**PRESENTER:** Burns, Jane
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1 Young and Well CRC

**TITLE:** Connected & creative: vision for a young and well Australia.

**ABSTRACT:** Picturing a digitally connected world where safety and respect are integral and positive mental health and wellbeing valued, the Young and Well Cooperative Research Centre unites young people with researchers, practitioners and innovators from over 70 partner organisations across the not-for-profit, government and corporate sectors to explore the role of technology in young people’s lives and how it can be used to support them to feel safe, healthy and resilient. “Connected & Creative: Vision for a Young and Well Australia” investigates technologies as enablers of good mental health for young people and specifically the Young and Well CRC’s work in this area.

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**PRESENTER:** Brideson, Tom
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1 Western NSW Local Health District

**TITLE:** Foundations build directions.

**ABSTRACT:** Suicide rates across Aboriginal and Torres Strait populations are unacceptably higher than the broader Australian community. This information is not new. Efforts to address this emerging phenomenon have often relied heavily on a limited few crusaders in this field and/or communities with the strength, support or courage to address these issues.

The strength, support and/or courage of communities are among the most valuable ingredients and the foundation required for meaningful and long lasting change. This is not a new concept but one that is often overlooked in terms of what’s required in making improvements to the lives of Aboriginal and Torres Strait Islander communities.

If we are to change the direction of this phenomenon we need to focus on what can be done now and what needs to be done in the longer term. The issue of suicide requires considered discussion within and by our communities. This is never comfortable or pleasant but what are the alternatives.

As the NSW State-wide Coordinator for the Aboriginal Mental Health Workforce Program we believe we are building a better response to mental health care tomorrow, today.

If we do not determine our future on this complex multi-layered issue of suicide the coroner will.

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**PRESENTER:** Cosgrove, Peter (General)

**TITLE:** Suicide prevention in disaster recovery areas - stressors, isolation and fatigue.

**ABSTRACT:** Drawing upon his experiences in war and disaster relief such as the aftermaths of Cyclone Tracy, the PNG tsunami of 1998, the Asian tsunami of 2004 and Cyclone Larry of 2006, General Peter Cosgrove will review the stressors and (lay) treatments to nurture and rehabilitate communities and individuals. In doing this, while never downplaying the role of health professionals, he will emphasise the key role of community leaders in assisting in the maintenance of mental health and community morale. This approach emphasises the early and comprehensive
incorporation of mental health professionals in the special recovery and rehabilitation work force on the ground.

**PRESENTER:** De Leo, Diego

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**AUTHORS:** De Leo, Diego¹, Kolves, Kairi¹

¹ Australian Institute for Suicide Research and Prevention, Griffith University

**TITLE:** Risk factors for suicide: what is the evidence?

**ABSTRACT:** The mhGAP project represents the most recent development and resource investment of the World Health Organisation. It concerns the setting up of agendas (particularly for low and middle-income countries and minority groups) in mental health, including suicide prevention. On this latter topic, our institute has provided all background documents for the purpose of a global reading about the available evidence with regard to suicide risk factors and all situations that can be amenable to modification and clinical management.

This presentation will deal with the summary report of such examination, trying to distinguish degree of evidence and related influence on determining suicidal behavior. In this perspective, aggregation and synergistic impact of individual factors will receive special attention, as well as boundaries between depression and ‘normal’ sadness.

**PRESENTER:** Dudley, Michael (Dr)¹, Christensen, Helen (Professor)²

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¹ University of NSW

² The Black Dog Institute

**TITLE:** Community-based suicide prevention: literacy, campaigns, messaging and collective impact?

**ABSTRACT:** This presentation will briefly survey latest evidence supporting community-based strategies that aim to enhance suicide prevention literacy as a means of preventing suicide, including psychoeducation and media campaigns for the general public and professional audiences; gatekeeper training; working with primary care physicians; and working with those at highest risk. The difficulties of reaching men in various groups and settings who are at highest risk, and challenges to do with stigma reduction and help seeking, will be noted. The uncertainty for suicide prevention agencies and researchers about clear guidelines for the messages that should be put out about suicide, is also discussed. The presenters discuss the possibility of and potential support for a national suicide prevention coalition that will deliver a national, multi-layered suicide prevention campaign that targets young men.

**PRESENTER:** Gullestrup, Jorgen¹, Brady, John¹

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¹ MATES in Construction

**TITLE:** Mates helping mates: a successful community development model of suicide prevention & intervention in the Queensland industry.
ABSTRACT: MATES in Construction (MIC) is about mates helping mates. At its core it is pure community development based on the principle that suicide prevention is for everyone and everyone is capable of doing their part. It is important to note that it was developed by the industry and for the industry. While the principles of MIC are transferrable to most other communities, the importance of local ownership should not be underestimated.

The program has two important benchmarks: the evidence base from the Australian Institute of Suicide Research and Prevention (AISRAP) Report and the National Suicide Prevention Framework: Living is For Everyone (LIFE). The LIFE framework identifies the importance of building community capacity to respond to the worker’s needs. The MIC program takes a positive approach to mental health and wellbeing, valuing and celebrating the intrinsic culture of mateship and ‘can-do’ attitude in the industry.

The experience of the MATES in Construction suicide prevention model is that when a program is embedded as part of the industry, mental health is demystified and workers on site are empowered to have an active role in suicide prevention and improving mental health and wellbeing. The thousands of workers participating in the program take the role very seriously and perform extremely well.

PRESENTER: Howlett, Cameron
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TITLE: The social stigma of a societal issue.

ABSTRACT: Mental health issues, in particular depression and self-harm are increasing at such a rate amongst today's youth that they are fast becoming one of the leading causes of teenage death in our nation. As one of the most advanced first world countries, why is this the case? Cameron gives a young person's perspective on the role that the stigma surrounding mental illness plays in preventing a dialogue regarding this issue at all levels.

PRESENTER: Hunter, Ernest
1Qld Health

TITLE: A review of changing understandings of Indigenous self harm over the last forty years.

ABSTRACT: In this presentation changing understandings of Indigenous self harm over the last forty years will be reviewed. Up until the 1970s suicide was extremely rare among Aboriginal and Torres Strait Islander populations. From that decade there has been a dramatic increase which has spread from certain town-based populations to now be widespread, particularly across northern and central Australia. This has occurred against a backdrop of rapid social change and a parallel transformation of the Indigenous mental health landscape as a range of problems have serially come to attention. There are now many ways of understanding Indigenous self-harm, which have significant implications for the development of effective interventions.

‘How and Why do Suicide Prevention Strategies Work? And what does recent international evidence tell us we should be doing?’

PRESENTER: Martin, Graham
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TITLE: How and why do suicide prevention strategies work? and what does recent international evidence tell us we should be doing?

ABSTRACT: In 1994, Australia took a great risk in allocating funds to a National Youth Suicide Strategy. At that time, very few countries had had the courage to do this, and there was little international evidence to support such an innovation. While there were evidence-based recommendations for programs, nobody had put these together into a strategy. Subsequently, many countries have followed suit. In 2009, we reviewed 11 international strategies (all in place for over ten years) for the Department of Health and Ageing, (Martin & Page, 2009), and were able to show that long term strategies had made a significant difference. We were also able to synthesize elements from these strategies to provide overarching themes - the ‘how’ and ‘why’ national strategies might work.

Subsequently others have demonstrated similar statistical results to ours (Matsubayashi & Ueda, 2011). Even more recent work provides us with specific programs that need to be in place to reduce suicide rates (While et al., 2012). This keynote will draw together the relevant research, but ask the hard questions about what it all means in practical terms. What should we be doing? What might reduce the chances of success?

References

PRESENTER: Maple, Myfanwy
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1 University of New England

TITLE: After suicide: where have we been and where are we heading?

ABSTRACT: Each year over 2000 Australians end their lives by suicide. Following each suicide, spouses, partners, mothers, fathers, brothers, sisters, daughters, sons, friends, extended family members, friends, mentors, and colleagues all commence a new chapter in their lives, lives devoid of the person now deceased. Internationally, and within Australia, researchers continue to find that those bereaved by the suicide death of a first degree relative are at increased risk of suicidal ideation, self-injurious behaviours and death by suicide. This risk is also evident among others associated with the deceased. Yet, so far there is no way of knowing the ways in which those connected to the deceased, but who are not traditionally thought of as bereaved (i.e. beyond the limits of first degree kinship), may react when faced with the suicide loss of a person to whom they were connected. Thus, to better address the needs of those in the Australian population at risk of suicide, and bereaved by suicide, it is vital that a way to define and identify these individuals is identified. This will result in providing support to those who require it in order to promote and maintain good health and longevity within this population. Understanding the realities of those who are affected by suicide death is vital for the entire field of suicidology- prevention, intervention and postvention. This presentation will review progress made thus far in the post suicide field and provide a vision for future directions.
**PRESENTER:** Matthews, Andrew  
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**TITLE:** Happiness in hard times.

**ABSTRACT:** Andrew’s presentation and his approach will necessarily be different to the other presenters. Andrew will draw cartoons throughout his presentation with his aim being to leave the audience uplifted and with a sense of hope.

He will touch on
- Dealing with disasters
- Embracing change
- The law of progress
- Putting everything you have into everything you do
- How happy people think

**PRESENTER:** Palmer, Sandra  
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1CPRS, Clinical Advisory Services, Aotearoa Limited, NZ.

**TITLE:** The Community Postvention Response Service

**ABSTRACT:** A suicide cluster or an episode of suicide contagion is a rare occurrence. It is not surprising that they create huge anxiety for communities experiencing them, as communities often do not, and cannot be expected to know how to manage, given the rarity of the occurrence.

The Community Postvention Response Service is a national cluster response service based in New Zealand and provided by CASA. This service has been in operation since 2008 and has responded to multiple communities experiencing either clusters or contagion. Overall, the service uses a community development model to equip communities to manage clusters and endeavours to make suicide “everybody’s business” in order to minimise risk and prevent further deaths by suicide in a cluster situation.

This presentation, from a practitioner perspective, focuses on what has worked well and what has not worked so well whilst supporting communities following the CDC (1988) guidelines for managing suicide clusters. It also focuses on the aspects of the service the communities found useful and not so useful as indicated from an evaluation of the service.

**PRESENTER:** Siewert, Rachel (Senator)  

1Commonwealth Government of Australia

**TITLE:** Where are we at since “The Hidden Toll” report?

**ABSTRACT:** In 2010, Greens Senator Rachel Siewert chaired the Senate Community Affairs Committee Inquiry into Suicide in Australia, which produced the report “The Hidden Toll”.

At least six Australian lives are taken by suicide every day, however there continues to be a lack of public awareness about the impact of suicide on the community.
The inquiry was initiated because organisations such as Suicide Prevention Australia and Lifeline Australia were deeply concerned that statistics on suicide were not being accurately reported and that the statistics were much higher than was being reported. An Australian Bureau of Statistics review has showed that the statistics are indeed substantially higher than is currently reported—in fact, the number is over 2,000 per year. The committee noted that the figures, unfortunately, are nearly as high as our road toll – and yet the comparative awareness of each issue remains disproportional.

Upon completion of the inquiry, the committee produced a report for the Government, complete with a range of recommendations, including those for improved information gathering; improved investment in mental health services; more training for those working on the frontlines in our communities and programs to address the high rate of suicide amongst Aboriginal and Torres Strait Islander people.

Senator Siewert will outline what has been achieved since the findings of the report and discuss the Government’s performance in implementing the recommendations of the committee.

**PRESENTER:** Skehan, Jaelea¹

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¹Hunter Institute of Mental Health

**TITLE:** What should we say and how should we say it?

**ABSTRACT:** Synopsis: There has been healthy debate in Australia about the potential benefits of talking more openly about suicide, within families, schools, workplaces, communities and the media. Nobody would argue that we need to find ways of increasing community discussion of suicide and suicide prevention, however the evidence to guide this discussion is very different depending on whether we are talking one-on-one, to a group, through the traditional media or online. This can lead to confusion.

This presentation will highlight what we know and what we still need to know to guide our discussions about suicide – both as a community and through the traditional and emerging media. It will reflect the difference between the research evidence, the practice-based evidence and what we know from the lived experience to suggest ways forward.