an important factor in some suicides.

The Task Force noted the *Coroner's Working Party on Suicide* has recommended exploring, with the vehicle manufacturing industry, the potential to reduce suicide through introducing carbon monoxide cut-offs in vehicles. The AMA and the RACV submissions support introducing carbon monoxide sensors to disable the engine if amounts exceed a certain level. Such devices are available in the United States for approximately \$60 dollars (RACV submission).

The Task Force was informed of work being undertaken by the Monash University Accident Research Centre, and the pending release of a report on carbon monoxide poisoning. The research from Monash might suggest the settings of catalytic converters will need to be adjusted if they are to operate effectively in idling cars. Redesigning exhaust pipes to impede insertion of a hose may also provide an effective impediment to this means of suicide, and is also supported by the AMA.

Research suggests further restriction of the availability of firearms in the Victorian community could be expected to have some positive effect on the occurrence of suicide, especially in rural areas and among males. Further restrictions, beyond those already in train through national Police Ministers agreement, may be problematic.

The issue of access to firearms in rural areas was raised by the Task Force with representatives of the Victorian Farmers Federation (VFF). Discussions included education on safe gun handling, and storage procedures on the farm and in rural households. The VFF has indicated a willingness to work with government on educating farmers in the safe storage of guns and ammunition.

A range of activities has been introduced in recent years in Victoria's correctional institutions in an attempt to reduce the rate of suicide in prisons. Redesigning prison cells to diminish opportunities for death by hanging have formed an important component of the Office of Corrections and Juvenile Justice's strategy to reduce access to means.

Discussions with train drivers and truck drivers brought home to the Task Force the trauma caused to drivers and their families from suicide by lying in front of a moving vehicle. The train drivers and their supervisors observed that train suicides often occur in clusters on particular sections of suburban line. While this method of suicide is less common than the four major methods described above, serious consideration should be given to blocking access to train lines in high-risk locations.

The means most often used by females is to overdose on prescription drugs and over-the-counter paracetamol tablets. The ease of access to these drugs requires further action. There is potential for tighter controls on the accessibility and distribution of prescription drugs, particularly tricyclic antidepressants, through education and available information systems for pharmacists and GPs.

She attempted an overdose of...an antidepressant...Recently, I took a [television crew] out for two hours and we got sufficient prescriptions for 1300 tablets.” (Community consultation)

The Task Force heard of an initiative by the Health Insurance Commission entitled the Doctor Shopping Project. It aims to improve the health management of those who visit more medical practitioners than clinically necessary. Subject to the findings of this project, the Task Force suggests a further project be undertaken by the Commonwealth Minister for Health in conjunction with the Royal Australian College of GPs, AMA and representatives of Divisions of General Practice. This project would examine changes required to the Medicare system to enable more effective monitoring of prescriptions for antidepressants, sedatives and anti-anxiety drugs. Such an initiative would be aimed at reducing the ability of individuals to acquire stockpiles of such drugs.

Similarly, there is an argument for investigating the packaging, classification, and health warnings on certain medications including anti-depressants. Again, this is an issue that warrants national cooperation and would most appropriately be taken up by the Australian Health Ministers Council.

The difficulty of reducing access to paracetamol tablets is one the Task Force believes is not insurmountable. Restricting purchase of these drugs to pharmacies and requiring registration of the name and address of the purchaser should be considered. Better management of prescription drugs and paracetamol is likely to result in a significant reduction in health care costs.

It has been suggested to the Task Force that a significant number of poisoning suicides, particularly in country areas, are attributable to the use of fertilisers and other chemicals. A number of public submissions highlighted links between long-term exposure to synthetic chemicals (especially organophosphates used on rural properties), and depression. The Task Force is of the view that this issue warrants closer examination by the Commonwealth.

Initiatives relating to reducing access to means such as drugs, poisons and firearms are significant in changing the community’s consciousness and may be best addressed through the comprehensive community education campaign described earlier in this chapter. Rural Victoria should be a primary target for any such campaign.

The Task Force noted the significant increase in deaths by hanging over the last two decades and the difficulties faced in preventing access to this method of suicide. It believes research is required to gain a better understanding about what factors lead an individual to a particular choice of means and strategies that might reduce suicide by hanging.

The Task Force recommends that:

5.24 The Victorian Government, as a matter of urgency, raise with the Commonwealth Government and the vehicle manufacturing industry the need for changes in new vehicle design to reduce the incidence of suicide through carbon monoxide poisoning. Such changes to include:

- **Introduction of alarms and carbon monoxide detectors in new vehicles that will disable the engine if the amount of carbon monoxide in the vehicle exceeds a designated safety level.**
- **Introduction of ‘exhaust baffles’ that place an obstruction in exhaust pipes to impede the insertion of hoses.**
- **Installation of catalytic converters in new vehicles that have been tested at idling speed to minimise the emission of carbon monoxide.**

5.25 The Victorian Government request the Victorian Farmers Federation (VFF) to include firearms safety information (in particular, safe storage of firearms and ammunition) as a core element of the VFF farm safety program.

5.26 The Victorian Government seek the cooperation of community organisations, particularly in country areas (such as Rotary, Apex and shooters clubs) to provide information to their members on the safe storage and handling of firearms and ammunition as part of a concerted firearms safety campaign.

5.27 The Minister for Transport request the Public Transport Authority to examine the incidence of suicide on train lines with a view to establishing physical barriers that may prevent easy access for persons at risk of suicidal behaviour in high-risk locations.

5.28 The Victorian Minister for Health request the Commonwealth Minister for Health to establish a small expert working party to investigate a number of strategies that could reduce the incidence of suicide, including:

- **Modification of paracetamol by addition of methionine.**
- **Restriction of the sale of paracetamol to pharmacies, and only where the name and address of the purchaser is registered.**
- **Methods that encourage the prescription of newer antidepressant drugs that are less toxic than tricyclic antidepressant drugs.**
- **The impact of recent Commonwealth changes to pharmaceutical benefits to ensure such changes do not result in continued prescription of tricyclic antidepressants due to cost pressures.**

5.9 THE ROLE OF THE MEDIA

One of the specific requirements of the Task Force was to examine the role of the media in preventing and minimising the incidence of suicide. A number of studies have examined the link between media reports about suicide and subsequent suicides. The majority of studies have shown a significant correlation between reporting of suicide and subsequent suicides (report commissioned by Task Force on the role of the media).

Studies of suicide clustering suggest imitation can occur following media coverage or personal contact with the suicide event. A recent report suggested mass homicides/suicides may be triggered by media reports of similar acts (Cantor & Sheehan, 1996). Newspaper reports and television reports have been shown to disproportionately influence young people to engage in suicidal behaviour. Young people who are struggling with what are for them insurmountable personal, interpersonal or family problems may be most vulnerable.

A South Australian study found a strong association between 'knowledge of a suicide, frequent television reporting of suicide and a personal attempt'. While acknowledging further research is required, the study concludes 'that against a background of psychological disturbance, with prior knowledge of a real life suicide, viewing television programs which depict suicide may contribute to a personal attempt' (Martin, 1996).

To obtain comprehensive information to inform its deliberations, the Task Force commissioned a specific study to:

- Assess current media policy and practice.
- Determine models of good media policy and practice.
- Recommend appropriate strategies regarding the role of the media.

A questionnaire was sent to 272 media outlets. Only 64 responses were received. Eighty-one per cent of responses believed the media could have a positive effect on preventing suicide through goodwill and a willingness to deliver positive messages about suicide prevention and mental health issues.

Only 17 per cent of the newspapers that responded have a written policy on reporting of suicide. In 1996, the Australian Press Council organised a seminar with the Royal Australian and New Zealand College of Psychiatrists to examine the college's proposal to establish guidelines on suicide reporting. The Press Council concluded, 'almost all papers have treated suicide with restraint and responsibility'. Consequently, it reiterated an earlier statement that, 'the Press Council can see no useful purpose in drawing up "rules" that would only amount to good intentions; "rules" that would be of necessity full of holes. The Council prefers to rely on the continuing responsible attitude of the press to the problem (General Press Release No. 189, November 1994). By contrast, 61 per cent of total respondents to the survey commissioned by the Task Force said guidelines on reporting and prevention would be acceptable.

The Press Council acknowledged, 'there are always exceptions, where these desirable aims give way to the pressure of news and public interest'. Examples of inappropriate reporting presented to the Task Force in the commissioned report reinforce this gap between internal policy and practice. There is a need to formulate a best practice policy for all media organisations.

Submissions to the public consultations, such as the following, also support this view:

...suicide is glorified by the media, and something needs to be done so it does not continue...Most recently, a lead article in [a daily newspaper] on the suicide of members of religious sect in America stated in its first paragraph that 30 of the cult members were found lying peacefully on their backs in a \$1.3 million mansion wearing Nike runners and khaki track pants. This is not the way suicide is. I know that from experience...It is an extremely unpleasant way to die for most people. (Community consultation)

From information provided to the Task Force, country media generally have responsible suicide reporting practices but few written policies. The *Herald & Weekly Times* is one of the major daily papers that has a responsible written policy on reporting suicide. Further to this policy, this organisation also conducts professional development training sessions with staff on key issues, such as reporting ethnic issues and racial vilification. It indicated a willingness to include the issue of suicide reporting as a component of its training program. The *Adelaide Advertiser* also advised that, in addition to its suicide reporting policy, cadet journalists receive training on reporting suicide and related issues.

The Commercial Television Industry Code of Practice regulates commercial television throughout Australia, and 44 commercial television stations across Australia have agreed to abide by it. The code states licensees 'should broadcast reports of suicide or attempted suicide only where there is an identifiable public interest reason to do so, and should exclude any detailed description of the method used. The report must be straightforward, and must not include graphic details or images, or glamorise suicide in any way'.

Nevertheless the Task Force was told, 'it's often the case of what the public's interested in versus the public interest'. Criticism was expressed of the manner in which some forms of self-harming and risk-taking behaviours have been reported. In particular, the terminology of recent media reports in reference to 'train surfing' creates an aura of harmless, adolescent thrill-seeking rather than indicating the seriousness of this dangerous and illegal activity. Inappropriate reporting, such as the way the media reported the cult suicides in San Diego, raises questions about the effectiveness of media guidelines. Reporting suicide as an apparently glamorous event masks its reality as the culmination of a series of actions that are far from glamorous and often brutal in their character.

The point was eloquently and dramatically expressed by young people who participated in two focus groups facilitated by the Salvation Army Crossroads Youth Services. Among their suggestions were the media should not focus on individual suicides but rather:

Have current affairs programs on what its really like to be living on the streets...show people what it really looks like, how bad it is. (Community consultation)

Other submissions were critical of the often insensitive and inappropriate reporting of suicide, self-harming and risk-taking behaviours, particularly in relation to mental illness and young people.

The media, like others, would also benefit from a greater understanding of facts about mental illness and the needs of those who suffer from ongoing psycho-disabilities. Irresponsible reporting and sensationalising stories that involve people with mental illness will be reduced only if correct information is continually provided and if we continue to challenge issues concerning the way stories are presented. (Community consultation)

In this context, Triple J radio advised the station has a well-considered approach to youth suicide. Issues relevant to suicide are often discussed on morning radio with experts in the field of youth counselling and research, and response from listeners is encouraged. The station maintains a large database of contact names, research organisations and current research into the issue.

In oral and written submissions to the Task Force, individuals and organisations also expressed their concerns at the degree of negativity portrayed by the media:

If one scans the daily paper or watches television one can be guaranteed the context will consist of violence, conflict or catastrophes in the world, intermixed with information regarding material acquisitions... (Written submission)

Particularly, a story I have heard all the time when I listen to the media around suicide is the story of this general, grey, amorphous depression that has settled over all youth that comes from having no employment or no future or something like that. (Community consultation)

This point was highlighted by BBC news presenter Martyn Lewis at a recent media forum reported by Pamela Bone in *The Age*. He said 95 per cent of the BBC's news reports were negative.

The media report the war but lose interest in the peace, report the problem but not the attempt to find solutions.

A limited analysis of 120 newspaper articles on suicide, undertaken for the Task Force, showed 60 per cent included details of support services or canvassed solutions. Despite this pleasing finding, the analysis also indicated 35 per cent of the articles included aspects that were considered detrimental to the prevention of suicide.

The focus of the media on the sensational, at the expense of a more responsible approach, was highlighted by Task Force member Associate Professor Pierre Baume at the Wodonga consultation meeting:

On average, one reporter rings every single day wanting to know how many people have died and whether there are more than last year... In the past two years or so I have had over 600 requests. It becomes very annoying, because all they want to know are facts about the people who have died. When you tell them to report stories about families and their pain, or about ideas or strategies for families to come together, some local newspapers are interested but the big newspapers and the big media stations...are not. [Baume, community consultation]

Other submissions highlighted the failure of the media to report supportively and accurately on gay and lesbian issues:

The media equates homosexuality with paedophilia, which does nothing for the cause. (Community consultation)

If you are a young gay man growing up in rural country, you have no access to relevant information, you are dependent on the mainstream media for your information about yourself, and it is a pretty grim picture, and there isn't anywhere else to get it from, and your picture of who you are is pretty bad. (Community consultation)

By contrast, the *Melbourne Star Observer* has a policy of listing, free of charge, advertisements for gay and lesbian counselling services among its personal columns. Such a policy may be worthy of emulation by mainstream metropolitan and rural press.

The Age newspaper raised with the Task Force the possibility of counselling services being featured daily in the public information section of the paper. Again, this would be a welcome initiative by the press.

A particular problem is the common media practice of presenting case histories of adolescents who have attempted or completed suicide. Media reporting has been linked to reports of suicide contagion or 'copycat' behaviour, especially as a cause of suicidal behaviour in young people. An often cited case is of a drama screened on German television concerning an adolescent suicide that was followed by an increase in suicides.

Since cluster suicides account for approximately 1 per cent to 5 per cent of suicides in the 15 to 24 age group, appropriate measures are required to prevent such suicides, particularly by establishing appropriate guidelines for the mass media.

The Commonwealth Government has recently funded a project to develop a media code on reporting of youth suicide.

Most organisations, such as the United States Centres for Disease Control (1992), the Canadian Mental Health Association and the United Nations (1996) support the development of responsible codes of conduct for media reporting and programming as a strategy for reducing youth suicide.

The more positive approach to reporting on young people is supported by the comment that:

A concerted campaign is needed to get the media to match some of the doom and gloom youth stories with more human interest and health promotion stories. The media is quick to jump on the youth suicide issue, and I am not sure whether constant references to this problem in society are not actually promoting a crisis at some level. We also need to focus on the positive achievements of young people in our community, and some of the areas in which they are achieving. I do not know whether it is possible to develop some information on and give publicity to young people who have been through a period of feeling suicidal and have successfully overcome it, because that can carry a powerful message that it is often a transient and temporary state that people go through. (Community consultation)

Or again, in the statement from a participant in the Salvation Army youth focus group that:

the media should stop presenting a bad image of young people.

A number of Victorian regional and other newspapers suggested developing a youth page to provide information about activities and services for young people, and to promote positive images of young people.

Most respondents to the media survey indicated they want government agencies to provide more information on issues related to the causes of suicide and its possible prevention. Specific requests included:

- Access to expert advice and background information.
- Results of surveys analysing the main causes of suicide, including information for specialist media outlets.
- Government promotions and advertising campaigns explaining that help is available, including telephone numbers for counselling.
- Details of prevention programs and early warning signs.
- Regular updates on agencies and the services they provide, particularly in rural areas.
- Occasional media releases tailored to local areas or regions.
- Media guidelines on reporting suicide.
- Structured public information campaigns in ethnic languages.
- Community information on television, and information on counselling to be listed in telephone directories.

Accordingly, the Task Force supports the development of a code of conduct for media reporting based on the following principles:

- When reporting individual suicide cases, they are not referred to as such, except when public figure or public interest tests apply.
- Positive, life-affirming stories to be presented, including stories of people who have overcome suicidal crises.
- Detailed descriptions of suicide methods in general, and specific to individual cases, to be avoided.
- When a suicide is reported, it is to be presented as a complex issue, and not described as inexplicable and romanticised, glamorised or sensationalised.
- Particular care to be taken when reporting youth suicide trends so as not to imply that suicide is an acceptable means of resolving problems.
- Particular care to be taken to avoid implying that illegal drug use or misuse of legal drugs is an acceptable means of resolving problems.
- Descriptive details of the manufacture or use of life-threatening devices to be avoided.
- Information about support services, telephone numbers and availability of local or specialist services always be given priority.
- Information about risk factors to be presented.

While the Internet is not yet a medium of mass communication, it is becoming increasingly influential. It is estimated 20 to 30 million people from 135 countries use the Internet each day. This number of users doubles each year. An AGB McNair survey, conducted in August 1995, found 12 per cent of Australians aged 14 and over had accessed the Internet. Net access was shown to be highest among 18 to 24 year olds. A further survey in August 1996 found the percentage of the population aged 18 years and over accessing the Internet had increased to 20 per cent. Of these, 37 per cent were described as regular users who accessed the Internet at least weekly. Males aged between 25 and 39 years were more likely to be regular users (McNair, 1996).

Although there is considerable publicity about the Internet, no studies have yet examined the influence of suicide information and reports available on the Internet on the incidence of suicide. Extensive information relating to suicide is available on the Internet. It includes information on suicide methods, self-help information, academic research and interactive discussion, sites dedicated to the memorial of pop culture identities who have died by suicide, and music groups who embrace a message of suicide.

While it is generally considered that the impact of the media on suicide rates is significant, it is too early to determine the impact of the Internet. An important difference between the Internet and other media is the Internet is directly interactive and enables socially isolated and alienated individuals to strike up influential relationships with Internet contacts despite never meeting face to face.

Hence, there is potential for the Internet to more directly influence suicidal behaviour than has been the case with the print media, television and videos. The Internet is also an important medium for reaching young men and providing them with access to service information. New strategies to promote the positive use of the Internet for suicide prevention need to be developed.

The Task Force recommends that:

5.29 The print and electronic media adopt and actively implement a code of practice for suicide reporting.

5.30 The Minister for Tertiary Education request relevant post-secondary institutions to include issues relating to suicide and reporting of suicide in tertiary media and journalism courses.

5.31 The Minister for Health develop and maintain an information kit that provides details of experts who could make authoritative comments or provide guidance and advice on issues related to suicide. This information could be available on the Internet, on disk or as hard copy.

5.32 The Victorian Government facilitate the establishment of a consortium of media organisations and tertiary institutions with relevant expertise to develop a case study kit that presents examples of best practice reporting. This would aim to establish a best practice standard in journalism in suicide prevention reporting. Continuing education for journalists through circulating such kits would assist in raising the level of awareness and knowledge. The kits could be distributed to journalism and media studies courses and incorporate a training video detailing examples of positive and irresponsible reporting.

5.33 The Victorian Government encourage the country media (local print, radio and television) to participate in a community education/information campaign for rural Victoria designed to increase information about, and access to, services for people with depression.

5.34 The Victorian Government encourage the print media to consider developing a youth page to provide information about activities and services for young people, and to promote positive images of young people.

5.35 The Minister for Multimedia initiate research into strategies for the use of the Internet in suicide prevention.

5.10 RESEARCH, EVALUATION AND DATA COLLECTION

In the course of its inquiry, the Task Force received a number of submissions that outlined initiatives, programs and services being undertaken. Many initiatives presented to the Task Force appear to have considerable merit, and some were seeking support to continue or expand their service. However, most were poorly evaluated or not evaluated at all; therefore, the Task Force is unable to make recommendations to replicate or fund such programs in the absence of more detailed examinations of their worth in suicide prevention.

In respect of Australia and Victoria, there are major deficiencies in research, evaluation and data collection. There is considerable scope for improving the knowledge base on which to develop appropriate initiatives in suicide prevention, and to improve understanding of what works and does not work when it comes to preventing people taking their lives.

Outcome and process evaluation are important, and so programs and other initiatives need to include evaluation. More research is also required on what is likely to be successful in prevention, early intervention, intervention and post-suicide phases.

The Task Force considers requirements for data collection should be built into funding agreements. Funded agencies should be encouraged to make links with appropriate experts and research bodies to ensure proper models of evaluation are adopted, and interpretation of data is accurate.

The Task Force is concerned about the apparent lack of statistical information, especially at the national level, on which priority funding decisions in suicide prevention are based.

The Commonwealth has allocated \$32 million for suicide prevention. In this context, the Task Force strongly advocates that the Commonwealth Government coordinates national suicide prevention efforts with those of Victorian and other State/Territory Governments. This will ensure greater consistency, avoid duplication, provide better value for the allocated funds, and build a better database.

5.10.1 DATA COLLECTION

Data gaps have restricted the ability of the Task Force to make meaningful and informed recommendations in some areas. For example, attempted suicide has been difficult to study as there are no generally accepted reporting procedures nor well-accepted definitions. The ABS does not gather data on suicide attempts. Suicidal ideation is even more difficult to study because researchers must rely on self-reporting from surveys or interviews.

Refining procedures for capturing data on suicide attempters presenting to public hospitals with intentional self inflicted injuries is being pursued through the Victorian Injury Surveillance System at Monash University. The Task Force strongly supports this development.

There appears to have been little action-based research to follow up those who have attempted suicide. Such follow-up would help to identify those prevention measures that might have made the difference.

The clinical audit being undertaken by the Mental Health Research Institute identifies further research required in relation to:

- Contact with the primary health care system (for example, GPs) prior to suicide.
- Level of psychiatric illness of those who suicide but have not had contact with the *public* mental health care sector.
- Suicide patterns and rates in the *private* mental health care sector.

The Task Force has also identified the need for more specific research on the impact of suicide in ethnic, Koori and rural communities, and the implications for service response, especially for isolated young males. Further research in rural Victoria should examine the needs of semi-urban/semi-rural fringe communities, major provincial centres, smaller urban centres and country towns, small isolated farming communities and rural areas bordering other States for which different rates of suicide and barriers to access services have been found.

The Task Force supports conducting suicide prevention research and data collection that may help to fill these gaps. The significance of these issues for Australia as a whole means a national research agenda is warranted.

Despite gaps in existing information, the Task Force acknowledges the view of some people in the community that much research has already been completed and now is the time for action. Unfortunately, much of this research has been international in origin. Insufficient research has been undertaken beyond basic epidemiology at the most rudimentary level on suicide prevention, early intervention, intervention and post-suicide support in Australia. Even less is known about the effectiveness of service delivery, aspects of the management of suicidal persons, and the antecedents to suicide and suicidal behaviours.

The Task Force has been alerted to the lack of research capacity within the State Coroner's office that has limited his ability to analyse data that has been collected, and to develop other data collections. Given the greater emphasis being placed on the role of the Coroner's Office in informing public health issues (for example, suicide prevention, drugs), this situation is of concern to the Task Force. The Task Force was also informed of the Victorian Coroner's initiative to establish a National Coronial Information System and applauds this initiative. The Task Force believes, for the Office of the Victorian Coroner's input to be effective, it should be supported by additional research and data analysis capacity, thereby making better use of data and bringing ongoing suicide issues to the attention of government and the community.

The Task Force believes further efforts at collaboration on suicide research and data collection in Victoria should be encouraged. This could be achieved by building on efforts between the Coroner's Office, the Victorian Institute of Forensic Medicine and other research bodies.

The recently released report of the *Coroner's Working Party on Suicide* recognised a community need for a program of ongoing, structured research into the factors that cause suicide and attempted suicide by young people. The report highlighted the need for research that integrated psychiatric and community information from metropolitan and rural areas.

The Task Force supports integrating various disciplines in this way. It would also extend the need for such research to other high-risk age cohorts, such as the elderly, to extend the community's understanding of the causes of suicide and attempted suicide among these groups.

The report on the Aboriginal community focus groups commissioned by the Task Force supported the need to improve the Coroner's system in two areas:

- Policy and protocol reflecting cultural awareness of Koori needs at times of bereavement.
- More focused and sensitive information and data collection relevant to Koori youth suicide.

In addition, the report recommended establishing, through the hospital system, a means of collecting information about the level, type and patterns of self-harming behaviours among young people.

As well as expanding the community's understanding and knowledge base, an ongoing program of research, evaluation and data collection on suicide prevention would help to build on the Government's initiative in establishing the Task Force, and contribute further to finding solutions to this complex community problem.

The Task Force recommends that:

5.36 The Victorian Minister for Health encourage the Australian Council of Health and Community Services Ministers to develop a national approach to suicide prevention research and data collection.

5.37 The Victorian Minister for Health encourage the Commonwealth Department of Family Services to coordinate national suicide prevention efforts with those taken by Victoria and other States/Territories.

5.38 The Victorian Government support the Office of the Victorian Coroner to increase its capacity to collect and analyse data on completed suicides, including information in relation to suicide and non-English speaking and Koori communities, and collaborate in key areas of research with other research bodies. Overall, a program of ongoing, structured research should be undertaken into the factors that operate to cause suicide and attempted suicide, especially by young people.

5.39 The Victorian Government continue to support the Victorian Coroner's initiative to establish the National Coronial Information System.

5.40 The Victorian Government require all funded initiatives related to suicide prevention to be independently evaluated to assess effectiveness of the outcomes and process for the project.

