



# Queensland Suicide & Self-harm Prevention Conference

23-25 July 2008, Cairns

by **Laurencia Grant**



*“The language of science, objective and rational, struggles to capture the dark mystery of suicide, and our understanding of it suffers accordingly. The language of direct, first-hand experience—intimately personal and subjective, sometimes irrational and paradoxical, often poetic and spiritual, and possibly frightening to some—must be included in our discourse to empower others to speak up and to dismantle the ignorance and stigma around suicide.” Dr David Webb spoke these words about his personal journey as a “psychiatric survivor”. He was a keynote speaker at the Queensland conference and presented an honest and, at times, controversial stand on the issue of suicide.*



*Laurencia and Charlie presenting their talk on Suicide-Story*

David is frustrated that people like him are not commonly involved in discussions on suicide prevention, and likens this oversight to a family planning conference without women speakers or an indigenous conference without Aboriginal people speaking. He believes that people who want to end their life are in ‘a crisis of the self’. By pathologising this experience as depression or a mental disorder, we deny the humanness and normality of the experience and treat the symptoms rather than address the causes.

His own experience of suicide and failed therapies led him on a journey of spiritual self-enquiry. He believes that, “spiritual wisdom, spiritual ways of knowing and spiritual practices ... also have a seat alongside our other knowledge, therapies and practices. We cannot allow science to continue to banish our spirit from this difficult discussion.”

## Sharing stories helps our understanding of suicide

David’s talk reinforced that the focus of the Life Promotion Program to gather the stories of people in Central Australia through audio recordings and written and spoken word would provide our best understanding of the issue of suicide.

Representing the “We Know Our Strengths” project, Charlie Hodgson and Laurencia Grant co-presented a session on “Suicide-Story”. This training resource—created with and for indigenous people in remote communities—was well received and generated much interest from around the country. It was the encouragement we needed to develop the project to a final stage and train others in its delivery. Our segment was complemented by Karen Revel’s presentation on her work in the delivery of ASIST in Ali Curung.

Dr Sheila Clarke stayed on the theme of narrative and how it assists us with our knowing. The suicide bereavement story can sometimes be dominated by how the person dies. Sheila talked of her work of enquiry to have people remember the life they shared with this person, and also to see how this experience has



*Karen Revel from Lifeline Alice Springs presenting at the conference*

helped shape their future into one that has had to be revised and reworked, but ultimately contains hopes and achievements.

Dr Diego De Leo, Director of the Australian Institute for Suicide Prevention and Research at Griffith University, provided analysis of current Queensland suicide data. Some of the findings were surprising.

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*The NT mob taking in the sites of Cairns*



Charlie Hodgson, Sarah O'Regan and Laurencia Grant

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On examining the bodies of people who had died by suicide, alcohol was more prevalent in non-indigenous people and cannabis was more prevalent in Aboriginal people.

The most common life events among indigenous people that led to their suicide were conflict, bereavement and pending legal cases. Depression was much less present in indigenous people, being witness to a suicide was more common and unwanted pregnancy was relevant in deaths by suicide of Aboriginal women. This information can assist us in directing the focus of suicide prevention strategies in Aboriginal communities.

A panel discussion talked of suicide risk assessment processes. Dr Graham Martin was not very encouraging of suicide risk assessment tools. He and others on the panel discussed strengths-based assessments and addressing the environment that leads to the risk. It was argued that families need to be included in the assessment where possible, and people in a crisis need safe places to stay, options other than psychiatric wards.

*The MOSH (Moving on from Self-Harm) trial* by Tracey Kay is worthy of a read for those interested in this issue. It was alarming to hear of the prevalence of self-harm and

suicide among young people related to the issues of sexuality and transgender. Open Doors in Brisbane are doing good work to address the discrimination that occurs and issues that arise for these young people. ✕



Dr Michael Dudley & Dr David Webb

**For more information on the Conference contact Laurencia Grant on (08) 8950 4608**

# Australia's first National Suicide Call Back Service

**1300 659 467**



*The Suicide Call Back Service (SCBS) is an innovative telephone counselling service for isolated people at risk of suicide. People referred to SCBS receive six free sessions with professional counsellors who have specialist skills in suicide-related issues. The calls are scheduled at a time that suits clients' needs, seven days a week.*

Crisis Support Services (CSS) has managed SCBS since its launch in July 2007. The service has supported hundreds of people who are:

- ◆ at risk of suicide
- ◆ caring for or concerned about someone at risk
- ◆ bereaved by suicide.

Laura Kennan, General Manager of Clinical Support at CSS, says: 'Our service is there to support people who fall through the mental health system's gaps. These are often people experiencing difficulty:

- ◆ post emergency department discharge
- ◆ post incarceration
- ◆ rural and regional areas.

Kennan continues: 'People affected by or at risk of suicide can receive six 50-minute professional counseling sessions. The frequency of the calls is decided by the client, and is dependent on their needs.'

Clients are referred to SCBS via hospitals, police, coroners and social workers who are intimately aware of the risk isolation poses for vulnerable people; be it geographical, social or psychological.

**If you work with people at risk of suicide and would like to refer them to the Suicide Call Back Service, phone 1300 659 467. To order brochures and posters, contact CSS on 03 8371 2800.**

*"Life is no straight and easy corridor along which we travel free and unhampered, but a maze of passages, through which we must seek our way, lost and confused, now and again checked in a blind alley. But always, if we have faith, a door will open for us, not perhaps one that we ourselves would ever have thought of, but one that will ultimately prove good for us." A.J. Cronin*