



RECOMMENDATIONS

The recommendations are set out here for convenience. It is important to consider the reasons for, and the background to, these recommendations to gain a full understanding of their objectives. This will only be done by reading the chapters that contain them. Reading the report in its entirety will assist a full appreciation of the purpose of the recommendations.

CHAPTER 5: PRIMARY PREVENTION

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. (See section 5.1)

5.2 The Minister for Health support the Victorian Foundation for Survivors of Torture 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. (See section 5.1)

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. (See section 5.1)

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. (See section 5.2)

5.5 The Victorian Government and an employer organisation pilot the New Zealand model of employees providing support to primary school age children. (See section 5.2)

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. (See section 5.3)

5.7 The Minister for Education consider including peer support programs within the overall minimum standards of student welfare. (See section 5.3)

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. (See section 5.3)

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. (See section 5.3)

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. (See section 5.3)

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. (See section 5.3)

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. (See section 5.3)

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. (See section 5.4)

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. (See section 5.4)

- 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. (See section 5.5.1)
 - 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. (See section 5.5.1)
- 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. (See section 5.5.1)
- 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. (See section 5.5.2)
- 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. (See section 5.6)
- 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. (See section 5.6)
- 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. (See section 5.6)
- 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. (See section 5.7)
- 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. (See section 5.7)
- 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. (See section 5.8)
- 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. (See section 5.8)
- 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. (See section 5.8)

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. (See section 5.8)

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 that such changes do not result in continued prescription of tricyclic antidepressants due to cost pressures. (See section 5.8)

5.29 The print and electronic media adopt and actively implement a code of practice for suicide reporting. (See section 5.9)

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. (See section 5.9)

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. (See section 5.9)

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. (See section 5.9)

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. (See section 5.9)

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. (See section 5.9)

5.35 The Minister for Multimedia initiate research into strategies for the use of the Internet in suicide prevention. (See section 5.9)

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. (See section 5.10.1)

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. (See section 5.10.1)

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. (See section 5.10.1)

5.39 The Victorian Government continue to support the Victorian Coroner's initiative to establish the National Coronial Information System. (See section 5.10.1)

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. (See section 5.10.1)

CHAPTER 6: EARLY INTERVENTION

6.1 The Victorian Government support the Department of Education to expand the number of professional counsellors available to support at-risk students. Ideally, one professional counsellor should be located in each government secondary school who would be responsible for providing professional counselling services to students at the secondary school and its feeder primary schools, and for making direct links with the mental health promotion officer in each Department of Human Services region. (See section 6.1.1)

6.2 The Victorian Government support the Department of Education and the Department of Human Services to develop effective and ongoing linkages between schools and local community services based on the principles established by Keeping In Touch with Schools (KITS) and An Extra Edge program, including establishing and maintaining multidisciplinary student support teams to provide coordinated health and welfare services to at-risk students in local school clusters. (See section 6.1.1)

6.3 The Victorian Government support the Department of Education to expand the number of places available for young people in the Planning for Employment and Training program. (See section 6.1.2)

6.4 The Commonwealth and Victorian Governments provide recurrent funding to allow consolidation and expansion of those models developed under the Innovative Health Services for Homeless Young People program that have been evaluated as being successful. (See section 6.1.3)

6.5 The Victorian Government support the Department of Human Services to expand youth support services based on models of best practice, such as the Youth Outreach Program model, for adolescents at risk of, or involved in, illegal or offending behaviour. (See section 6.1.3)

6.6 The Victorian Government support the Department of Human Services to establish and evaluate a case management service for extremely high-risk young people leaving statutory care. This would be designed to assist and support them to successfully manage the transition from care to independence, and to provide post-statutory care support. (See section 6.1.4)

6.7 The Victorian Government support the Department of Human Services to expand and develop further sexual assault services for males. (See section 6.2)

6.8 The Victorian Government support the Department of Human Services to expand services for victims of sexual assault based on the best practice principles of continuity of care and outreach services that promote recovery of mental health and reduce the likelihood of self harm by the victims. (See section 6.2)

6.9 The Minister for Health require all government-funded drug and alcohol agencies to provide training for workers in identification, assessment and referral of those at high or immediate risk of suicide. Drug and alcohol and mental health services should be provided in a culturally sensitive way that better meet the needs of high-risk individuals with a dual disability. (See section 6.4)

6.10 The Minister for Corrections continue initiatives in the area of maintaining effective screening procedures for prisoners at risk and those with special needs at the time of their intake and prior to release from correctional facilities. (See section 6.5)

6.11 The Minister for Corrections ensure that correction officers in prisons develop post-release individual management plans for all prisoners considered at risk of suicidal or self-harming behaviours to effectively link them to community-based mental health and other support services. (See section 6.5)

6.12 The Minister for Corrections and the Minister for Health consider ways to expand the availability of culturally appropriate drug and alcohol and mental health services to mainstream prisons. (See section 6.5)

6.13 The Victorian Government, in collaboration with the Commonwealth Minister for Health and, where appropriate, the AMA, support the development of youth-focused models of health practices that provide access to coordinated health, welfare and other services. The models should particularly target access to GPs by young males and should be overseen by local Divisions of General Practice. (See section 6.6)

6.14 The Minister for Health request the Divisions of General Practice to encourage GPs to undertake appropriate training to acquire accredited qualifications in mental health. (See section 6.6)

6.15 The Victorian Minister for Health take up with the Commonwealth Government changes to the Medicare rebate to appropriately remunerate mental health consultations undertaken by GPs with recognised mental health accreditation. (See section 6.6)

6.16 The Victorian Minister for Health take up with the Commonwealth Government the need for Divisions of General Practice to give priority to mental health requirements when funding special projects. (See section 6.6)

6.17 The Victorian Government, in collaboration with current telephone counselling services and the private sector, support the existing telephone counselling network to establish a 24-hour dedicated crisis/suicide prevention information help-line, including a 008 telephone contact for people in rural areas. The service would:

- Provide information, referral and crisis counselling for potentially suicidal people and their families and friends.
- Have the capacity to achieve three-way telephone communication between the caller, telephone counsellor and referral agency at all times.
- Include a capacity to refer urgent cases to immediately available counselling, medical, psychiatric and other services as required. (See section 6.7)

6.18 The Victorian Government support the Department of Human Services to establish after-hours and outreach services to complement 24-hour telephone counselling services for people in crisis. (See section 6.7)

CHAPTER 7: INTERVENTION SERVICES

7.1 The Minister for Police and Emergency Services investigate the need for access to multidisciplinary support for police in responding to depressed or suicidal individuals. (See section 7.1)

7.2 The Minister for Health require that Health Care Networks and regional and rural hospitals and health services establish and widely disseminate guidelines to public hospitals, ambulance services, health professionals, community support agencies and police to ensure suicide attempters gain access to care, appropriate referral and follow-up. (See section 7.3)

7.3 The Victorian Government support the Department of Human Services to appoint a psychiatric nurse or other appropriate mental health professional to emergency departments in public hospitals to:

- Assist with assessment and management of suicide attempters who present to emergency departments and are not admitted or are only admitted overnight.
- Develop referral plans.
- Establish and monitor follow-up procedures.
- Educate other emergency staff in dealing with persons who are suicidal. (See section 7.3)

7.4 The Minister for Health require Health Care Networks and regional and rural hospitals to implement procedures that ensure:

- A follow-up management plan for suicide attempters is established and communicated to all relevant health professionals involved prior to the person being discharged from hospital.
- Significant family members or carers are consulted in developing the management plan and that the plan is clearly communicated to them. (See section 7.3)

7.5 The Minister for Health initiate pilot research into innovative depression treatment approaches for adolescents. (See section 7.4)

7.6 The Minister for Health request that the Commonwealth review Medicare guidelines with a view to extending the qualification for Item 319 to those patients with a psychiatric illness who have reached or exceeded 50 attendances in a 12-month period but who continue to be, or who become, suicidal. (See section 7.4)

7.7 The Minister for Health develop rural and regional counselling services that focus on the needs of Koori people and males in small and isolated communities. (See section 7.4.2)

7.8 The Minister for Health investigate the potential for improving mental health services in rural areas through use of community nurses, appropriately trained, and adoption of the West Australian suicidal youth referral structure. (See section 7.4.2)

7.9 The Victorian Government support the Department of Human Services and the Department of Education to establish and evaluate a program in each Department of Human Services region along the lines of the Brief Intervention Program, linked to a Child and Adolescent Mental Health Service and/or Adult Mental Health Service and other appropriate services. (See section 7.4.3)

7.10 The Minister for Health require that existing Adult Mental Health services place greater emphasis on the care of young people aged 16 to 24 years who are mentally ill and/or at risk of suicide. (See section 7.4.4)

7.11 The Minister for Health establish guidelines and appropriate training for clinical staff to ensure smooth transition of clients from Child and Adolescent Mental Health Service into Adult Mental Health Service. (See section 7.4.4)

7.12 The Minister for Health implement procedures so that any person with suicidal ideation or who has attempted suicide, seeking admission to a psychiatric facility, who does not meet the Mental Health Act requirements and where a voluntary admission is inappropriate, should be immediately and directly linked to community mental health outpatient and follow-up services. (See section 7.4.5)

7.13 The Minister for Health expedite the establishment of a specialist statewide service for people with personality disorders to provide a range of options including hospital treatment, and to broker relevant community services prior to discharge. (See section 7.4.5)

7.14 The Minister for Health require mental health services to develop guidelines for mental health clinicians regarding provision of information on treating mental illness and supporting families and carers to assist them to manage the situation in the home. (See section 7.4.5)

7.15 The Victorian Government support the Department of Human Services to expand the role and number of Crisis Assessment and Treatment and Mobile Support and Treatment teams to deal with attempted suicide and other behavioural and psychiatric illnesses that do not require hospital care. This should include additional team members with expertise in providing mental health services to young adults aged 16 to 24 years. Priority should be given to improved effectiveness of Crisis Assessment and Treatment and Mobile Support and Treatment teams in rural areas. (See section 7.4.6)

7.16 The Victorian Government support the Department of Human Services to establish, in each of its administrative regions, community residential support services and day programs, linked to Child and Adolescent Mental Health Service and the young adult program within the Adult Mental Health Service, for young suicide attempters who are discharged from hospital and/or not considered in need of hospital care, to provide short- to medium-term care and outreach support services. (See section 7.4.7)

CHAPTER 8: POSTVENTION SERVICES

8.1 The Victorian Government collaborate with the business and community sectors to support the establishment of a widely advertised, statewide, community-based support service that provides:

- Twenty-four hour suicide crisis support to relatives and friends immediately following a death by suicide. This service should be accessible to rural and remote areas, and be staffed by professionals and by volunteers who are trained to provide support.
- Capacity for longer term counselling in addition to immediate post-trauma counselling. (See section 8.1.3)

8.2 The Minister for Youth and Community Services and Attorney-General continue to support counselling and other groups that assist people who have experienced a suicide, including close family, extended family, same-sex partners and significant friends. (See section 8.2)

8.3 The Minister for Youth and Community Services and Attorney-General consider options to make available bereavement counselling and support services for groups whose culture may require a different approach. These groups include non-English speaking background groups and Koori people. These groups should be involved in developing services for their communities. (See section 8.2)

8.4 The Victorian Government require departments and government-funded agencies to provide post-trauma counselling and debriefing services to all staff involved with suicides, particularly for those who witness or discover a person who has died by suicide. (See section 8.7)

8.5 The Victorian Government support the Department of Human Services to issue all potential emergency responders with information and protocols reflecting best practice in dealing sensitively with relevant matters relating to survivors of suicide immediately following the death of a person by suicide. (See section 8.7)

CHAPTER 9: IMPLEMENTATION STRATEGY

9.1 The Victorian Government support implementation of Victoria's Suicide Prevention Strategy by establishing the following framework for coordination:

- A Cabinet subcommittee of senior government Ministers to oversee implementation of the report's recommendations and development of ongoing policy.
- A senior Minister with lead responsibility for coordinating action to prevent suicide.
- Appointment of a senior adviser to support the Minister.
- Establishment of a Victorian Foundation for Prevention of Suicide. (See section 9.1.2.4)

9.2 The Minister for Health and Minister for Youth and Community Services invite tenders for delivery of client services as service partnerships or consortia of services that demonstrate the capacity to provide integrated client-oriented services based on the principles outlined in the report. (See section 9.4.1)

9.3 The Minister for Health and Minister for Youth and Community Services require the Department of Human Services to collaborate with other government departments to plan and provide direct services as integrated service packages to meet client needs, wherever possible. (See section 9.4.2)

9.4 The Minister for Health and Minister for Youth and Community Services require the Department of Human Services to ensure that no client is excluded from accessing service/s on the basis of regional boundaries. (See section 9.4.2)

9.5 The Minister for Health and the Minister for Youth and Community Services identify an appropriate structure that appoints a primary case manager or broker for people with multiple needs where there is a dispute with service providers. (See section 9.4.3)

9.6 The Minister for Health and Minister for Youth and Community Services implement an extensive program of performance and quality assurance audits, including site visits and client surveys, for all government-funded services relevant to suicide prevention to ensure organisations are providing the type, standard and quality of service for which they were funded, and to obtain feedback from consumers. (See section 9.4.3)

9.7 The Victorian Government establish a program of small grants to support initiatives that increase coordination and collaboration of regional and local service agencies. (See section 9.4.4)

