Suicide Prevention
Australia

Mental health and
suicide prevention strategies for
the Bushfire Recovery Fund

Background

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We count among our members the largest and many of the smallest suicide prevention and mental health not-for-profits, practitioners, researchers and leaders.

We support and strengthen the services of our members, serve as an information conduit between the sector and Government, as well as providing leadership, policy and advocacy services, training and research support to the suicide prevention sector.

The National Bushfire Recovery Fund provides the opportunity to not only help communities recover from the aftermath of this unprecedented bushfire season, but to build resilience to future disasters. Addressing the mental health impacts, trauma and risk of suicide resulting from the bushfires is a critical dimension of recovery and resilience building.

The four priorities outlined in this short submission are based on the collective intelligence of our large and small members. These include high profile organisations such as ReachOut, United Synergies (StandBy), South Australia's Advocate for Suicide Prevention, and Wesley Mission Lifeforce, as well as several frontline operators such as Nowra Community Health, and Western NSW Public Health Network (PHN).

Our submission is intended to supplement the whole of sector response being coordinated via the National Suicide Prevention Adviser, which we are also contributing to.

For more information

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Priorities for the Fund

Priority area: Helping communities survive and thrive in the longer term by funding a permanent Local Disaster Recovery Coordinator in each of the 42 local government areas most affected by bushfires

The effects of a major disaster are experienced by communities for many months after the disaster itself has ended and media interest has waned.

Major scale disasters like the bushfires affect people's employment, finances and everyday lives in the medium to long term. These impacts sometimes often manifest as a lasting experience of trauma and mental ill health. Several studies have shown the risk of trauma, mental health impacts and, sadly, suicide increases more significantly in the months after a disaster, rather than when the crisis is still acute. [1]

Local knowledge, connection and help are crucial for effective community and individual recovery from a major scale disaster. According to our members, the lack of ability to navigate, access and understand the practical support available is a key barrier for individuals struggling to get back on their feet.

What our members say

"There has been an overwhelming supply of information and resources sent to communities. Whilst this is generally supportive and helpful, communities are in a heightened state and find it difficult to navigate their way through so much information."

"We didn't know what help there was, and we didn't even know what we needed."

"At the moment mental health is providing crisis intervention but I think we need to be developing something for after the initial phase."

"There are concerns for community members being able to meet and/or understand eligibility criteria for support as well as navigate support systems. Similar to the Drought relief packages, the execution of getting grant monies to the people who need it is problematic."

"Throughout Australia every community has a local council. We had a fantastic community co-ordinator who was a long-time local imbedded in the council office and this was of paramount importance once the relief centre workload dropped and was no longer viable to have in place."

We propose the Australian Government fund an ongoing local disaster recovery coordinator to assist each bushfire affected local government area. This idea has been generated in concert with South Australia's Office of the Premier's Suicide Prevention Advocate, a member and house of subject matter expertise in suicide prevention.

We note the Government's announcement of the appointment of mental health disaster coordinators in affected local government areas. While we welcome this decision as a short to medium term solution, Suicide Prevention Australia's members agree a broader source of sustainable coordination, with a broader skillset, will be needed in the longer term.

The need for practical, community-based assistance to unravel the red tape associated with recovering from a major disaster was apparent, for example, in the aftermath of the 2018 Lismore floods. In the

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[1] See, for example: Matsubayashi, T.,Sawada, Y. and Ueda, M.(2013). Natural disasters and suicide: Evidence from Japan. Social Science & Medicine, 82,126-133; and Kessler,R., et al. (2008). Trends in mental illness and suicidality after Hurricane Katrina. Molecular Psychiatry, 13, 374-384.

months following the floods, residents experienced delays with their insurance claims, navigating grants processes, re-establishing their businesses and navigating the support measures available.[2] The NSW Office of the Small Business Commission was brought in to provide this support on a one-off basis to residents: however this did not provide a sustainable long term source of support for residence.

The local disaster recovery coordinators Suicide Prevention Australia is proposing would support the recovery effort and the future resilience of their communities by providing a single point of contact, knowledge and connection with support services.

In practical terms, coordinators would help people navigate the stressful red tape of recovering from a disaster. This would include, for example, assisting members of their community to apply for grants or subsidies, understand their insurance claiming processes, and connect with financial advice, mental health support, education and other support measures. The coordinators would have strong relationships with frontline emergency services agencies, Public Health Networks (PHNs) and other key agencies.

Ideally, the coordinator would:

- Be a community member experienced in community based disaster recovery, familiar with local services, disaster recovery arrangements, and measures

- Report to a central fire recovery coordinator within their State or Territory

- Have strong relationships and networks across council, state government and non-government agencies

- Possess the confidence of their local community, strong problem solving abilities, empathy, compassion

- Hold formal basic training in mental health and suicide prevention, so that they recognise the signs a community member in contact with them is experiencing mental ill health, trauma and/or or suicidality and can immediately refer them onto support

The role would resemble that of the Rural Financial Counsellors, who have been such a vital source of connection, community and hands on help for drought affected communities.

Rural Financial Counsellors provide farmers and other people in the rural sector with help negotiating with lenders, identifying business options, applying for allowances and other forms of assistance.[3] As with the disaster recovery coordinator roles we are proposing, Rural Financial Counsellors have strong connections and intimate knowledge of the services that will best help the community members who contact them. The Rural Financial Counsellors were so successful precisely because they were embedded within the communities that they were employed to assist.

The Australian Government has strongly supported the Rural Financial Counselling Service, allocating more than $77 million to the program as part of the suite of drought recovery measures. Providing a similar source of local, ongoing support will be an essential, personalised way of rebuilding our bushfire stricken communities and helping the people who live within them flourish into the future.

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[2] ABC North Coast, (2017). *Depression sets in for flood victims as clean-up and insurance battles continue*, online article, accessed at https://www.abc.net.au/news/2017-06-14/depression-sets-in-for-north-nsw-flood-victims/8616784.

Priority area: Invest in a sector-based, peer-led program integrating training and support to address suicide risk factors and behaviours for frontline emergency services personnel

A second aspect of priority workforce training is the need for peer support for frontline emergency services workers.

Research by Beyond Blue (2018) found a third of first responders experience high or very high psychological distress compared to an eighth of the general Australian population.[4] First responders are more than twice as likely to experience suicidal thoughts (ideation) and three times more likely to plan suicide.[5]

While this research was conducted during a busy fire and law enforcement season, it was not carried out during a crisis of the nature of the bushfires now underway. Many of the thousands of firefighters, police officers and other emergency services workers fighting the fires are likely to suffer from emotional and trauma impacts.

As a result, we believe funding should be provided to tailor services to address the unique trauma and mental health impacts experienced by first responders. The funding should be directed following an expression of interest involving by existing providers with the capacity to provide these tailored support measures.

Workers in the construction industry, for example, also experience significant work-related challenges. A 10 per cent reduction in suicide risk in Queensland coincided, however, with delivery of an industry based, peer-led program integrating training and support to address suicide risk factors and behaviours present in the construction industry.[6]

The MATES in Construction program involves training construction workers to notice behaviour changes or signs in conversations with their colleagues that might indicate they needed help; and then pointing them in the direction of support services such as psychologists and social workers.[7]

Suicide Prevention Australia is of the view that there is merit for investing in a similarly industry-based, peer-led initiative for frontline emergency services personnel.

Priority area: Train and upskill the suicide prevention workforce in bushfire communities through investment in suicide prevention training for key government and community service providers

For suicide prevention to be effective, key people in the community from clinicians to frontline service workers and teachers must be actively engaged. With the right training, these connectors within

[4] Beyond Blue. (2018). *Answering the call* national survey: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services – Final report, accessed at <http://resources.beyondblue.org.au/prism/file?token=BL/1898>.
[5] Ibid.
[6] Doran, C. Ling, R. (2015). *The economic cost of suicide and non-fatal suicidal behaviour in the Australian construction industry by state and territory*, Hunter Medical Research Institute, University of Newcastle, accessed online on 8 November 2019 at <http://matesinconstruction.org.au/wp-content/uploads/2016/03/Cost-of-suicide-in-construction-industry-final-report.pdf>.
[7] MATES in Construction, *The MATES Model,* website, accessed online on 8 November 2019 at <http://matesinconstruction.org.au/about/how-mic-works/>.

communities are capable of having a conversation with a patient, customer, student or neighbour that could shift their mental health, wellbeing or suicide risk.[8]

That's why our National Policy Platform emphasises the need to build workforce capacity in suicide prevention, beyond the bounds of the mental health sector and acute care system.   We need to see investment in practical, scalable measures to equip the suicide prevention workforce, which takes in:

- The **clinical workforce**, encompassing doctors, nurses, and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis,

- The **skilled suicide prevention and mental health workforce,** encompassing those explicitly working in a mental health and suicide prevention or crisis response setting e.g. emergency first responders, counsellors, social workers and other mental health workers; and

- The **informal suicide prevention workforce**, which includes personnel from across Government Departments, social services, employer groups, miscellaneous service providers and other settings where individuals at risk of suicide may present, or which provide services that address the social determinants of suicide

What our members say

"Communities are calling for education and training on how to respond to suicidality within the context of the natural disaster. We are currently reviewing our suicide prevention training packages, in order to tailor it to community needs. Funding to assist and role this package out would be welcome and I am sure other providers would welcome this."

"The risk for suicide may be higher, not in the initial 'survival' stages, but later, when the reality of changed circumstances hits home, when life hasn't returned to precrisis state, that is the real risk time. People being equipped with this information and safety plans can be a big help."

In the shorter term and as an immediate response to the bushfire crisis, our members are calling for investment in 'first aid' suicide prevention and mental health training in affected local government areas. This training should be provided to government workers, social services, employer groups, and other service providers providing critical frontline services to people in communities affected by the bushfires.

Priority area: $15 million over two (2) years to scale up and raise awareness of existing services in bushfire affected areas and for first responders

Any person who is experiencing trauma or other mental ill health effects due to the bushfire – whether now or in the months after the fires are extinguished – should be able to call on support when they need it.

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[8] Christensen, H. et al. (2018). 'The role of community campaigns', The Black Dog Institute: Sydney, originally published in MJA Insight +, accessed at https://blackdoginstitute.org.au/news/news-detail/2018/09/10/suicide-prevention-the-role-of-community-campaigns

We note the Government's investment of $16 million to provide trauma support to bushfire victims. This recognises the wide array of high quality, evidence based mental health and suicide prevention services already funded and in the community. We commend the proactive efforts of Christine Morgan, the National Suicide Prevention Adviser, in securing these funds.

In the medium term, we believe there should be a further investment from Government to build the capacity and community awareness of the services that already exist. This is particularly important for services that provide ongoing sources of mental health support for people who find their mental health and wellbeing, while not in acute crisis while the fires are ongoing, is affected in the months following the bushfires.

Priority should be placed on services and programs with the capability to provide scale. This is particularly important for bushfire impacted areas in thin markets underserviced by existing mental health support coverage, or with accessibility issues**.**

Expanding and raising awareness of existing services such as Wesley Mission's LifeForce networks, ReachOut's innovative online networks for young people, Beyond Blue's suite of initiatives, or United Synergies' StandBy program, will help ensure people in the communities most affected by the bushfires who may not be able to easily access support right now.