



# Wesley LifeForce

**Inquiry into the economic impacts of mental ill-health:  
The Social and Economic Benefits of Improving Mental  
Health**

**Wesley Mission Submission to The Productivity  
Commission April 2019**





## **Inquiry into the economic impacts of mental ill-health: The Social and Economic Benefits of Improving Mental Health Submission by Wesley Mission to The Productivity Commission**

### **Introduction**

Wesley Mission, through its suicide prevention arm - Wesley LifeForce - has been directly involved with the development of Suicide Prevention Networks since 2007, including in rural and remote areas across Australia. Wesley LifeForce, Wesley Mission is funded by the Australian Department of Health to develop the Community Suicide Prevention Networks and Suicide Prevention Training across Australia.

### **The scope of the inquiry – Terms of Reference**

*"The Commission should consider the role of mental health in supporting economic participation, enhancing productivity and economic growth. It should make recommendations, as necessary, to improve population mental health, so as to realise economic and social participation and productivity"*

Our submission goes to the Terms of Reference, to assist the Productivity Commission to:

- *"examine the effect of supporting mental health on economic and social participation, productivity and the Australian economy;*
- *"examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity;*
- *"examine the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups;*
- *"assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy;*
- *"draw on domestic and international policies and experience, where appropriate; and*
- *"develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term."*

### **Wesley Mission's Approach**

As the result of Wesley LifeForce's work in the suicide prevention space our submission to the Productivity Commission:

- focusses upon those areas where mental health services impact with or overlap with the suicide prevention task
- seeks to "examine the effectiveness of our current programs and initiatives across the Federal jurisdiction to improve mental health, suicide prevention and participation, including by governments, employers and professional groups"

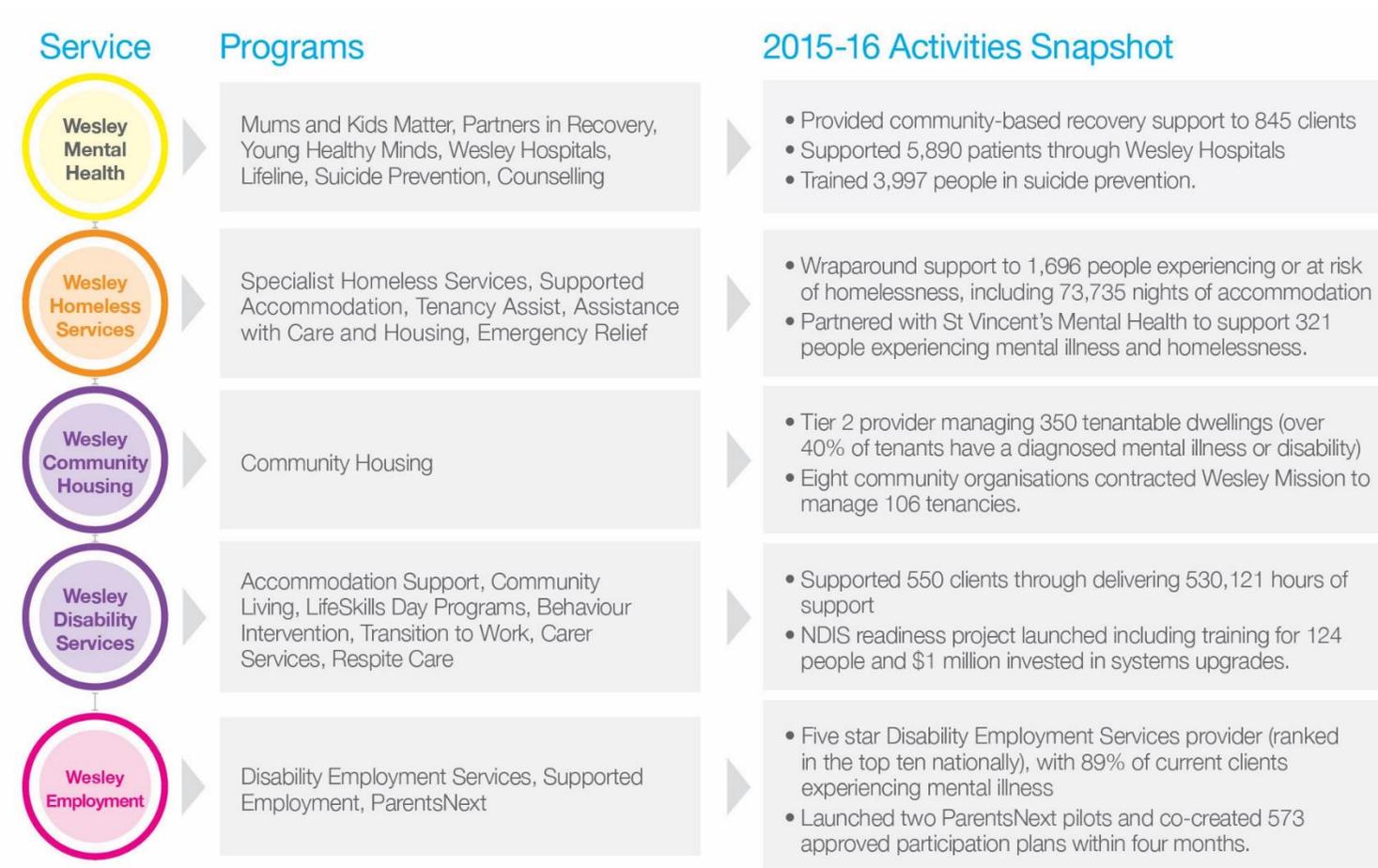
### **Wesley Mission and Wesley LifeForce contexts of our work**

Wesley Mission is a human services organisation assisting people throughout NSW through a suite of 60 programs. The diversity of our programs and geographic coverage is an outworking of our organisational goal to respond to the complex and diverse range of needs experienced in our community. Our vision is "Do all the good you can". To realise this we engage about 2,200 staff and more than 4,000 volunteers to deliver programs, provide specialist support and operate 149 service delivery sites across NSW.

Wesley Mission has been helping marginalised and vulnerable people for more than 150 years and is an experienced provider of community-based programs that support people with multiple complex issues to build their own meaningful support network. We have significant experience across mental health issues and services that connect people into wraparound community supports. The table on the next page provides a brief summary overview of Wesley Mission services.



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## **Economic and Social Costs of Suicide:**

Estimates of the financial cost of suicide vary to some degree, but in 2014, the burden on the Australian economy was somewhere in the vicinity of \$6.73 billion. This amount is, staggeringly, over 10% of the annual economic cost of \$60 billion attributed to the full spectrum of mental illnesses that year (National Mental Health Commission, 2016). In this context with calculations taking into account inflation and suicide statistics for the year 2017, the economic cost of losing a single life is in the vicinity of \$2.2million

The social cost of suicide is arguably even more shocking, as the devastating effects are estimated to extend to 135 people for each life taken (Cerel 2016).

While the sources of suicide across the population are very varied, those impacted upon by suicide in the community are a focus for Wesley LifeForce. This group are at higher risk and can be more motivated to participate in the Wesley LifeForce programs discussed as follows:

**Wesley LifeForce programs:** - seek to prevent suicide, and include, Wesley LifeForce Training, Wesley LifeForce Networks, Wesley LifeForce Memorial Services and an additional recent strategy - Wesley LifeForce Research.

Wesley LifeForce has a breadth of experience in developing strategies to raise awareness of suicide and mental health in communities and utilises technology to communicate and knowledge share throughout the states.

The Wesley LifeForce suicide prevention program was established in 1995 as a direct response to the growing number of suicides in Australia.

## **Wesley LifeForce Training**

Aims to educate, empower and resource Australian communities in a sustainable and ethical way seeking to train people from all walks of life to know what to do in a time of suicidal crisis, appropriately and confidently.

Delivered in workshop and seminar formats by professional facilitators the training has clear objectives that include:

- Knowledge with practical strategies;
- Understanding of suicidal ideation;
- Knowledge to help identify those at risk;
- Skills in how to approach a person who is experiencing thoughts of suicide;
- Development of active listening skills;
- Learn about using intervention strategies in your community.
- Enhance confidence in handling crisis situations;
- Learn basic strategies useful in detecting warning signs, listening and taking appropriate action;
- Identify resources in your local community and where possible involve area mental health to equip participants with local service knowledge.

The intervention strategy taught to “community gatekeepers is known as the “**S.A.L.T.**” strategy: -

**See** the warning signs

**Ask** about suicide intent

**Listen** to the person

**Tell or take** the person to appropriate help.



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Since 1995 more than 32,000 Australians have participated in Wesley LifeForce Suicide Prevention Training.

## **Community Suicide Prevention Training Evidence:**

Research was conducted by Wesley LifeForce from questionnaires completed by people attending 467 workshops over the period February 2013 to March 2017 inclusive. From the 837 respondents who completed a survey three months after attending the workshops we found 16.7% of participants had used the “SALT strategy” with at least one person at risk of suicide. Of this group 84% were able to link a suicidal person to appropriate professional help.

For every 100 attending this training who were surveyed it is calculated between 23 and 32 people identified at immediate risk of suicide were effectively referred to professional help within three months of receiving the training.

The Phase 2, Evaluation of Wesley Life Force Suicide Prevention Training, Hawgood et al. (2018), found 3 months after receiving training that:

- Trainees’ “Ability to ask an at risk person if they had considered or were considering suicide” was ‘moderately capable’ to ‘highly capable’ at 88.4% compared with 41.8% prior to training.(page 22):
- Trainees’ “Ability to identify suicidal behaviours’ was ‘moderately capable’ to ‘highly capable’ at 86.6% compared with 37.1% prior to training (Page 21).

A key finding of the Phase 2 Evaluation research was there was little or no difference in learning outcomes between professional and non-professional groups attending suicide prevention training workshops. The fact all achieved between 75% and 80% adherences effective across the different groups, suggests that the suicide prevention training is relatively equally accessible and effective for all groups in the community (pages 75 80).

Hawgood et al (2018) on page 88, concluded,

*“Finally, at the grass roots level, the results [...] highlighted the strength of Wesley LifeForce Training in setting and meeting international best practice standards for suicide gatekeeper training.”*

**Value of the Training investment:** Wesley Lifeforce has continued to experience increased demand for the delivery of training programs particularly in rural and remote locations across Australia

Wesley Life Force Training is an investment in peoples’ mental health and in suicide prevention. With economic costs of suicide calculated from the Mental Health Commission national figures at around \$2.2million per person in 2017, the expenditure of approximately \$250 per person attending a community suicide prevention training work shop appears to be a relatively good financial investment in addition to its potentially positive life-saving outcomes.

As least 23 people at risk of suicide, and up to 33, are impacted upon to “prevent” suicide for every 100 people participating in a community suicide prevention workshop. This can be roughly estimated to cost from between, \$780 and \$1,090 to identify and prevent a person contemplating suicide who encounters a trainee who has attended a workshop supplied by Wesley LifeForce Training.

While, the general research on training does not examine the longer term impact of training system change and service delivery, Wesley LifeForce’s focus on longer term benefits of training activities are consistent with its focus of holistic approaches to service delivery and well served by its mainstreaming approach to evaluation.

## **Wesley LifeForce Community Suicide Prevention Networks Program.**



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Wesley LifeForce has a breadth of experience in developing strategies to raise awareness of suicide and mental health issues in communities and utilises technology to communicate and to share knowledge throughout the states.

Wesley Mission has been working across Australia with the community to support the development of Suicide Prevention Networks since 2007. The Community Suicide Prevention Network program is directly related to community capacity building. The aims and objectives of each network vary, reflecting the unique identity of each community. There is a common thread: a focus on interagency cooperation and raising community awareness.

With 96 Networks established throughout Australia, the Community Suicide Prevention Network Program provides a catalyst for local community action on suicide.

With another 16 Networks in planning, Community Development Co-ordinators will identify and attract community members with an interest in suicide prevention and mental health to elicit their interest in forming a Network, providing information and resources to enable formal and sustainable local responses to the problem of suicide.

Networks work through collaboration with organisations and local community members and have a specific focus on running local activities and services that work to identify and deliver prevention and postvention initiatives with local people for the development of independent Community Suicide Prevention Networks to conduct local suicide prevention activities. The Community Development Co-ordinators also facilitate the exchange of information between networks and coordinate suicide awareness and prevention activities to overcome silo service delivery and duplication of services.

The Community Suicide Prevention Networks Program is a broad strategy that endeavours to build a local community response to suicide with a from bottom up investment in a community impacted upon by suicide.

The Networks program has a range of benefits which support and promote suicide prevention and post-vention activities and projects including:

- Understanding the possibilities for suicide prevention
- Growing people's confidence for approaching and feeling able to contribute to suicide prevention
- Building understanding and confidence about what a Network can achieve
- Promoting participants' capacity and confidence in being able to plan and act to achieve suicide prevention within a community as part of a Network'
- Initiation and development of relationships with key stakeholders and service providers to across the community Information sources:

Wesley Mission asserts that a comprehensive response to the issue of mental health requires resources that contribute to building resilient communities.

**Value of the Network investment:** At a yearly expenditure of \$2.29million, Wesley LifeForce has been able to provide support for the existing 86 sustainable networks. There are additionally 10 Networks formed to establishment currently and over the previous 12 months with another 16 Networks to be established by the end of 2019. This funding has created a committed and diversely represented membership, to mobilise and activate community members to feel empowered to join and participate in a community suicide prevention network and to conduct valuable local community suicide prevention projects.

Again, this appears to be a small investment, given new evidence which suggests that Wesley LifeForce established community suicide prevention Networks has outcomes through both;



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- Improving community members awareness of what a suicide prevention network can achieve;
- Increasing confidence in community members ability to contribute to suicide prevention; and
- Enhance positive outcomes of participation for relationship development.

## **Feedback from Networks as evidence of social and economic benefits relating to the Inquiry**

Although the feedback elicited from community participants in the Networks Program is related primarily to assessing Wesley LifeForce processes and performance, it also provides information which can inform the social and economic benefits provided through the Program for local people and communities in relation to mental health and suicide prevention.

Participants feedback was elicited using questionnaires at key stages in the cycle of meetings conducted for the development of Community Networks.

Questionnaires collect participant information at relevant stages in the Network development cycle:

- In the beginning, usually at the first meeting or meetings to gauge local community interest in supporting a “community suicide prevention Network” -the “Key Stakeholder Meeting”
- After the community meets to decide to support a direct proposal to form a Network – the “Community Proposal Meeting”
- When participants have deliberated about what they plan to do, what projects and strategies they plan to adopt to address suicide in their community – the “Strategic Planning Workshop”
- At the final stage - the “Network Establishment Meeting” when key participants set-up Networks formally deciding on committee position and adopt their plans and or directions for the next period for interested community members to assume control and do the work and to elicit and put the resources in place to achieve their ends.

### **Evidence: Improved understanding of what a Network could achieve**

In order for Networks to promote awareness of suicide and possible suicide prevention strategies, members need to increase understanding and confidence about how a Network can act to prevent suicide.

Asked to rate their “understanding of how a Suicide Prevention Network can impact on suicide locally,” 24% of Key Stakeholder Meeting attendees completing a survey rate their understanding as “Very good” or “Good” compared with 81% for Community Proposal Meeting attendees completing a survey. More critically, 84% of Strategic Planning Workshop attendees completing a survey “Strongly agreed” or “Agreed” with the statement. “I developed my understanding of what our network could achieve.”

### **Evidence: Developing confidence in contributing to Suicide Prevention**

There is increasing confidence among participants about contributing to one or more suicide prevention projects as the Network develops.

From the Key Stakeholder Meetings, increasing from 24% of attendees who completed a survey “Strongly agreed” or “Agreed” with the statement “*After the meeting I felt confident about contributing to one or more suicide prevention projects*” to 84% of Community Proposal Meeting attendees who completed a survey. Furthermore, at the Community Proposal Meeting participants had sufficient confidence with 88% who “Strongly agreed” or “Agreed” “*There was enough information provided at the meeting to make a decision about a Community Suicide Prevention Network*”

Confidence instilled through continuing participation was maintained, with 87% of attendees of a “Strategic Planning Workshop” who completed a survey who “Strongly agreed” or “Agreed” “*attendance at the Workshop made me confident about what our Network can achieve*”.

### **Evidence: Positive outcomes of participation for relationship development**



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A key element of the Network role is its reliance on the development of relationships with other community members, community leaders and service providers to expand the community suicide prevention. The development of effective local relationships is essential to empower both the Network participant, the community member with whom the Network interacts and the community itself. Through these connections social capital is built supporting better linkages within a community where suicide has impacted.

The community development process helps create the social capital to enable an increase in the social and psychological capacity for people affected by mental health or suicide issues. The increase in social capital encourages more effective individual and community help seeking behaviours, better links among service providers, and with people in recovery, people with lived experience of suicide and within the community generally.

The “community connection” property of social capital also provides for, supports and enables community based recovery to occur for people with a mental illness, and further facilitates help seeking behaviours for people with suicidal ideation.

With 91% of people who completed a survey after attending a Community Proposal Meeting “*convinced suicide [is] important in the community*”, the importance of more and better community relationships is clear.

Attendees who completed a survey, identified that “*The meeting provided an opportunity for better relationships with other community members or service providers*” improved from 30% at Key Stakeholder Meetings to 80% at Community Proposal Meetings.

Recognition of the need to develop effective community relationships is also apparent in the outcomes of attending the Network Establishment Meetings where it was identified as a clear focus upon the work of forming these relationships, viz: “*A plan was developed to engage key stakeholders*” by 60% of participants surveyed.

Wesley Mission expect the quality and sufficiency of the evidence from the field to grow and improve with more evaluation – including the recently commenced national evaluation of the Networks being conducted by the Centre for Mental Health at Melbourne University. This evaluation project is anticipated to be complete in March 2020.

## **Wesley LifeForce Memorial Services:**

From its own resources, Wesley Mission provides 5 Memorial Services per year in capital cities and regional centres. Wesley Mission provides a Christian based but ecumenical service as a key postvention and prevention memorial service to remember, recognise and honour the lives of people who died through suicide and to support the bereavement of those with lived experience.

**Evidence:** Around 500 people in total are expected to attend Memorial Services this year.

Collected information suggests there is a continuing need for the Service as an estimated 80% of attendees have attended more than one service.

The suggestion from these figures about the success of Memorial Services in recognising and honouring the person dying by suicide will be subject to future evaluation, with research to be conducted to elicit better evidence and to underpin future Memorial Service evaluation, growth, reform and breadth of focus as needed

## **Wesley LifeForce Research:**

Wesley Mission has taken on a research and evaluation function employing a Researcher in Wesley LifeForce to support the provision of quality evidence that is required to support, evaluate and improve Wesley LifeForce programs and practices. Adopting the research function demonstrates Wesley



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Mission is serious about developing and commencing mainstreaming of evaluation to inform current and future practice.

The primary purpose of Wesley LifeForce Research is to provide better quality, quantitative and measurable evidence to properly account for Wesley LifeForce outputs, outcomes and impacts. In addition to meeting the challenge of providing better evidence from the field for Inquiries such as this Productivity Commission Inquiry other research purposes include:

- to develop new service directions
- to mainstream evaluation and performance improvement cycles
- to provide effective feedback to inform and evaluate our services and to support improving our performances
- to underpin community needs and policy, project or program development needs and
- to support advocacy with evidence from practice.

The rationale for Wesley Mission's adoption of a research function for Wesley LifeForce also relates to filling the following gaps and needs for more and better evidence in the suicide prevention space.

- It recognises that between 2001 and 2006-7 the growth of funding for suicide research (down from \$0.96 M to \$0.58M) had not kept pace with suicide funding (up from \$7.5M to \$28.9M)
- It enables timely input including conducting timely research for submission into a range of inquiries to support and advocate directly for suicide prevention and related mental health issues viz:
  - the Australian Senate Community Affairs References Committee, Inquiry and report upon the accessibility and quality of mental health services in rural and remote Australia
  - the Victorian Department of Health inquiry about Community Responses after a Critical Incident (Suicide)
  - The Social and Economic Benefits of Improving Mental Health- The Productivity Commission.

## **Findings and recommendations from research:**

### Senate inquiry: Accessibility and quality of mental health services in rural and remote Australia (2018):

With Wesley LifeForce Networks extensively arraigned across Australia including in rural and remote areas, Wesley Mission was well placed for its August 2018 submission to the Senate Community Affairs Reference Committee about "Accessibility and quality of mental health services in rural and remote Australia"

The findings are relevant to considering the role of mental health service to enable people living in rural and remote Australia to help them "realise [their potential for] economic and social participation and productivity"<sup>1</sup>

The barriers to economic and social participation included:

- Lack of capacity to access mental health services is a barrier to accessing help to prevent suicide.
- Inconsistent mental health service provision, caused
  - by the part-time, unreliable and the relatively under-skilled nature of the mental health workforce
  - by short funding cycles or

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<sup>1</sup> Terms of reference in **The Scope of the Inquiry** chapter page 1.



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- by local attitudes to mental health issues including fear of stigma attaching to mental health service attendance in small rural communities, a barrier magnified
- by any perceived problems with privacy or confidentiality.

## **Recommendations from the evidence for mental health and suicide prevention in rural and remote Australia:**

Wesley Mission recommends additional and better structured resource allocation:

- for part-time staff community in rural and remote areas to engage with Suicide Prevention Network members and to support maintaining mental health staff and the consistency of their services .
- longer funding cycles, with a 5 year term
- to enable rural and remote mental health workers attendance of distant training so they can continue to develop their abilities to support their communities
- for specialised mental health and suicide prevention training for local mental health workers,
- for working collaboratively with local community members or workers in other services as a one solution.
- Commonwealth Government funding of action by health auspices and managers to address weak privacy and confidentiality in local mental health services.

All the options summarised above would improve mental health services, accessibility and quality in rural and remote areas and thereby contribute to economic and social participation and productivity both for staff and volunteers in mental health and suicide prevention services and for the individuals in the community at suicide risk or with a mental illness.

Additionally, through their independent activities, Networks have also been instrumental in attracting additional resources to local communities to provide new mental health and suicide prevention services and activities for local people in need.

## Community responses after a Critical Incident of Suicide:

In December 2018 Wesley LifeForce conducted research with Victoria based community suicide prevention Networks which identified two priority issues in the local community mental health service sector impacting directly upon first responder staff:

1. Respondents repeatedly raised the issue of support for people in the community after a suicide or an attempt
2. Large proportions of general practitioner, emergency hospital admission and mental health acute service/outreach responses to a critical incident involving suicide “worked not so well”

## **Recommendations after a critical incident:**

- That Critical Incident respondents to a critical incident of suicide are funded for or directly supplied the support they require
- That general practitioners, emergency hospital admission staff and mental health acute service/outreach programs and staff are:
  - Informed about the key requirements of support for first responders of a critical incidents involving suicide
  - Provided the education required to meet the support requirements of first responders
- That training is provided to meet the needs of first responders to keep them functioning in society.



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## **Recommendations from the Evidence: Wesley LifeForce's Networks and Training programs**

Although all the evidence collected originates from Community Suicide Prevention Training Workshops or Community Suicide Prevention Networks, without participant input about these programs, service providers would know much less about the "hows" of suicide prevention and very little about the issues for practice at community levels.

From the evidence available, a number of things become clear:

The development of community and the development of relationships in the mental health and suicide prevention space is a critical element of extending a community understandings about suicide and what to do about it. By supporting people coming together about suicide to support of community strategies to address suicide, people can develop relationships which give meaning to their lived experiences and which set-up and enable people to access and effect better help-seeking behaviours.

Through the development and participation in community understandings of mental-health and suicidal ideation among its members, the Networks program becomes a direct instigator of indirect and local direct actions to prevent suicide.

Community participation in Network development and Training brings key mental health, suicide prevention benefits and benefits social and economic well-being. It is also clear that the Network development process brings people on board through the development of relationships which drive, support and enable and are rewarded by increased local understanding and confidence about individual and community capacity to effect suicide prevention.

### **Wesley Mission recommends funding to:**

1. Continue evaluated and evidence-based gate keeper training initiatives, inclusive of programs which are able to both target and upskill un-qualified and qualified community stakeholders
2. Support the ongoing establishment of community suicide prevention networks/ initiatives, which enable community members to build confidence in their ability to prevention suicide, enhance inter-community relationships and increase participation in suicide prevention activity
3. provide additional resources to support the maintenance of local community Networks and suicide prevention activities and initiatives, especially in those areas where participation is waning or where there are limited if any human resources available locally to support a Network
4. to provide the additional resources to fund and evaluate innovative community suicide prevention training, Network and/or community-initiated activities to promote the prevention of suicide and improve mental health and other issues which bear upon suicide and mental health well-being in the community

### **Key gaps in the research:**

Wesley Mission also points to gaps in the availability and quality of data and linkages needed across the suicide prevention generally which are recommended, including:

5. Development and access to real time suicide data
6. Need for resources to develop and support effective cross-sectoral, multidisciplinary and whole of sector suicide prevention benchmarking to inform and develop practice and improve performances in the suicide prevention across Australia.
7. Enhanced funding for LifeForce networks to link with Primary Health Networks (PHNs)
8. Greatly enhanced coordination for Commonwealth funded programs with an emphasis on whole of government approaches.



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