

The efficiency of suicide prevention training and support for front-line workers providing services to people at risk

The nature of suicide in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Lands is different from the portrait presented in the standard training packages for suicide intervention. People working in NPY communities comment on the unpredictability and impulsive nature of suicide on the Lands. Where the primary mode of suicide is hanging, and the means is anything that is lying around, a 'plan' as discussed in the standard suicide intervention model is nonexistent, and the removal of the 'means of suicide' may be a last minute process. One health worker annoyed a person who had climbed a tree intending to hang himself so much that the person threw the rope he was carrying at the worker. In addition, suggested warning signs and risk factors for suicide are sometimes culturally inappropriate, and indicators such as 'lack of interest in the future', and particularly in talking about the future, are widespread.

Talking with someone who may be suicidal in community often depends on building up a relationship with that person in the first place. If people at risk of suicide are disengaged, they are likely to be unwilling to participate in their own rehabilitation. As a result, effective suicide intervention often focuses around finding supports for people and particularly in not leaving them by themselves during the crisis period. This role is almost always filled by family and community members who themselves need understanding and support in this process in the face of their own fear and anxiety.

At the same time there is a lack of information and understanding of mental health and suicide related issues generally, and a limited availability of *relevant and useful* training. Service providers are often swept up in day to day business, moving from one pressing situation to the next, and have difficulty setting aside time to undertake training. Frequent staff turnover adds to the problem. Information needs to be easily accessible.

Currently some services train their workers in mental health awareness and or suicide intervention. Programs such as the Australian Integrated Mental Health Initiative (AIMhi NT) Mental Health Program¹, Aboriginal and Torres Strait Islander Mental Health First Aid and standard Mental Health First Aid², Applied Suicide Intervention Skills Training, and Suicide Story, a new package from the Life Promotion team³. These programs often need adapting in terms of content and delivery to become more relevant to the remote context.

¹ www.menzies.edu.au/research/healing-and-resilience

² www.mhfa.com.au

³ www.mhaca.org.au