

MAKING A NOISE ABOUT SUICIDE: A COMMUNITY DEVELOPMENT APPROACH

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Suicide is a significant problem in the Greater Murray Area, where there are approximately 35 suicides and 210 presentations to emergency departments as a result of self-injurious behaviours across all ages each year. In response, the Health Promotion Business Unit of the Greater Murray Area Health Service (GMAHS) has implemented a youth suicide prevention strategy. This report provides an outline of the main features of the program and the indicators of the program's reach within the Greater Murray community.

THE COMMUNITY DEVELOPMENT MODEL

A needs assessment determined that the most appropriate model for addressing the issue of youth suicide was one developed within a public health framework, with a focus primarily on community development. The limitations of two years of funding and an extensive geographic area, that included 29 local government areas with a large number of small towns where there is a greater risk of suicide, influenced the decision to employ community development strategies. Sustainability was regarded as an essential element in the planning and development of the strategy.

The community development model had two main target groups: young people aged 10 to 24 years and the wider community outside this age range. The *Make A Noise* project was developed as a central concept of the project, which aims to engage young people in early help-seeking behaviour. The project does not focus directly on suicide, but rather at early intervention before crisis.

PROJECT STRATEGIES

The project consists of a number of strategies both to encourage help-seeking by young people and to improve community and health sector response to young people at risk of self-harm. These strategies include:

The enhancement of peer support networks

This component of the strategy aims to provide young people with skills and resources so they can identify when a friend may be at risk and encourage young people to talk to their peers. This strategy has seen the Greater Murray Area Health Service, in partnership with the NSW Department of Education, become the site of a trial of the Resourceful Adolescent Program in local public high schools. This is an 11-session program that builds resiliency and problem-solving skills in young people.

Promoting help-seeking resources

A social marketing strategy has been developed to promote anonymous and 24-hour help-seeking resources such as:

- the Kids Help Line: a national telephone counselling service, a key partner for the project
- the Greater Murray Access Line: a phone counselling service specific to the Greater Murray Area
- the *Make A Noise* Web site: a large youth health Web site housed at <http://makeanoise.yisp.org.au> that provides information and referrals on a number of health topics relevant to suicide.

An online presence for the professional community

A Web site provides details of the planning and implementation of the project for the professional community. This site can be accessed at <http://project.yisp.org.au>.

Community education

Education has been provided for the wider community to ensure they are ready to listen to, and respond appropriately to, young people at risk. Community training through *Make A Noise* has focused on school communities, including teachers and parents, as well as other relevant adults, such as sporting coaches, service clubs, and youth workers. When in schools *Make A Noise* does not talk directly about suicide to students.

Attention to the Area Health Service's response to those at risk

Health Service staff have undergone training in suicide assessment and management provided by the Institute of Psychiatry. In line with circular 98/31, the GMAHS has developed and implemented a new policy on managing clients at risk of suicide. Strategic partnerships have been developed between those who manage suicidal clients, such as the NSW Police Service and the NSW Ambulance Service, to insure uniformity in the approach taken to people at risk.

MARKETING STRATEGY

Developing the *Make A Noise* concept has involved input from young people at all stages. This input is evidenced by the presence of *Make A Noise* across the Greater Murray Area at various youth events, forums and school promotions. A social marketing strategy has been deployed to promote the *Make A Noise* concept. It includes promotional resources (T-shirts, flyers, posters, stickers and postcards) and a television, radio and print campaign. This strategy highlights the use of famous 'ambassadors' who have grown up in the area to promote the message of help-seeking behaviour and referral points through mainstream media. These ambassadors include the rock band Spiderbait and rugby league stars Laurie Daley and David Barnhill.

PROJECT REACH

- Approximately 12,000 community members (including teachers, sporting coaches and parents) have received some level of training in suicide risk factors and warning signs since the beginning of the project;
- More than 500 nurses have received training in suicide assessment;
- Calls from young people in the Greater Murray Area to the Kids Help Line have increased dramatically since active promotion began in March 1998. An average of 39 young people from the Greater Murray

ring the Kids Help Line each day, compared to an average of 12 calls per day prior to the project;

- The *Make A Noise* youth health Web site has been visited by more than 60,000 people since its launch in mid-1998. ☞

For further information about the project, or to obtain a copy of the *Make A Noise: Preventing Suicide Through Community Development Interim Report 1997–98*, contact the Greater Murray Health Promotion Business Unit on (02) 6058 1700.

SAFETY-FIRST IN RYDE

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The *Safe Communities* approach to safety promotion has been part of a World Health Organization (WHO) initiative to reduce injury since the mid-1980s. It is based on the experience of communities like Falkoping, Sweden, where it was found that community-based safety promotion reduced injury rates by 27 per cent over three years.¹ The first WHO accredited *Safe Communities* projects in Australia were the Illawarra and Hume City (1994), followed by Noarlunga, La Trobe and Parkes (1996). This report provides a description of the *Safe Communities* process undertaken in Ryde NSW that, along with similar processes in Manly, Warringah, Pittwater and Mosman, was accredited by WHO earlier this year. The report examines the structure of the project and provides a commentary on the intersectoral partnerships that have supported the process.

The city of Ryde falls within the Northern Sydney Area Health Service (NSAHS). In the NSAHS, injury accounts for nine per cent of all hospital admissions for males and six per cent for females, with about 14,000 injury-related admissions annually.² For the 1995–96 financial year, there were 2,014 injury-related hospital separations involving residents of Ryde (estimated population 96,429 in 1996). The NSAHS selected the WHO *Safe Communities* approach to address this injury problem.

PROJECT STRUCTURE

The *Safety-First in Ryde* project is a partnership of local organisations and community members whose purpose is to address known hazards and community concerns about safety in the city of Ryde. Like other *Safe Communities* projects, the Ryde project has a steering committee and a number of working groups, each of which addresses a specific safety issue. The working groups reflect the current priorities in Ryde, which are:

- community safety
- pedestrian safety
- falls prevention
- child safety.

These priorities were selected after extensive community consultation and analysis of available data.

Steering committee members represent Ryde City Council, the local police, the Northern Sydney Area Health Service, the NSW Department of Education and Training, the local divisions of general practice, a local member of Parliament, service clubs and community organisations. As a result of this wide representation, a variety of resources have been mobilised to support the project and a broad range of networks have been accessed. While the different groups have different priorities, there is now a greater degree of collaboration, with benefits for all stakeholders in terms of funding, staff, credibility, equipment and premises. Further, sharing responsibilities and ideas has led to some innovative initiatives. For example, the Community Safety Working Group has carried out