

**MEMBERSHIP OF THE STANDING COMMITTEE
ON SOCIAL ISSUES**

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SECRETARIAT

Dr Jennifer Knight	Committee Director
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Mr Glen Baird	Senior Project Officer
Ms Annie Marshall	Committee Officer

FUNCTIONS OF THE STANDING COMMITTEE ON SOCIAL ISSUES

The functions of the Committee are to inquire into, consider, and report to the Legislative Council on:

- any proposal, matter or thing concerned with the social development of the people in all areas of NSW
- the equality of access to the services and benefits provided by the government and non-government sector to the people in all areas of NSW
- the opportunities available to the people in all areas of NSW to attain their optimum level of personal development
- and the role of government in promoting the welfare of the people in all areas of NSW.

OPERATIONS OF THE COMMITTEE

Matters for inquiry may be referred to the Committee by resolution of the Legislative Council, a Minister of the Crown, or by way of relevant annual reports and petitions.

The Committee has the legislative power to:

- summon witnesses
 - make visits of inspection
 - call upon the services of government organisations and their staff, with the consent of the appropriate minister
 - accept written submissions concerning inquiries from any person or organisation
 - conduct hearings
-

ACKNOWLEDGMENTS

The Standing Committee on Social Issues wishes to record its appreciation for the many thoughtful written submissions and evidence received from members of the public, experts and a wide range of organisations, upon which this Report strongly relies.

The Committee's gratitude is also extended to the valuable advice and assistance which the Committee received throughout the Inquiry from representatives of the NSW Department of Health.

Mr Stephen Morrell, of the Department of Public Health, University of Sydney supplied the Committee with much of the data used to create many of the graphs contained in this Report. The Committee is extremely grateful to him.

The staff of the Parliamentary Library were, as always, helpful and resourceful to the Committee. In particular, the Committee wishes to give special thanks to Mr John Wilkinson, who prepared invaluable research material for this Report.

Finally, the Committee wishes to place on record its great appreciation to all those people who wrote or presented verbal evidence regarding the tragic loss to suicide of a loved one.

TERMS OF REFERENCE

SUICIDE IN RURAL NEW SOUTH WALES

That the Standing Committee on Social Issues inquire into and report on:

- the extent and nature of suicide in rural New South Wales;
 - possible causes for the increase in suicides in rural New South Wales;
 - the provision of relevant services; and
 - strategies for the prevention of such suicides.
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CHAIRMAN'S FOREWORD

The Inquiry into Suicide in Rural New South Wales was a particularly challenging and complex one for the Standing Committee on Social Issues. Given the nature of the subject it was also distressing. Apart from the tragic loss of too many lives to suicide in rural areas, witnesses and submissions spoke of the hardships being experienced by rural communities today, in the wake of rural recession and devastating drought, and the ensuing stress, despair and depression of many people, including the young.

Far more than a job, farming and grazing have been a way of life, a culture handed down from generation to generation. Within the span of a single generation, that culture has been grievously damaged, and much of inland Australia is haemorrhaging its youth.

In spite of the tragedy and suffering, Members were inspired by the courage and determination of those who had lost loved ones to suicide, people who were willing to revisit painful events by speaking to the Committee, in the hope of assisting others.

This report addresses a range of issues relevant to suicide in rural areas. The Committee has adopted a broad approach to suicide, examining the issue from both a mental health and a social perspective. The Committee recognises that suicide is a relatively rare event but increases in the rates among certain groups in rural New South Wales means that effective preventative strategies must be established. Indeed, much of the decline in fatal motor vehicle accidents, which suicide deaths now exceed, has been as a result of constructive prevention campaigns.

Although this Inquiry has specifically examined suicide in rural New South Wales, strategies for prevention require collaboration between both Federal and State Governments, and the community sector. As the Committee heard, suicide, especially among our young people, is a problem which all Australians need to address.

As a society, we need to enhance our knowledge of all the possible causes that might lead a person to take his or her life; break down the stigma associated with mental disorder, psychological and emotional distress; provide people who do suffer such disorder or distress with appropriate services, and, I believe, learn to become more caring and compassionate.

My thanks are due to the Members of the Committee, who, as in past Inquiries, demonstrated strong commitment to dealing with the issues, a commitment to which the unanimity achieved in this report is strong testament. Given the rural

Foreword

focus of this Inquiry, Members were required to attend numerous hearings, including frequent travel to country areas to hear testimony. In spite of their many Parliamentary responsibilities, Committee Members fulfilled these commitments.

The Committee staff have, as always, provided the professional support to make this report a reality. While Director Dr Jennifer Knight, Senior Project Officer Glen Baird and Committee Officer Annie Marshall all contributed, particular commendation must go to Senior Project Officer Alexandra Shehadie who carried the primary responsibility for this Report.

Last but not least, I would like to thank our courageous witnesses. Their contributions to the Report have been invaluable.



Hon Dr Marlene Goldsmith, MLC
Chairman

EXECUTIVE SUMMARY

This Report represents the results of an extensive Inquiry by the Legislative Council Standing Committee on Social Issues into Suicide in Rural New South Wales. The Inquiry was referred to the Committee by the Hon Ian Armstrong, MP, OBE, Deputy Premier, Minister for Public Works and Minister for Ports.

The Inquiry presented particular challenges to the Committee, both in terms of its extensiveness and in the sensitive nature of its subject matter. Further, the issue of suicide in rural New South Wales has only recently been the subject of detailed research and study, with specific literature on the topic being limited.

Traditionally, suicide has been a subject that is little discussed or, as has been the case in some families and communities, even acknowledged. The stigma associated with suicide, attempted suicide and mental illness generally, has meant that these issues have, for many decades, has been associated with intolerance, ignorance and prejudice. The Committee heard that, for rural areas especially, such matters have been compounded by the conservative and sometimes insular nature that has often characterised these communities. Tragically, the suicide of a family member has been a source of shame and guilt for many families.

In the course of its Inquiry the Committee received over 60 written submissions and heard testimony from over 80 witnesses in hearings conducted in Sydney, Lismore, Young, Parkes, Cobar, Broken Hill, Dubbo and Wagga Wagga. A briefing was also provided by a psychiatrist from South Australia by way of a teleconference, pioneering the use of this technology for the Parliamentary Committee process in New South Wales.

The Committee acknowledges that many communities in rural New South Wales, like many other such communities throughout Australia, have experienced enormous hardship, both financial and social, in recent times. The Committee has been told that much of this has been as a result of rural adjustment and the subsequent rural recession as well as the devastating drought. Since the Inquiry began, the Committee has heard of the increased demoralisation and despondency among many farmers and farming families.

Chapter Two of the Report examines the situation of rural communities today, including population migrations, issues relating to banks, the Rural Adjustment Scheme and the services provided by rural counsellors. A number of recommendations relating to these issues are detailed in Chapter Two, including those that relate to the facilitation of the mediation scheme between banks and

farmers, farmers' applications to the Rural Adjustment Scheme and the continuation of funding and support for rural counsellors.

It is against the backdrop of the experiences of rural communities that the Report examines the issue of suicide and the reasons for the increase in suicides among certain groups.

In recent years there has been increasing concern about the high levels of suicide in Australia, particularly by young people. Among this group Australia has one of the highest suicide rates in the industrialised world. Completed suicide is largely a male phenomenon; females, however, have higher rates of attempted suicide. The report will explore this issue.

Recent research has shown that the most marked increases in suicide in New South Wales have occurred among young males in rural areas, especially the smaller and remote centres. Further research has indicated that rates of suicide among farmers and related workers have also increased in New South Wales.

Chapter Three examines statistics on suicide, particularly in relation to the situation in New South Wales. That Chapter also considers the various methods used in suicide among people in rural areas. The data provided show that, although there is a discernible overall decline in firearms as a method of suicide, it nevertheless remains the most common method among rural males. Dudley *et al.*'s research demonstrates that among young males in remote regions of the state, firearm suicides have increased. The Committee's investigations also reveal that overall, hanging as a method of suicide in rural areas has shown a marked increase in recent times.

Having reviewed the available data, Chapter Three recognises that suicide is both a national and state problem that requires collaboration between both jurisdictions on data collection. This issue is further examined in Chapter Four.

Chapter Four examines the factors associated with suicide, especially in rural areas and explores the possible reasons for the increase in suicides among certain groups in rural communities. Research reveals suicide to be a complex problem that generally involves a number of factors.

This Chapter examines the issue of suicide from both a mental health perspective and from a sociological and psychosocial perspective. In considering the evidence and the research the Committee recognises that recent or prolonged mental illness can play a crucial factor in a person's decision to suicide. It also considers that mental illness may be a result of a number of factors including those that are biological and genetic and those that are related to environmental or external

influences. These issues are further explored in relation to the experience of rural communities.

Chapter Four considers the possible influence of a number of social factors on suicide rates including the rural recession, unemployment, the impact of the drought, isolation, "rural culture", family and relationship issues, alcohol and other substance abuse, access to methods, violence, issues relating to gender and sexuality, loss and bereavement and the influence of the media. The effect of these factors on feelings of hopelessness, helplessness, despair, stress and anxiety, and their impact upon suicide risk is examined in detail.

In the final section of the Chapter social and psychosocial factors are considered in relation to the reasons for the possible increases in suicide in rural communities.

The Committee recognises that isolating specific and definitive causes of suicide can be extremely complex. Although identifying a range of factors brought to its attention as being significant to suicide, it recommends that there be further research undertaken both at a national and state level, including the establishment of a National Centre for Suicide Research, to enhance society's understanding of the problem.

The Committee also recommends that the Minister for Health urge the Australian Health Ministers' Council to develop a national database for the collection and analysis of the incidence and prevalence of suicide and attempted suicide. It also recommends that there be established in New South Wales a register that will provide suicide and attempted suicide data to the agency responsible for coordinating the national database.

Chapter Five explores strategies for the prevention of suicides in rural New South Wales, including the provision of relevant services. At the outset the Committee recognises that suicide issues must be accorded priority within the Government and therefore recommends that a senior position be created within the Department of Health to liaise with the proposed National Centre for Suicide Research, undertake relevant research and develop appropriate initiatives and strategies for prevention of suicide, giving priority to rural communities.

The Committee acknowledges that community education is a major component of any strategy which aims to raise awareness of the issue of suicide and mental health. The Committee recognises that enhancing the public's awareness about this issue can contribute to suicide prevention. The Committee notes that a national community education strategy (Communications Strategy for Mental Health), focusing on breaking down the stigma of mental illness, is soon to be developed, and is supported by the NSW Department of Health. The Committee strongly

Summary

supports this initiative and has recommended that rural communities be targeted as a priority within the strategy.

The Committee also recognises that education about, and identification of, suicide risk is also fundamental to suicide prevention. It therefore recommends that relevant education programs be developed for those likely to come in contact with vulnerable people. Among those who the Committee considers should participate in these programs are professionals such as general practitioners, teachers, social workers, youth workers, as well as members of the clergy, community workers and community members. This should be in addition to public education campaigns.

As the Committee's investigations have revealed, local initiatives in the area of suicide awareness and prevention are important in empowering and educating communities about the issue of suicide. The Committee therefore recommends that the establishment of local Suicide Prevention Taskforces throughout New South Wales be encouraged. It envisages that the proposed senior officer will also act as the Coordinator of these Taskforces and assist in the exchange of information among them.

Access to methods of suicide is a matter that has been seriously considered by the Committee. Evidence received indicated that the issue of firearms in particular is of major concern in this regard, given their greater accessibility in rural areas, compared with urban areas. The Committee endorses the establishment of a Firearms Advisory Committee and recommends that it have broad representation. The Committee further recommends that the Firearms Advisory Committee examine a range of issues relevant to firearm accessibility, ownership and use, firearm ownership and mental illness, and the development of education campaigns about gun safety and suicide risk, especially in relation to rural areas.

As the data indicate, hanging as a method of suicide in rural areas has increased. Little research was available to the Committee to explain this phenomenon. As such, the Committee recommends that further study be undertaken in this area, including the exploration of possible strategies for prevention.

Evidence was also received concerning the ease of access of certain prescription drugs such as Rohypnol and other benzodiazepines and the packaging of certain medications such as antidepressants. Given that poisoning by way of drug overdose is a common method of suicide and attempted suicide among women, including in rural areas, the Committee recommends that the Minister for Health urge the Australian Health Ministers' Council to investigate the ease of prescriptions of these drugs and the classification and packaging of antidepressants as a means of suicide prevention. It also recommends that the issue of health warnings on certain medications, including paracetamol, be examined.

Chapter Five extensively examines the provision of mental health services to people in rural communities. The Committee recognises that traditionally, mental health services have been limited in rural regions with clients having to travel vast distances to access them.

In this Chapter, the Committee acknowledges recent funding increases by the Minister for Health for mental health services, including for those in rural New South Wales. It endorses these increases and recommends that the Minister remain accountable for the equity of the provision of mental health services throughout the state. The Committee also recommends that, in light of the recent funding increases, the mental health needs of rural people continue to be evaluated and addressed at least biennially.

The Committee heard throughout the Inquiry of the limited number of psychiatrists practising in rural areas. To address this problem the Committee recommends that incentives be developed to encourage more psychiatrists to practise in these regions and further, that district mental health services continue to develop psychiatric outreach services. It also recommends that liaison psychiatry services continue to be enhanced to ensure that mainstream health professionals in rural areas are able to consult about the mental health care of clients, including young people. Having had the benefit of viewing a telemedicine conferencing facility, the Committee recommends that this technology be utilised as a means of assessing mentally ill clients as well as training mental health workers in rural and remote regions. The Committee does not however, recommend that telemedicine conferences be used as an alternative to psychiatric treatment.

Throughout the Inquiry the Committee received testimony from families and friends of victims of suicide (known as survivors) in rural areas. Some of these people related difficulties in accessing bereavement counselling in spite of the fact they themselves felt suicidal following the death of their loved one. Accordingly the Committee recommends that district health services, in collaboration with appropriate community organisations, develop bereavement counselling services for family members and friends of suicide victims. It also recommends that the proposed senior officer and the local Suicide Prevention Taskforces encourage the establishment of local suicide support groups in rural areas.

The Committee's investigations have revealed that suicide and attempted suicide among Aboriginal people, especially in rural areas, have traditionally been underestimated. Misclassification of deaths, incorrect racial identification of a deceased, and, in the case of attempted suicides, a reluctance among Aboriginal people to access what are considered essentially non-Aboriginal services, have been identified as possible reasons for this underestimation. Nevertheless evidence received by the Committee has suggested that suicide and attempted suicide rates

among Aboriginal people in rural New South Wales are at least as high or even higher than among non-Aboriginal people.

The Committee heard that the general issue of mental illness among Aboriginal Australians is complex. The Royal Commission into Aboriginal Deaths in Custody found that the prevalence of major mental disorders among Aboriginal people is at least as high as among non-Aboriginal people. The Committee further heard that mental illness and psychological distress among Aboriginal people cannot be seen in isolation from other factors such as dispossession of land, systemic racism, substance abuse and ongoing social and economic disadvantage.

The Report acknowledges the recent funding increases to Aboriginal mental health from the Minister for Health, some of which will impact upon rural areas of New South Wales. Whilst endorsing the funding increases and recommending their swift implementation, the Committee also recommends that the mental health needs of Aboriginal people in rural and remote areas be evaluated and addressed at least biennially, and within a culturally appropriate framework. The Committee received evidence of the need for non-Aboriginal health workers, including mental health workers, to be educated on issues relevant to Aboriginal culture. Accordingly, the Committee recommends that an ongoing, accessible and mandatory education and training program that includes Aboriginal cultural awareness, be developed for those non-Aboriginal mental health workers, especially in rural areas, who are likely to come into contact with Aboriginal clients.

In conclusion, the Committee hopes that recognising and understanding the problem of suicide and mental health issues, improving data collection, appropriately resourcing services and addressing the issue of access to the means of suicide, in a framework of ongoing collaboration between government and the community, will significantly impact on the levels of suicide in our rural sector.

RECOMMENDATIONS

RECOMMENDATION 1

That the Minister for Agriculture and Fisheries and the Minister for Consumer Affairs:

- urge banks to mediate with farmers as soon as it becomes evident that financial hardship is occurring and not at the point of foreclosure; and
- continue to urge banking organisations to make reasonable allowances for the repayment of loans by viable farmers experiencing financial hardship as a result of the rural downturn and current drought.

RECOMMENDATION 2

That the Minister for Agriculture negotiate with the Federal Minister for Primary Industries and Energy to ensure that the operation of the Rural Adjustment Scheme maximises positive and swift responses to farmers' applications.

RECOMMENDATION 3

That the Minister for Agriculture and Fisheries, in liaison with the Federal Minister for Primary Industries and Energy, ensure that funding for rural counsellors continue and that there be developed sensitive and locally-based campaigns to publicise the services provided by rural counsellors for farming families.

RECOMMENDATION 4

That the Minister for Health urge the Australian Health Ministers' Council to support the development of a National Strategy on Suicide Prevention.

RECOMMENDATION 5

That the Minister for Health urge the Australian Health Ministers' Council to:

- **develop a National Centre for Suicide Research. A major component of the work of the Centre should be to examine suicide issues specifically related to rural communities;**
- **develop a national database for the collection and analysis of the incidence and prevalence of suicide and attempted suicide. Following the establishment of the national database, the Minister for Health should develop a register in New South Wales to provide suicide and attempted suicide data to the national database.**

RECOMMENDATION 6

That a senior position be created within the Mental Health Branch of the New South Wales Health Department to deal with issues of suicide and suicide prevention and that appropriate resources be available to the designated officer to undertake his or her duties.

RECOMMENDATION 7

That the duties of the Senior Officer referred to in Recommendation 6 be:

- **to liaise and consult with a range of relevant departmental, professional, community and rural representatives on issues relevant to suicide prevention;**
- **to liaise and consult with the proposed National Centre for Suicide Research;**
- **to monitor suicide rates (including suicide attempts) throughout the state;**
- **to develop and implement strategies and initiatives for suicide prevention;**

- to monitor the outcomes of suicide prevention strategies and initiatives;
- to act as State Coordinator for local and regionally-based Suicide Prevention Taskforces (see Recommendation 21); and
- to undertake relevant research.

RECOMMENDATION 8

That the Senior Officer referred to in Recommendation 6 monitor the effects of the following factors on suicide rates in New South Wales: mental illness, unemployment, poverty, financial pressure and the rural crisis, isolation, family and/or relationship breakdown, violence, alcohol and substance abuse, drought, issues relating to sexuality, the media, loss, issues affecting Aboriginal people and any other relevant social factor and, in consultation with relevant Government and non-government groups and professionals, as well as the proposed National Centre for Suicide Research (Recommendation 5) develop appropriate strategies, the outcomes of which are to be routinely monitored.

RECOMMENDATION 9

That the Minister for Health urge the Australian Health Ministers' Council to ensure that the interests and needs of rural people, including farmers, young people, people living in remote communities and Aboriginal people, are included as a priority in the proposed National Community Education Strategy on raising awareness of and reducing the stigma associated with mental disorders.

RECOMMENDATION 10

That the Minister for Health ensure that the New South Wales component of the National Community Education Program aimed at raising awareness of mental disorders targets rural communities as a priority, including farming communities, young people, people living in remote areas and, in consultation with Aboriginal organisations and Aboriginal communities, Aboriginal people of New South Wales. Issues relevant to suicidal risk

behaviour, such as depression, should be addressed in that strategy, and information about relevant support services, as well as the encouragement to utilise those services, should be provided.

RECOMMENDATION 11

That the Minister for Health, in consultation with the Australian Press Council, urge media organisations to continue to report any matters relating to suicide in a responsible and non-sensational manner.

RECOMMENDATION 12

That the Minister for Police and Emergency Services convene, as a matter of urgency, the Firearms Advisory Committee to advise him on issues relevant to firearms.

RECOMMENDATION 13

That the Minister for Police and Emergency Services ensure that representation on the Firearms Advisory Committee be broad based, including for example, representatives of sporting shooters, the farming community, the police service, proponents of gun control, experts in domestic violence, health professionals and victims groups.

RECOMMENDATION 14

That the Minister for Police and Emergency Services ensure that the tasks of the Firearms Advisory Committee include the following:

- an examination of the recommendations of the Cabinet Office Discussion Paper on Mental Illness and Firearms Misuse;
- an examination of the need for full and proper training in safe firearm use before a person may obtain a firearm licence and the inclusion in that training program of a compulsory suicide awareness component;

- the development of a specific, accessible and ongoing community education program which examines the dangers of firearm misuse, and which targets as a priority, rural areas of New South Wales. Awareness of the possibility of suicide risk and firearm accessibility, especially among young people, should be emphasised in this education program;
- an examination of the effectiveness of Section 12 of the Firearms Act, 1989, (as amended by the Firearms Legislation (Amendment) Act, 1992) relating to the safe keeping of firearms and ammunition, especially in relation to rural areas; and
- an examination of the Western Australian firearm licensing system.

RECOMMENDATION 15

That the Minister for Agriculture and Fisheries develop, as a matter of urgency, an assistance scheme for farmers, to enable farmers to utilise the services of the Department of Agriculture when disposing of their stock.

RECOMMENDATION 16

That the Minister for Health raise with the Australian Health Ministers' Council, as a means of suicide and attempted suicide prevention, the need to investigate the packaging and classification of, and the health warnings on, certain medications, including antidepressants, and the ease of gaining prescriptions for medications particularly benzodiazepines.

RECOMMENDATION 17

That the proposed Senior Officer referred to in Recommendation 6, in collaboration with the proposed National Centre for Suicide Research (see Recommendation 5), investigate the causes for the increase in suicide deaths by hanging, especially in rural areas.

RECOMMENDATION 18

That the Minister for Health, the Minister for Education, Training and Youth Affairs and the Minister for Community Services, in consultation and collaboration with relevant suicide awareness education and training organisations:

- **develop a state-wide, ongoing program of suicide awareness education and training for relevant professionals, including primary care providers, and community members, targeting rural areas of New South Wales; and**
- **develop appropriate strategies to encourage a wide range of professionals and community members throughout rural New South Wales to attend the programs.**

RECOMMENDATION 19

That the Minister for Education, Training and Youth Affairs, in collaboration with the Minister for Health, introduce a component into the Personal Development, Health and Physical Education strand of the Years 7 - 10 curriculum that addresses issues specifically relating to mental health. The topics to be canvassed in that course should include:

- **the identification of depression;**
- **the destigmatisation of mental disorders;**
- **the enhancement of coping skills;**
- **seeking out help; and**
- **drug and alcohol issues.**

RECOMMENDATION 20

That the Minister for Health and the Minister for Education, Training and Youth Affairs conduct a review and evaluation of the effectiveness of

suicide prevention programs that specifically target school students in New South Wales.

RECOMMENDATION 21

That the Minister for Health encourage communities in the establishment of local Suicide Prevention Taskforces throughout the New South Wales Department of Health Districts, with particular emphasis on those rural areas where suicide rates are high. The Taskforces should be made up of a wide range of relevant professionals, including general practitioners, nurses, hospital personnel, teachers and school counsellors, as well as community, business and church representatives. Where there is an apparent need, Taskforces are to give particular emphasis to the identification of risk factors among young people.

RECOMMENDATION 22

That the aims and objectives of Suicide Prevention Taskforces be developed by local communities and may include the following:

- acting as an information resource centre;
- offering education for suicide awareness;
- offering appropriate referral;
- liaising with other relevant organisations; and
- developing community initiatives for suicide prevention.

RECOMMENDATION 23

That, as part of the role in developing and implementing suicide prevention strategies and initiatives, the Senior Officer referred to in Recommendation 6 act as coordinator for local Suicide Prevention Taskforces and:

- facilitate the exchange of information, ideas and initiatives among local Taskforces;

Recommendations

- provide, or where necessary, assist in the provision of, relevant training as required;
- allocate funding grants for the realisation of Taskforce initiatives and monitor the outcomes of these initiatives;
- travel to rural areas to meet and discuss relevant issues with local Taskforces; and
- provide support for Suicide Prevention Taskforces throughout the state.
- act, where necessary, as a Taskforce representative to remote areas.

RECOMMENDATION 24

That the Minister for Health ensure that there be equity in the provision of mental health services across the state.

RECOMMENDATION 25

That the Minister for Health ensure that the goals and strategies for Rural Mental Health Services, outlined in the NSW Government response to the Human Rights and Equal Opportunity Commission Report into the Human Rights of People with Mental Illness and the mental health initiatives put forth in the specific budget package for Mental Health Services in New South Wales, especially those relating to people living in rural areas, are implemented as soon as possible and as a matter of priority.

RECOMMENDATION 26

That the Minister for Health, in collaboration with other relevant Ministers and non-government organisations, ensure that the mental health needs of people in all rural areas of New South Wales continue to be evaluated and addressed at least biennially. Special attention should be given to the needs of those in remote regions, young people and farmers.

(In evaluating and addressing the mental health needs of people in rural areas regard should be had to the following issues as proposed by the NSW Health Department, namely that each community in New South Wales should be able to offer:

- counselling services in employment, unemployment and education settings;
- non-judgemental health services that are easily accessed;
- access to 24 hour information and a referral system for mental health issues;
- a health and welfare workforce trained in suicide prevention; and
- support groups for people bereaved by suicide.)

RECOMMENDATION 27

That the Minister for Health ensure that the goals and strategies for child and adolescent Mental Health Services, particularly those which are relevant to rural young people and outlined in the NSW Government response to the Human Rights and Equal Opportunity Commission Report into the Human Rights of People with Mental Illness, and the initiatives for child and adolescent mental health contained in the specific budget package for Mental Health Services are implemented as soon as possible and as a matter of priority.

(Among the goals to be implemented are that the NSW Health Department:

- provide \$1.2 million a year to fund services for vulnerable families with young children and adolescents;
- expand specialised child and adolescent mental health services in rural areas;
- undertake research to improve cross-agency management and support for children of parents with mental illness or personality disorders;
- fund non-government organisations that assist children with mentally ill parents;

- co-ordinate child care for children with mentally ill parents; and
- develop a police youth strategy which specifically includes young people with a mental illness).

RECOMMENDATION 28

That the Minister for Health ensure that the mental health needs of young people in all rural areas throughout New South Wales, including those in remote regions, continue to be evaluated and addressed at least biennially. In meeting this recommendation consultation with those government and non-government organisations which specifically target young people should take place.

RECOMMENDATION 29

That the Minister for Health:

- in collaboration with the Royal Australian and New Zealand College of Psychiatrists, develop incentives to encourage psychiatrists to establish practices in rural areas of New South Wales;
- ensure that health services throughout New South Wales continue to develop outreach psychiatric services for people, including children and adolescents, living in rural and remote regions; and
- continue to enhance liaison psychiatry services to ensure mainstream health professionals in rural areas are able to consult about the mental health care of clients, including young people.

RECOMMENDATION 30

That the Minister for Health develop a network of telemedicine conference facilities to contribute to psychiatric and other specialist mental health services to people living in rural and remote areas who have a psychiatric disorder. The telemedicine facilities would be used for assessments and

consultations for the psychiatrically ill and for training and education of relevant workers in rural and remote areas.

RECOMMENDATION 31

That the Minister for Health ensure that bereavement counselling services are available, through the area and district mental health services, to family members and friends of those who have suicided. Such services are to be developed collaboratively with appropriate community organisations and the district health services.

RECOMMENDATION 32

That the Senior Officer referred to in Recommendation 6, along with local Suicide Prevention Taskforces (see Recommendation 21) encourage the establishment of suicide support groups in rural communities where there is an identifiable need.

RECOMMENDATION 33

That the Minister for Education, Training and Youth Affairs urge principals of rural schools, in consultation with teachers, school counsellors and relevant community organisations, to develop Critical Incident Management Plans relating to suicide.

RECOMMENDATION 34

That the Minister for Health ensure that the goals and strategies for Aboriginal Mental Health Services, outlined in the NSW Government response to the Human Rights and Equal Opportunity Commission Report into the Human Rights of People with Mental Illness and the initiatives for Aboriginal mental health contained in the specific budget package for Mental Health Services are implemented as soon as possible and as a matter of priority.

(Among the goals to be implemented are that the NSW Health Department:

- **dedicate 1% of the global health budget to Aboriginal health needs;**
- **expand services for Aboriginal and Torres Strait Islanders by employing more Aboriginal hospital liaison workers and at least 20 extra Aboriginal mental health workers, including rural areas of New South Wales;**
- **develop liaison programs in key areas of the state, including rural areas of New South Wales;**
- **offer mental health training to Aboriginal health workers throughout rural areas of New South Wales; and**
- **establish the Aboriginal Health Education and Applied Research Centre at Prince Henry Hospital).**

RECOMMENDATION 35

That the Minister for Health ensure that the mental health needs of Aboriginal people, particularly those in all rural and remote areas of New South Wales, continue to be evaluated and addressed, at least biennially within a culturally appropriate framework.

RECOMMENDATION 36

That the Minister for Health, in consultation with relevant Aboriginal organisations and Aboriginal mental health workers, develop an education and training program for non-Aboriginal mental health workers, including those in rural New South Wales, to address Aboriginal cultural awareness and other relevant issues. Such a program should be mandatory and conducted at reasonable times for all Departmental non-Aboriginal mental health workers who are likely to come in contact with Aboriginal clients.

GLOSSARY

Benzodiazepine Drugs

A group of drugs, known as minor tranquillisers which have the capacity to reduce anxiety and are sometimes hypnotic in effect. These drugs include chlordiazepoxide (Librium), diazepam (Valium) and flunitrazepam (Rohypnol).

Depression

A mood disorder or disturbance. Depressive illness is characterised by feelings of intense sadness, despair, despondency, hopelessness, anxiety and guilt. Things formally felt to be pleasurable are no longer so. Depression causes sleep disturbances, loss of appetite, fatigue and reduced sexual desire. It can be endogenous (biological) or exogenous (reactive).

The National Mental Health and Research Council observes that depression may take many forms, ranging from the severe syndromes of uni and bipolar illness, which are relatively less frequent, to the much more common forms of depressive disorders, resulting from adverse experience or significant loss.

Endogenous

Literally, this term refers to something arising from within. In mental health terms it refers to a disorder in which genetic or biological in nature factors may be pre-determinant.

Exogenous

Literally, this term means growing or originating from outside. In mental health terms it refers to a disorder that can be precipitated by, develop from or be influenced by external or environmental factors.

Glossary

Prevention

- . **Primary** Primary prevention aims at creating conditions that build a state of health and well-being for everyone.
- . **Secondary** Secondary prevention refers generally to the intervention strategies that are put in place at the earliest signs of a problem or whenever a person or group is identified as 'at risk', thus reducing the likelihood of the development of ill-health.
- . **Tertiary** Tertiary prevention refers to the prevention of people "getting sick again" and its purpose is to rehabilitate, reconstruct and treat. Tertiary services are specialist health services, such as mental health services.

Rural

For the purpose of this study, rural refers to all those areas of the state that do not include the Sydney, Newcastle and Wollongong statistical sub-divisions.

Postvention

Action that is taken after a suicide, to prevent further suicides occurring among those who may have been aware of the deceased and his or her suicidal actions.

Schizophrenia

A major psychiatric disorder, the essential features of which can include psychotic symptoms during the active phase of the illness and impaired functioning. At some point in the illness there may be delusions, hallucinations, or certain other disturbances affecting thought processes and perception.

Suicide Attempter

A person who has attempted suicide.

- Suicide Survivor** A survivor of suicide is a person who has had someone significant in their lives commit suicide. Rose Education observes that a survivor can be an entire school if a student from that school dies by suicide, or an entire community if the community is small and the person well known.
- Submissions** Written or video material supplied to the Committee by individuals and organisations containing the authors' views in relation to the Inquiry.
- Witnesses** People summonsed by the Committee to give evidence at formal Hearings concerning the Inquiry. Witnesses can also refer to people who are invited to brief the Committee on issues pertinent to the Inquiry.