

SUICIDE PREVENTION

1 April 2008

The Hon. D.G.E. HOOD: On Thursday of last week I, like several other members, received an email from a person who, when they signed off, appeared to be somewhat suicidal given the way they finished the letter. Obviously I was concerned about this and sought to obtain contact details for that person. When my staff looked for a service that might be able to call this person proactively to see whether they required any specific help, we were surprised to find that no specific service was prepared to take a proactive role in this situation. Services such as Lifeline and Crisis Care—not that it is any blight on them—are reactionary services, if you like (that is, they rely on people contacting them).

So, to confirm our understanding that no body exists to address these circumstances, we contacted the minister's office. Her staff were very helpful, I might add, but they asked us to forward the details of this individual to the minister, which we did. A member of the minister's staff advised that ACIS would usually respond to such a situation, but we learned that, generally speaking, ASIS would actually go and visit the person rather than contact them by phone—which, of course, has implications for the amount of resources and therefore the amount of visiting that is possible.

My question is: in the interests of suicide prevention in South Australia, will the minister investigate and fund, establish or promote a proactive service that will, on behalf of anonymous family members or friends, once contacted by those people, telephone a person who is suspected of being suicidal in order to prevent a potential tragedy?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (15:34): I thank the honourable member for this important question. Indeed, the issue of suicide prevention is a most important one, and its

association with depression. I understand that there are services, such as Lifeline and ACIS, that provide immediate emergency services. We also have the central triage system, which involves mental health and ambulance services and which also has a relationship with the police, which centrally triages all emergency calls that come through and undertakes a preliminary risk assessment and ensures that the appropriate services are sent out to the person concerned.

This is the first time that the incident the member mentioned has been drawn to my attention, and I am happy to look into it carefully and to make sure that everything that could and should have been done was done. This government invests considerable resources in suicide prevention. The South Australian government has added \$1 million, which it provides to beyondblue, which boosted its commitment to a further \$1.4 million over five years. This brings its commitment to the beyondblue depression initiative to \$2.4 million, to enable beyondblue to deliver a range of prevention and promotion programs throughout South Australia.

The Social Inclusion Board provided funding of \$680,000 over two years (2004-05 and 2005-06) specifically to support the implementation of locally driven suicide prevention initiatives in South Australian regional areas. These initiatives focused on young people and, in particular, young Aboriginal males. Country Health has provided leadership and coordination of those initiatives.

Also, in collaboration with the Australian government and the SA Divisions of General Practice, a primary health care suicide prevention and intervention model has been developed for South Australia, called square (Suicide, QUestions, Answers & REsources). This model provides for assessment, early intervention, coordinated support and follow-up for people at risk of self-harm or suicide through the establishment of partnerships between GPs, mental health and general health services, drug and alcohol services, emergency services and community organisations.

It is expected that better partnerships will result in a reduced demand for emergency services—as they say, a fence at the top of the cliff is worth far more than an ambulance at the bottom of the cliff. The SA Department of Health contributed \$300,000 towards square, which includes a desktop guide and other resource materials.

By working with key regional partnerships, the SA Divisions of General Practice and Relationships Australia are rolling out the primary health care model of suicide prevention and training across the state, and we particularly link that with drought affected areas. Additional suicide prevention training for workers and community members has also been identified and, of course, there was the SA government funded Mental Health First Aid Program (which I have talked about in this chamber before) in the sum of \$225,000 from 2005 to 2007 to assist in raising the South Australian community's awareness of mental health and the prevention of suicide and self-harm.

We provide many other services. As I have said, these include the mobile emergency response for assessment and crisis intervention (our ACIS teams); a follow-up service for inpatients leaving hospitals; increasing mental health staff in emergency departments; an adolescent mobile assertive outreach service for young people at risk due to mental health issues and other associated problems; and extra support packages for people living in the community.

There is a wide number of initiatives on which we have focused resources to prevent suicide and, as I said, in relation to the specific instance that the member has raised, I am happy to follow up the details of that to ensure that everything that could be and should have been done was done.