11 November 2010
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NSW Health
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cc. Annabel Priddis
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Working for Mental Health

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Subject: Community Guidelines for discussing Suicide

Dear Dr Matthews,

MHCC thank NSW Health for inviting us to participate in the **Showcase in Innovation** held in September 2010, and for giving us the opportunity to provide further input into discussions as to what should be included in the Community Guidelines for discussing Suicide.

1. The Workshop Outcomes in the Showcase Report (p.16) listed the issues participants identified as necessary inclusions in the Community Guidelines. MHCC propose that an important aspect of suicide prevention is missing. This relates to a conceptual shift in service delivery culture and the necessity to incorporate the development of education and training in **Trauma Informed Care and Practice** across the workforce.

Trauma-informed programs and services internationally represent the 'new generation' of transformed mental health and allied human services organisations and programs which serve people with histories of violence and trauma. Trauma survivors engaged in these services are likely to have histories of physical and/or sexual abuse as well as other types of trauma including chronic neglect and/or protracted emotional abuse, witnessing domestic violence, civilian involvement in wars and civil unrest, refugee and combatant trauma. Such trauma frequently leads to a diversity of mental health and co-occurring difficulties such as suicidality, substance abuse, depression and anxiety disorders, eating disorders, poor physical health, relationship problems, self-esteem issues and contact with the criminal justice system. [1]

When a human service program seeks to become trauma-informed, every part of its organisation, management, and service delivery system is assessed and modified to ensure a basic understanding of how trauma impacts the life of an individual who is seeking a service. Trauma-informed organisations, programs and services are based on an understanding of the particular vulnerabilities and/or triggers that trauma survivors experience (that traditional service delivery approaches may exacerbate), so that these services and programs can be more supportive, effective and avoid re-traumatisation and minimise the risk of suicide.[1]

This philosophy of practice needs to be an underlying principle woven into every aspect of the 16 guidelines identified, and incorporated into every aspect of service delivery. Suicide prevention needs to be better integrated and coordinated across services. We urge NSW Health to take a leadership role in promoting an important cultural shift to embed trauma informed care and practice in all health services as a crucial element of suicide prevention. By embedding trauma informed care and

MHCC is the peak body for mental health organisations in NSW and is funded by NSW Health

practice services can better create environments that are more supportive, comprehensively integrated, empowering and therapeutic. This requires a commitment to workforce development and training.

Australia's mental health system has, generally speaking, a relatively poor record in recognising the relationship between trauma and the development of mental health problems. A trauma informed approach moves away from prioritising the search for a diagnosis to recognition of the person's traumatic life experience which frequently results in extreme coping strategies leading to suicide.

With the objective of furthering this agenda, on 27 September 2010 an important event took place in Sydney. An inaugural forum was held to discuss a national agenda for promoting Trauma Informed Care and Practice across community and mental health service systems.

The forum convened by MHCC, the Private Mental Health Consumer Carer Network Australia (PMHCCN), Adults Surviving Child Abuse (ASCA) and the Education Centre Against Violence (ECAV) was attended by 37 individuals from several Australian States. The group included consumers and carers, Federal politicians, President, NSW Mental Health Review Tribunal, Director, Mental Health Sydney West Area Health Service, other senior clinicians and academics with expertise in mental health, disability and trauma as well as senior executives from community managed peak bodies and service providers experienced in working with the psychological impacts of trauma.

Presentations were provided by Janet Meagher, Divisional Manager PRA; Professor Warwick Middleton, School of Public Health La Trobe University; Louise Newman, Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry and Psychology and Dr. Cathy Kezelman, CEO/ Executive Director, Adults Surviving Child Abuse (ASCA). Closing comments were provided by Beverly Raphael, Professor of Population Mental Health & Disaster Response & Resilience Research Group, School of Medicine UWS, who described the forum as an important and long overdue initiative, and congratulated the committee on taking the discussion into a broad arena.

2. Importantly, embedded at the core of Trauma Informed Care and Practice is the philosophy of 'Recovery Orientated Practice' ' which must be more clearly apparent in the Guidelines in order to help support fostering environments for people to talk more openly about suicide.

Concepts and facilitators of recovery include taking control of one's life through individual responsibility. This includes acceptance of illness, hope for the future, identity and empowerment, and advocacy. Other key concepts important to recovery include understanding one's illness, medication and symptoms; developing a healthy lifestyle; having supportive relationships; nurturing one's whole self and spirituality; and social inclusion in the community, including access to education and training, employment, and accommodation.

There are barriers to recovery for individuals that put them at risk of suicide, which emerge at an individual, workforce and systemic level.

The Principles for recovery-oriented practice determines that service delivery is:

- Person-centred
- Promotes self-determination and individual responsibility
- Treats people as equals
- Culturally respectful
- Emphasises strengths and wellness
- Fosters hope and empowerment, and use empowering language
- Retains staff who work within a recovery framework and has a positive attitude that reflects that recovery is possible
- Supports community integration and social inclusion
- Provides a variety of treatment options
- Recognises that lived experience is essential in informing service delivery
- Challenges stigma and discrimination

- Facilitates consumer participation
- Protects human rights
- Encourages family and peer support, and acknowledges the benefits of such support
- Strikes a healthy balance between personal risk and growth

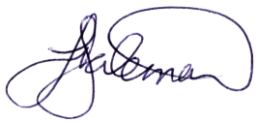
To make recovery a reality, individuals need to be accountable for their own behaviour, setting their own identified goals, going at their own pace and be able to share their stories with services that embrace consumer self-directed care carefully measured against risk. Services need to conceptualise mental illness in a way that can foster hope and empowerment for a person's recovery. This cultural shift which has started to become part of the principles for service delivery across the public and community service sectors in mental health needs also to be integrated together with the principles of Trauma Informed Care and Practice, and an important component of workforce training and development.

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) and The Mental Health Coordinating Council (MHCC) have undertaken a joint initiative to develop a resource that provides practical support to mental health community sector organisations implementing recovery orientated practice. The resource is the *Recovery Orientated Service Self Assessment Toolkit* (ROSSAT).[iii] [iv]

We propose that with these two interrelated approaches articulated in the Community Guidelines that positive outcomes for suicide prevention will be clearly identifiable.

We look forward to reading the final report to be submitted to the Minister Assisting the Minister for Health (Mental Health).

Yours sincerely,



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Chief Executive Officer

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[i] SAMHSA. National Mental Health Information Centre. Available: http://mentalhealth.samhsa.gov/nctic/trauma.asp

[ii] SAMHSA. National Mental Health Information Centre. Available: http://mentalhealth.samhsa.gov/nctic/trauma.asp

[iii] NSW CAG & MHCC. (2010).*Recovery Orientated Service Self Assessment Toolkit* (ROSSAT). Sydney, Australia.