THE PARLIAMENTARY STANDING COMMITTEE OF COMMUNITY DEVELOPMENT MET IN THE DEVONPORT PUBLIC LIBRARY ON WEDNESDAY 3 AUGUST 2005.

INQUIRY INTO STRATEGIES FOR THE PREVENTION OF SUICIDE

WAYNE GAFFNEY, CEO, YOUTH AND FAMILY FOCUS INC WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR (Ms Thorp) - Welcome, Mr Gaffney. You are aware that what we are doing in this instance is an inquiry into suicide prevention in the State. We have received your submission. We will give you an opportunity to speak to your submission and anything else you might want to raise and then go to questions, if that is okay?

Mr GAFFNEY - Excellent. I will give you a broad overview of my organisation because it is important in the submission I am about to make. My background is community development so I have an awareness of community development. I have worked my whole professional life in the north-west and west coast of Tasmania. I believe that I have a pretty strong understanding of the community in that I have a range of personal interests - eel fishermen and the lot - so I am in contact with the agricultural community, the rural community. With a role in Sport and Recreation I was involved in a lot of the other organisations.

My organisation is an umbrella organisation that accesses government streams of funding, whether the funding is coming through to provide suicide prevention or crisis accommodation for homeless youth, which is one of our mainstays. We provide mediation services between parents and adolescents when families are exploding. We have three drug workers. One is specifically for family drug support. When there is a drug issue in the family, this person will work in the family environment to best help that environment support the user. I have two other youth drug and alcohol workers who are specifically working with youth. I run a needle availability program where we change over the needles. I run two work-for-the-dole programs. We use those as an instrument to develop options for community organisations like ours - so we are picking up fence-building at Devonfield and we are doing work with other good organisations to give them some support. Each of my funding streams is basically annual, so each year I am applying for it again. We have 21 staff under that mixture of people. The management in that is 1.2 people. With all the corporation governance we are a good, secure organisation that is threadbare. Each of our services works with people and communities that are under a lot of stress for a range of different reasons.

I suppose basically we rotate around the issues that are underpinning homelessness. Drug and alcohol is an issue in homelessness. So that is our core function. With that, and as a provider, a lot of the people we were working with were showing suicide ideation right the way through. So we would be there and someone in the shelter would be talking to one of the kids and suicide would come up. We really did not have an avenue open to us. The mental health services are for assessing someone who has a clinical problem, and they can do something about it. I am good at organising and

getting that organisation to impact into the community, but the absolute service provision I leave to my staff. So my absolute knowledge on how to move them through the process is relatively vague, but I do know there are a lot of suicides that are occurring out there that don't have a mental health condition underpinning them.

Mr WILKINSON - How do you know that, Wayne?

Mr GAFFNEY - A fortnight ago up here there was a 21-year-old bloke who drove off the bridge in a car. He had an issue with his girlfriend. There are trigger points that happen in all our lives where we make a decision - it's a 15-second decision - and if you're driving a car and make the decision it is a lot different to walking along a beach track and making the same decision. Sometimes you reflect and sometimes you don't. You are right to question my knowledge of mental health issues and I am really comfortable with that.

Mr WILKINSON - What I was getting at was because we read a couple of reports and some people say, 'One person has committed suicide in the family and the other one has attempted suicide. We've found that the other one has a mental condition. The previous one wasn't treated for a mental condition; they didn't know whether that person had any mental condition or not'. That's why I was asking.

Mr GAFFNEY - I suppose that is the issue. Unless someone comes up and says, 'This is happening to me. I've got through processes that are coming from a long way away and I just don't know what to do', and will move to do something about it or recognise that there is an issue there, that is not going to go into the mental health process. Especially with under 18s down here, we don't have a mental health service in Devonport that caters for them. We have to access Burnie, which brings up levels of commitment for the person to be somewhere to be picked up and taken there. A lot of the issues within our whole agency are that the people we are working with don't abide by timetables; they do not see the necessities of having to meet an appointment or whatever. That is how the day flows. A lot of the suicide issues that we come across are people who wouldn't get into our mental health service.

CHAIR - I suppose if they are self-identifying as having a problem then they are halfway to getting help and solutions.

Mr GAFFNEY - Yes. In my world, they identify to my staff and my workers but they do not really care about moving into another system. They are looking for that ear to talk to and sometimes that ear that you talk to doesn't have the capacities to go somewhere else. There are very few avenues for us to go to after that, which is why we applied for funding to get someone to work specifically with these kids. We received funding for 18 months and I suppose one of the things I was required to do out of that was to make sure that we could get as much long-term and structural benefit as we could out of it. When we first got the training all of my staff - at that stage it was 18 staff - did suicide prevention training through the ASIST program and the Gatekeeper program, which is run by the State Government. They were all trained to the fullest capacity that they could be without being clinically trained. There are very few levels of training available in suicide work unless you are into psychology and the absolute clinical training. My staff had access to the best training they possibly could, which allowed them to bend a lot of kids around in that initial conversation. As I said, often it is not a two or three-

week process; it is a thought that comes through and the words come out and they address it and bend it there. When they had kids that they couldn't move through that easily we had a person whom we could put with them who would spend a lot of time with them. Again, in suicide crisis counselling, there is only a certain period when it is crisis; the rest of the time it is back from that crisis with the potential for that crisis to arise. That is where my staff worker was doing a lot of work, with families that had experienced suicide, with friends and communities that had experienced suicide. It was not clinical work but it was comforting counselling, just to push them through that period.

CHAIR - Let the record show that Mr Whiteley just arrived.

Mr GAFFNEY - I could see, as an NGO providing services to clients, that we were always going to catch a range of clients through that area. One thing I know about the community is the breadth of people in it. I know that not one strategy is going to pick up all of those slices. Some groups, some people, some services appeal to a specific sort of person from a specific background. I suppose the easiest way for me to demonstrate that is through one of the 15-year olds who comes into my service who has got a suicide issue. I get one of these a week. I get a call basically every week from a kid or a parent or a family that says, 'I am worried about my son'. We had two last week. At this point in time we have no real way to direct them. There are services out there but the services cannot appeal to a specific part of the community.

Mr WILKINSON - What do you do? You get a call from a parent, let us say, or a kid who says they have problems and they are considering suicide. What do you do?

Mr GAFFNEY At the moment our only avenue is to contact CAMS, which is Child and Mental Health Services, and they will try to do an assessment. If they assess that this is a high potential they will take the kid in.

Mr WILKINSON - That is at 9 o'clock in the morning; you will contact CAMS as quickly as you can and they do an assessment. When do they do that assessment? That day? Within an hour? Within 10 hours? Within two weeks?

Mr GAFFNEY - Sometimes it is within five weeks. There is no immediacy in some of those calls on suicide. Those guys are overworked and under-resourced as well. Remember that 95 per cent of the issues go away anyway because not everyone that says they are suicidal will commit suicide.

Mr WILKINSON - What happens if you contact CAMS and CAMS say, 'We would love to help but we are just flat-strapped. We have not got anybody to be able to assess that person'. What do you do then?

Mr GAFFNEY - I have counsellors there that are specific in other areas. All my staff have basic learning and they can take the edge off most of the time, and remove that edge.

CHAIR - Almost do a suicide watch?

Mr GAFFNEY - Not so much a suicide watch but just working with the kid and taking them away from the crisis. Last Wednesday, a parent come in and we put them on the phone

at the office. They spoke to CAMS for three-quarters of an hour and at the end of that the parent was a lot more comfortable, I suppose, about where they were in the cycle and what their role was and where they could support.

Mr WILKINSON - You will have a counsellor, if CAMS cannot do it, coming in and, as you say, taking the edge off the critical issue, but that involves what, though? I suppose it depends on the professionalism of the counsellor, whether the counsellor thinks that just speaking with the individual is enough or alternatively whether they have to speak for two weeks, three weeks or however long.

Mr GAFFNEY - I do not have that option because my counsellors, like I said before, are employed to do a specific task that I sign a service agreement to and say this is what their task is because they have the capacity. We are talking with the same community; we have just come at them in a different way. They come into our community and they are homeless. I suspect there is a high chance they have drug and alcohol issues. There is a high chance they have mediation problems at home. There is a range of issues. It is just what tag they happen to come into your agency on. The ones we are talking about now are the ones that come in with a suicide tag, but normally it evolves out of the other stuff that we are doing.

Mr WILKINSON - Therefore, because the counsellors cannot have this ongoing counselling session with the individual, the counsellors, after they believe the edge is taken off, allow that individual to go back out into the community again and there is no follow-up at all?

Mr GAFFNEY - Yes.

Mr WILKINSON - Right.

Mr GAFFNEY - On certain occasions, depending upon the work level my staff have, we can follow up and will follow up.

Mr WILKINSON - But there is no guarantee of follow-up, is that fair to say?

Mr GAFFNEY - Yes. And you guys know what accessing good professional staff on the north-west coast is like. You have seen the health system. We have the same problem here. My staff are jewels, and I protect them too, because you get in a position where they are carrying that sort of weight on a constant basis, plus the weight of every nine months having to reapply for your own job, and other things that are just inherent in organisations like ours and are constant. And I am sorry, but my staff are too important to the community to sacrifice them on any one aspect of the community, so I protect them as much as I can.

CHAIR - So basically your organisation is seen within the community as a place to go if you have problems. You have the situation where you have a number of staff, you have sources of funding, they have specific jobs that they all do. Because of the nature of the people who go into this job, and have the same background, they are not going to draw a line and say, 'I am only here for this and I am not going to help someone with that' -

Mr GAFFNEY - No.

CHAIR - but there is a managerial problem because if their time is taken up doing these things for which you don't have funding then the other tasks would not get done. Am I understanding you correctly?

Mr GAFFNEY - Yes. And the move to governance in an organisation like mine is huge. I sign off now and say we are meeting our service obligations, we are meeting all of our requirements in all areas, right? Now, if one of my staff is working in this area but my service obligation is in this area, these are just some of the impacts that are there and absolute now. A lot of the movement that was always available has been taken out, and probably rightly so. The frustrating part from my aspect is you can imagine I get given a lump of money and in that there are two areas where I can be accountable. One is on how I spend the money, and one is on what I do with it. This one here, the accounting one, always used to scare organisations, but it does not scare me one little bit now. We have the structures and the people in place to be able to do that properly. When Canberra rings me or when Hobart rings me and they have an accounting question, I know that the person who is ringing from Canberra or from Hobart know accountancy because that is the stream that they are in now. They can move across departments but they will still stay in the accounting stream within those departments. I get someone who questions me about my services, and they are a career public servant, and last week they were in the Department of Primary Industries and next week they are going to be in the Tax Office, a step below and a step above, and this week they happen to be here, so I am justifying the service delivery to someone who really does not have the borders. And I can show you how that impacts.

One of our agreements had that we had to have a users group for intravenous drug users. I got questions on why we did not have one of those set up. You can work those in Hobart and Launceston because you have anonymity. You get a users group in Devonport and see how long the people are anonymous for. Try explaining that to someone who is saying, 'Yes, but your service agreement said that you would establish this'. That is an aside, but it is an important part of it. This State is in three regions. What works up here does not necessarily work in Hobart and does not necessarily work in Launceston. What works down there does not necessarily work here. One of the biggest issues that I have in my world is that a lot of the funding now is coming out on a statewide basis where the service is delivered statewide, so they will set up a structure in Hobart. Not only does that mean that we are still at the end of the dog, and you just look at it logistically - 80 per cent of the people are in Hobart and Launceston and 20 per cent of them are up here - if you are providing a service statewide, you can see that.

CHAIR - As far as someone talking about going to commit suicide or a concerned friend or family member ringing you up, that is almost your crisis situation, if you like, but would it be fair to say that through your organisation you would have a pretty good awareness of the causal factors? You mention family dysfunction, homelessness, drug and alcohol issues. So if you could sort those -

Mr GAFFNEY - Yes. But a hell of a lot of time it is just an 18-year-old boy who has never had his heart broken before and you will see that in the statistics. There are good kids from good families that have all the structures and all the supports.

Mr WHITELEY - And would not fit any of the categories?

Mr GAFFNEY - Yes. I mentioned earlier on that I was an eel fisherman. That was not a throwaway line. I spend my summer going on farms between the Inglis River and the Pieman River, on nearly every farm there jumping in and out of dams catching eels, which covers me in crap and mud the whole time so when I go up and talk to a farmer and say, 'How is your day going?' He will tell me the whole lot. The amount of times I have spent two hours talking with farmers just over their life, their situation and they have been that comfortable because they are talking to the lowest person that has ever walked on the land, some of those openings that come up there absolutely astound me. When you have people who are running multimillion dollar businesses and working flat out for it and doing all that sort of stuff, they will drop enough hints in a conversation with an eel fisherman for that guy to walk away and say, 'That man is on the edge'. I see that constantly and I suppose that is where I talk about the knowledge and the networks that you can form when you live in a local community and pathways to those sort of issues where our suicides are coming from.

A mate's son suicided in Queenstown about six weeks ago, seven weeks - a 32-year-old bloke with two kids and a family. His lunch mate went off to buy lunch at lunchtime and when he came back he was hanging off the bridge down below Queenstown. And he came from a strong family. Murray Waller was his uncle.

Mr FINCH - His mate did not have any indication from his behaviour?

Mr GAFFNEY - No-one had any indication. He came back and he was hanging off the bridge. The Mental Health Service would not have picked him up. No-one might have picked him up but that is just the width and the depth of the issue that everyone is facing.

Mr FINCH - Wayne, talking about farmers and so on and you can see they are on the edge, what action do you take? Is there anything you can do in a confidential, private conversation? Do you do anything with that information? How do you react to it?

Mr GAFFNEY - I said earlier on that my background is in community development and my passion is for the community. When someone hits me with that sort of issue I am no more skilled than you are but it is just having the capacity to sit there and let someone bend your ear for a while. I am not a skilled counsellor but I will listen to people and I will talk to people and I can understand the issues and the variety of them. What I have seen are structures out there that I could work through, if I had the funding or the opportunity. There is a farmers co-op at Yolla that looks after 170 farmers in that area. The amount of access to those farmers through that structure is huge.

Has our TFGA ever been used as a vehicle to get this sort of information out? There are structures that exist that are definite and real but they are local structures. You need local ways.

CHAIR - If I am understanding you correctly, you are not saying a statewide suicide prevention program sourced out of Hobart with a lot of rules and regulations about how every local community should use it but rather resources that can access existing groups like the TFGA or the farmers co-op through an organisation like your own to skill them up, give them the information they need?

Mr GAFFNEY - Yes. They complement each other. I am saying there is that big a width in our communities that there are people up here that might only go to a statewide group. A lot of people in our business community would not come to a local group like mine. A lot of people that are in high-profile positions would be reluctant to contact people, and I am comfortable with that so we do need some services that may be a bit more overarching.

CHAIR - Like clinical services?

Mr GAFFNEY - Yes. We also need services that are location specific to use all the advantages we can drive out of that.

CHAIR - And rather than stand alone, if I am understanding you correctly, to use existing groups like your own or whatever, to have the resources and the people there?

Mr GAFFNEY - As I was saying before, the governance issues that an incorporated body has now when it gets any level of government funding is huge, so you have to have a structure there to pin it on so that it can handle those accountabilities, and I suppose that, aside from this, is one of the areas that I am really aware of in the fact that I need my organisation to grow to survive, and it is important that it does survive because it can provide the services that this community needs. If it does not survive, they are going to come through to us through statewide areas.

Mr WILKINSON - Am I right in summary, Wayne, hearing you say there needs firstly to be this overarching body. The overarching body has the ability to upskill organisations that are out there in the community working with the community day by day to allow those people or a person within each of those organisations the ability to counsel, the ability to find trigger points, if necessary, that type of thing? Is that what we are looking at? That to me might be of assistance as far as resources are concerned because if you have the overarching body, if you have the educational facility within that overarching body to go to the TFGA, which is an organisation which you mention, and say, 'Suicide is a problem in the rural area. We want to do all we can to assist, and we therefore want to train up a member or a couple of members of the TFGA or people in each area to become counsellors', they are part of the TFGA, therefore they would be doing it obviously as part of their role with the TFGA, or alternatively go to yourselves, go to other organisations. Is that a way out? Otherwise if you have a number of organisations out and you have to fund a number of organisations, unfortunately the Government is going to say, 'The cake is only so big and we cannot split it up into as many pieces as we would like'.

Mr GAFFNEY - I suppose that is the frustrating thing because the money is always available for the statewide no-branching one. It is very rarely available after that because your budgets only go so far. I can understand those issues and I am comfortable with them, but I suppose it is just really frustrating. You can imagine in 18 months of setting up the service the first six months was to set up procedures and processes that would stay. That was training my staff. We set up protocols with Tasmania Police. My organisation set up those protocols. Tasmania Police would pick up someone who was suicidal. They would take them to Spencer. They would get an assessment of them that said they were at medium risk, and give them back to Tasmania Police and Tasmania

Police had nowhere to go with them, and we set up protocols so that when that happened Tasmania Police had this number, this number and this number. That fell in a hole when I lost the first number, when I lost my staff member to do that. That was an evolution that took us probably nine or 10 months out of our establishment to get those structures in place, and then it took another six or seven months to get the structures working, which is why now I am getting more referrals and more interest from this area.

Mr WILKINSON - How are you funded within your organisation, the Focus, both from Commonwealth and State?

Mr GAFFNEY - Mainly State. A fair bit of time the State is handling Federal money. We have a couple of grants that are Federal. It is a mishmash. I am writing to philanthropics. The pressure that I applied is minimal pressure compared to what you guys see. I wrote to where I could to try to keep our service going, and at the end of that there were no avenues there so we shut it down.

CHAIR - It is a common theme for NGOs, isn't it, to be constantly on the grant round?

Mr GAFFNEY - Yes, it is. My staff are under stress all the time, and that is the big stress, and there is just something wrong with it, particularly seeing there are so many more services being poured out into our community through NGOs all the time, and we see that. I am aware now that some of the services that have been coming to Tasmania over the last six months are being provided by Victorian NGOs. I want the service area and I am not really fussed who delivers it, provided it comes up to the bar that I think this community needs.

Mr FINCH - Are you saying it is duplication?

Mr GAFFNEY - No, it is not duplication. It is coming into areas where perhaps the services had not been here. One of them is accommodation for kids coming out of Ashley; another one is accommodation for people with disabilities. I suppose the impact of that is, for a start, that admin money is on the mainland, the service is on the mainland. If I go to speak to our Rotary group here - I gave you an overview - I am an NGO; I pull $1.3 million into this community direct from government money that wouldn't be here otherwise; I have 14 cars and employ 21 staff who buy their gear here and every commitment that we make and spend gives me a foot in the business community that I can't get if I get in there and say I am looking after the homeless kids. It is that presentation of what you do - we are paradigming everything. There are a lot of different ways that you can look at all of these areas. I suppose it is that absolute compassion and knowledge of what the needs of this community are that makes us effective at what we do.

CHAIR - There are quite a few mainland organisations that have tendered for and won - I am aware in the sexual assault services area there has been a lot. The protection of children area. I suppose being bigger they are more geared up to put their grant applications in.

Mr GAFFNEY - They have someone there full time. I am not against any of them. What I have seen is that some of them have exploded from $14 million entities two years ago to $21 million entities now, and there is no more staff on the ground up here on the north-west coast. That is an issue. I see good people up here who are employed by some

of those agencies who start off with one job but in the end they have three jobs that they are justifying and accounting to because they're all loosely labelled under the same thing. That is going on constantly. When we put in a tender I can't compete with those guys. That is the heart that has been taken out of our community.

CHAIR - Some of them are pretty good at lobbying politicians, too.

Mr GAFFNEY - Yes, they are; they are clever. That is nothing against them because it is the game we are in. The impact of the game might save the Government some money but it's not doing my area any good.

Mr FINCH - You referred earlier - and I just didn't quite get the context in which you were saying it, Wayne - to 18 months of funding. Were you saying it was 18 months of funding work in the suicide area?

Mr GAFFNEY - Yes. We applied for and received funding under the suicide prevention money that was around. We received funding for 18 months and at the end of that time we closed it down. It would be like setting up a business anywhere in any State, in any town in this State, and after 18 months, when it was just starting to work, close it down.

Mr FINCH - Done all your training, got all your assets in place.

Mr GAFFNEY - Yes, everything in place. All the profile was in place, the pathway was in place and growing.

Mr WHITELEY - That was national suicide money, so it was Federal money flowing through the State. What was the context in which that was given? What was the understanding? Was it, okay the Feds are going to support it for 18 months? Did they give that indication or you didn't know that?

Mr GAFFNEY - No. But I do not know that in a lot of my services. We have drug and alcohol services that this year are running out of funding and we are not sure if it is going to be refunded. There is a range of things like that where it changes. If the Labor Government had got in at the last election, my work-for-the-dole programs, which are good programs, would be gone and I would be running training programs now if I was a training organisation, but I'm not.

Mr WHITELEY - So you need some more certainty and the contracts need to be longer, don't they? There needs to be more certainty.

Mr GAFFNEY - And it moves. Homelessness was an issue 10 years ago and it's still an issue now but it's not a focus anymore. Drug and alcohol was an issue. It is still an issue now but it's not a focus anymore. Suicide was an issue but it's not a focus anymore.

CHAIR - They've become trendy, sexy - whatever.

Mr GAFFNEY - Family counselling. The government funding follows those trends.

Mr WILKINSON - What is the focus now, do you think - family violence?

Mr GAFFNEY - Yes, family violence, family counselling. Family violence, in my head, has a fair way to go yet. When anything like that runs, the people who run with it first up are cutting-edge people. It is going to take two years for that to settle down in my world before I can really see what they are talking about and the impact of it. Yet 80 per cent of the kids who come through the shelter have had all the sexual abuse and family violence abuse that you need to see.

Mr FINCH - With your organisation, Wayne, how do your clients come to you? How do you get across to them or how do they access it? Are they referred or have you built up a persona in the community that says, 'If I am strife I can go to Family Focus'?

Mr GAFFNEY - Three years ago our clients came out of our homeless shelter. That was our major collection, plus word of mouth, and we were a kitchen table organisation. The governance issues and all that has come through has propelled us into a lot more structurally sound. Since we have become a lot more structurally sound our promotion of our services, our profile in the community, which reflects the work that we do in the community, has risen. It has risen quickly and strongly. My mediation worker there now has 40 different agencies that are using her skills. That goes from Devonport High School where they have two groups of girls cutting each other's throats and they need someone to drop in and ease that down, to CAMS, where they have parents and adolescents that just cannot get on. The width of our services now is getting called on more and more and more. With that our profile and the ease of access for the community has just gone up as well.

Mr FINCH - What sort of support do you get from local government here, from your council here? Do you draw on them for support? Do they help you with accommodation or in any way?

Mr GAFFNEY - No. Why I say that two of my board members are from the Devonport council so I get support in the fact that I have access to their skills and abilities.

Mr WHITELEY - Do they come to you? Is that a part of the charter of the board to have council members or is it just coincidence?

Mr GAFFNEY - Just coincidence. Council have enough issues within their bailiwick within their area to start taking on State and Federal responsibilities and I am comfortable with that. I spent six or seven years in local government and I believe that if my organisation had access to local government support, other like organisations should as well. That is just the equity that has to underpin our local government so if we are helping our local football club we should be helping our local rollerskate team at just the same level, and that is my community development philosophy which does not sit with my welfare staff because their focus is on the absolute individual.

If we get a 14-year-old in there that has done 18 or 20 burglaries in the last week, my welfare staff will work to see what we can do to help that individual. My concept is what are the grandmothers in Devonport thinking at the moment? They complement each other but with that it also brings me into positions where I would not pressure the local government to supply services that I do not believe are part of their responsibility. They will help me whenever possible and I have no problem asking that but I would not ask for physical or resource support from them.

Mr FINCH - It is interesting. I do not fully understand how local government works, I must admit, but I would have thought that that was part of its duty of care of its community to have an interest and to have a stake in the welfare of the community. Do they have a community development officer?

Mr GAFFNEY - They do, but in that whole area - we are now looking at this end of it - council are doing its role there by providing the sports facilities for juniors at a cheaper rate. Kids that are going through and have connections in the community are less likely to fall into my arena. Council are doing a lot of things that are picking up a huge width of the community. There are some areas where they are falling down really badly. We have $1 million worth of sports facilities sitting out on the Devonport oval here but if you are a 14-year-old boy in Devonport and want to go fishing, there is nowhere for you to go fishing. Which one is going to impact on my service the most? The kid that has gone fishing with his dad or spoke to the guy that is next to him or the kid that has played in Devonport under 19s?

It is that full width of responsibility that council has to do to cater for the community. My section of that community will always fall through those nets but never, ever underestimate the importance of those nets. I go to a Neighbourhood Watch group. The kids that I am looking after are Neighbourhood Watch's biggest scare. You go into a group like that and say, 'Look, we're the same organisation. The capacity the community had in the 70s to look after itself and make sure that people were safe by noticing who was next door and who was not is gone, and your organisation is there.' Homelessness was there when we were kids. Everyone went through school where a kid next to you would be going to live with their auntie or someone else while mum and dad went through a rough patch. That was the standard process, where kids would go and stay with someone else while things were sorted out in the family. It is just that that somewhere else does not exist any more. You can explain that to a Presbyterian group of ladies and put it in those terms and they are nodding. They understand that the issues that we have in our community now are more out the front because our community does not have the capacity does not have the capacity to absorb them. When Burnie comprised shift-workers where everyone was on $90 000 a year, you could bring a kid into your house and he could live there for 12 months and not impact on your lifestyle. There were no homelessness issues there. When they came back to $30 000 a year you didn't have that capacity.

Mr FINCH - Do the council have a liaison person so that the council members and the council itself have an understanding of the issues that you are dealing with in their community?

Mr GAFFNEY - Yes. The Community Development Officer there now worked under me when I was with the Devonport Council, and works closely with me now. They are making some terrific headway in some areas. They haven't got into my area yet, which is the huge youth area, but they have just come out with an absolutely superb strategy that overarches our development of younger families in Devonport. So now as a community organisation I can go into that and say this is our community strategy. I can pick up this bit and run with it and complement other things that are going on. So they are pretty much on top of it, Kerry. It is just that their borders and their resources are defined. The first guy employed at council was an engineer, and they gave him the

money and it has been that way ever since, so community services and community development at local government level are fighting that line. When you look at it, the council got set up because we want to make this a good place to live. The impact of that is that you can have a playground that was put there in the 1950s with a swing, a seesaw and a slide that they are still looking after because their creed is asset maintenance, whereas the community don't send their kids down to the playground any more if it only has three parts there. The adults are going to it. You do not get a six year old sent to a playground and told to be home at half past five for tea or I'll kick your butt. It's 'I'll take you to the playground. Jump in the car, darling, we'll drive down there.' We need bigger playgrounds. Asset maintenance does not see that.

CHAIR - It is a big area.

Mr GAFFNEY - It is so broad.

CHAIR - Pulling it back to the specifics of our inquiry, issues pertaining to suicide prevention, from your focus would there be any specific strategy you would like to see in place, or attitude taken at a governmental level, that we can put in our report to help this situation?

Mr GAFFNEY - A consistency in approach so that if you are going to put your feet in the water in one of these areas you will keep them in the water. You are setting us up to fail when the support is there one minute and it is not there the next minute, particularly for organisations that do not have the capacity to fund that through other avenues. We need an awareness that there is a width of services that are needed there; no one service is going to pick up all of it. There is a difference between the clinical need and the social need. I think it is the social one that impacts on us. We do not always need a clinical assessment of how a person's head is. Sometimes it is just that the emotion of the day, the emotion of the week, that will drive these 18 and 19-year old kids.

Mr WHITELEY - I am hearing you correctly that now, after having come to a conclusion of that national suicide strategy, you do not have within your organisation, which is obviously a pretty large one now, a specialised person dealing in the issue of suicide prevention?

Mr GAFFNEY - No.

Mr WHITELEY - You let them loose to do the best they can but they are not specifically trained in that. They have general counselling skills and general life skills that are obviously helpful. I think your words were, 'You can take the edge off', but you do not have, within your organisation, one specialised person?

Mr GAFFNEY - It is not the accuracy of their training. It is their dedication to the role.

Mr WHITELEY - That is right, and their ability to follow through and not get interrupted and take on three or four other tasks.

Mr GAFFNEY - Yes, and that is the one.

Mr WHITELEY - In your organisation, given the amount of need you see in this particular area which our terms of reference are dealing with, could your organisation in itself justify the appointment of having someone on your staff full-time, not just dealing with the people coming off the street or referred or whatever, but were able to be a part of this community? You talked about relationships in the community, skilling-up people and going and talking to groups. Could your group sustain the employment of one person in that area?

Mr GAFFNEY - Yes, as could other groups.

Mr WHITELEY - You are here giving a submission for Family Focus so that is why I am asking you.

Mr GAFFNEY - Yes, we could, and we could do a lot of good with that. There would still be gaps on both sides of our service that other agencies and other strategies would need to pick up.

Mr WHITELEY - There is enough need in your bailiwick to justify a person dedicated in time and energy and intelligence and training to deal with this?

Mr GAFFNEY - Yes.

Mr FINCH - When I was talking about someone from council I was not handballing or saying that they should be doing more, shifting away from Federal or State. I was curious, that is all.

Mr GAFFNEY - I understand that.

Mr WHITELEY - These guys are in my electorate and they do a brilliant job. I'm not peeing in this man's pocket but Wayne has just an amazing holistic view of community and it has been a part of his life now for 20 years.

Mr GAFFNEY - Yes.

Mr WHITELEY - Well done.

Mr FINCH - Which area do you cover?

Mr GAFFNEY - It depends on what our funding comes through. I would see our core area as the Mersey-Leven catchment but we have some services from which we are funded to provide across the north-west coast and the west coast and that is hard.

CHAIR - Thanks very much, Wayne.

THE WITNESS WITHDREW

Ms SHEREE EDWARDS WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

CHAIR (Ms Thorp) - Thank you very much for making the time to be with us.

Ms EDWARDS - I am a mother of seven children aged from 30 years down to four years. Over the years as a family we have been touched by suicide. In 1985 my first husband committed suicide. At that stage there was no supporting place at all for victims, family or friends. In November 2004 my 26-year old son committed suicide. He had attempted three times before he succeeded. On his third attempt he was hospitalized; he was so doped up on drugs he thought he was coping. On release from hospital there was no follow-up of his medication, therefore nothing changed once off medication. He went back to his GP several times in the next two weeks. Three weeks to the day after he was admitted to hospital he succeeded with his last attempt. As a mother, I feel he and I were let down.

There needs to be more public awareness about suicide. There are more suicides in Australia than people killed in car accidents. Car accidents are on the news, commercials and in newspapers. They say this is to prevent accidents. Why not publicise suicide warning signs? I know they say this would cause more suicides, but how do they know this? Is it a proven fact?

My daughter attempted suicide in the year 2000. She has now been diagnosed with Hodgkin's lymphoma disease, stage 4, so I am aware of her mental state.

I would like the public to be made more aware of the effects of suicide on people who are left behind. If they were more aware, I am sure there would not be as many people choosing to travel this path. The public need to know to be able to talk to or tell someone they know is in danger of suicide. The public is unaware of the signs of suicide because they've never been taught. Driver education has been effective over the years. Stay Upright for motorcycle riders is compulsory and has been proven to be effective in saving lives. It has been made compulsory to have warnings printed on cigarette packets stating smoking harms your body. Why in 2005 is it that nobody is educated in common warning signs for suicide? If more mothers, fathers, brothers, sisters, husbands, wives, teachers, friends and strangers know the warning signs maybe we can save one, and hopefully a lot more. If you know a person in a violent situation, we have the responsibility to report it to save lives. What's the difference? To teach the public to recognise signs may take time but, if it saves one life, isn't it worth it? I would like the public to be made more aware of the signs of suicide. By them being aware of the signs, it would enable them to speak, to help, to deal with people intending on attempting or committing suicide.

With my son, I was aware of his intentions of suicide. He was in Smithton, I was in Riana. I was limited in supporting my son because I did not know where to go for help. His friends were limited in supported him because they did not know or understand the signs; signs such as him saying, 'Play this song at my funeral'. With public awareness identifying these signs, family and friends would be able to seek help for their loved ones. Everyone needs to know.

Mr WILKINSON - That is a sad story. In relation to your ability to see the signs with your son, were you assisted because of what happened to your husband?

Ms EDWARDS - With what happened to my husband and my daughter.

Mr WILKINSON - So your daughter attempted suicide before your son?

Ms EDWARDS - Yes.

Mr WILKINSON - What signs do you believe -

Ms EDWARDS - My husband told his friend he was going to shoot himself. His friend laughed at him because when someone says that you don't think anything of it.

Mr WILKINSON - How long after did it occur?

Ms EDWARDS - That night. My daughter just said, 'What's the use anymore?', and she took an overdose.

Mr WILKINSON - Was that that night or that day?

Ms EDWARDS - That night, yes.

Mr WHITELEY - How old was she, Sheree?

Ms EDWARDS - She was 18. My husband was 29 when he committed suicide and my son was 26. I still have other children that I am bringing up so they're going to be affected by my son committing suicide.

Mr WILKINSON - The speaker beforehand was talking about trigger points and obviously it would seem that when your husband said he was going to shoot himself and your daughter said, 'What's the use anymore?', there has to be a direct intervention because they endeavoured to carry out their comment pretty well straightaway, didn't they?

Ms EDWARDS - Yes. My son was in hospital and he told the psychiatrist that he would not make 30 years of age. The psychiatrist all of a sudden said he was well, he was better, he could go, he didn't have to stay in hospital. He was only there four days but it was three weeks after that that he committed suicide.

Mr WHITELEY - Thanks for coming, Sheree. It must be difficult and I do appreciate it.

In your son's situation, which is the more recent situation, where it wasn't as immediate as your husband making a statement and then, sadly successfully, carrying that out - these are personal questions and if I am out of line you just tell me.

Ms EDWARDS - You can ask anything you like.

Mr WHITELEY - What was your son's name?

Ms EDWARDS - Clinton.

Mr WHITELEY - What was going on in Clinton's life at this point in time. Was he married? Did he have kids? Was he working? Can you give me some idea of his life, what was going on?

Ms EDWARDS - Three weeks prior to his succeeding with the suicide, his fiancée told him that she didn't love him anymore and there was a relationship breakdown.

Mr WHITELEY - So there was no hint before that? Life was relatively okay for Clinton?

Ms EDWARDS - For Clinton, he thought it was, yes.

Mr WHITELEY - So he was relatively happy and secure?

Ms EDWARDS - Yes. In hindsight you look back and it was a slow breakdown of the relationship, but he didn't notice.

Mr WHITELEY - And then suddenly, wham.

Ms EDWARDS - Yes.

Mr WHITELEY - We were talking about trigger points. That was obviously a fairly monumental moment and he had his heart broken, as Wayne was talking about before. Did you see that at that time? Was it obvious that this was going to be a huge issue for him?

Ms EDWARDS - It was obvious that it was going to happen. I did not think it would be as huge as it was. My husband and I had been separated for three weeks when he committed suicide.

Mr WHITELEY - Right, okay. In relation to Clinton, were there any other signs? Did he have any other ongoing pressures, was there any illness?

Ms EDWARDS - No, he wasn't ill. He was living in Smithton. He felt isolated. He was working at the abattoirs down there.

Mr WHITELEY - And his fiance wasn't with him down there?

Ms EDWARDS - Up until the break-up they were living together, and then after the break-up he moved into shared accommodation in town, but he said to me on a number of occasions he had no friends. He actually arranged himself a birthday party on 22 October and nobody turned up.

Mr WHITELEY - Thanks for answering that. I hope, Lin, you are happy with me asking these questions because it is important for me to get this context. I have limited experience in this area, but some, and I often find when you sit and chat and when people are prepared to be as honest and as a vulnerable as you are that you often do start to see these trigger issues. I think that is the basis of what you first said: if people could just be

more learned. Your last comment is if anyone is willing to learn - I think we are hoping to be - there are all these things going on in people's lives and society just rocks on.

Ms EDWARDS - Yes, and just so many people ignore so many signs.

Mr WHITELEY - We have had this little discussion, haven't we, around the table about advertising -

Ms EDWARDS - Put it on television like they do with the drugs and the alcohol and stuff like that, and people are going to learn to pick up on the signs. If you come to me and tell me you are going to go and shoot yourself, I could sit there and talk to you.

Mr WHITELEY - It is going to freak you out, isn't it, if you hear me say that, because you have your own personal experience that says this isn't just bull crap, this is reality.

Ms EDWARDS - No, it doesn't, actually.

Mr WHITELEY - But you are going to respond.

Ms EDWARDS - Yes, I would respond.

Mr WHITELEY - You are going to be quite worried for someone who is making those comments.

Ms EDWARDS - Yes, but when my son rang me and told me what he was going to do, I did not know where to turn. I rang the police in Smithton, because that is where he was, and they referred me through to the Penguin Police Station, and then I had to get the Penguin Police Station, explain everything to them, and they rang the Smithton Police Station back and then I had to wait for the Smithton police to ring me, and it took us 12-and-a-half hours to find him. That is pretty horrific considering it was the police who took him to the hospital three weeks prior.

CHAIR - So they knew?

Ms EDWARDS - They knew, yes.

CHAIR - So that wasn't just a cold case as such.

Ms EDWARDS - No.

CHAIR - They knew that it was a serious situation?

Ms EDWARDS - Yes.

Mr FINCH - So they were not trained. You see, this is the point, isn't it. They are not trained either in that capacity to understand.

Ms EDWARDS - No, that is what I say. Everybody needs to learn. It is not just the counsellors, it is everybody. My four-year-old daughter needs to know.

Mr WHITELEY - So what you are trying to say is there needs to be a much wider acceptance that this is an issue and a preparedness to skill people up in the workplace because, as you said, okay, he was working at the abattoir and without sounding too derogatory we would not expect blokes that work in an abattoir to be too skilled up in identifying potential suicide issues, but you are saying they should be just as equally aware.

Ms EDWARDS - There are also other people it could affect. My son may have gone to work and he might have lost it at work and stabbed his mate. It goes on and on and on. It is unreal but people need to be aware of facts or the signs.

Mr FINCH - It might be through community organisations -

Ms EDWARDS - People do not go to community organisations.

Mr FINCH - No, if your people who work at the abattoir were part of a firefighting group or the SES or they made a community contribution and that particular group were given training as part of their being involved with a community, there is that opportunity for people to embrace that issue. They are exposed to that issue as discussion takes place or training takes place. It might be on only a light basis, knowing the signs to look for. If your mate says this to you, then you need to be supportive or you need to take this action.

CHAIR - Yes, taking it seriously. It sounds to me like you are describing a time in your son's life where he felt very isolated.

Ms EDWARDS - He was isolated.

CHAIR - Physically, emotionally and then having the relationship breakdown with his fiance, a sense almost of hopelessness.

Ms EDWARDS - It was hopelessness.

CHAIR - The birthday party situation would not have helped at all, so who would he have turned to? What Kerry is talking about I agree with. If you have organisations that train people up to recognise signs, it does not sound as if your son would have been in contact -

Ms EDWARDS - No, he would not have gone to anywhere like that.

Mr WILKINSON - So workplace would have been the best. I am just trying to work out what would have been the best group, but you realised it and that is the thing -

Ms EDWARDS - Have you ever been close to even contemplating suicide?

Mr WILKINSON - No.

Ms EDWARDS - You? You?

CHAIR - No.

Mr WHITELEY - No.

Mr FINCH - No.

Ms EDWARDS - You have not. When you are that close you do not want to go anywhere, do you? You do not want to go and talk to Mr Finch. You would rather talk to someone in a corner.

Mr WHITELEY - In relation to Clinton's situation, what has hit me is that he had a birthday party and no-one turned up. What would have happened if one had turned up? There are these trigger points that I am very interested in. As you said, if there had been an opportunity in his workplace -

Mr WILKINSON - But there is a difference here. Sheree, you contacted the police because you realised there was a problem, so that was the trigger point. Let us say, if I had been doing that at work, what would I have done? You did the right thing. You contacted the police but it was then the slow reaction time which seemed to have given you the ability to put into practice what happened. Even if you identify the trigger points, it is what happens from there because you identified them, you rang the police, the police rang Penguin, Penguin then put you back to Smithton -

CHAIR - Jim, if I may interrupt, we have other people in the room now. Are you comfortable with that?

Ms EDWARDS - Not a problem.

Mr WILKINSON - Can you see what I am getting at? People can identify, but if the reaction time is slow, it is too late.

Ms EDWARDS - But maybe if more people were aware of the signs you would not need to put all those reaction things into place. My son might have gone and spoken to that man sitting there for three or four hours and talked to him and he might have been right after that, because suicide is a 20-minute gap or something like that. If you can talk that person through that 20 minutes he may be okay.

Mr WILKINSON - So you need the sign but then you need somebody to react and take action as a result of that sign. You had the sign; you did what you could, more than anybody could have expected you to do, but there was not that immediate reaction. Would I be correct in saying that?

Ms EDWARDS - Yes. I had the sign. I did what I had to. The police did what they could. But regarding setting up committees everywhere, if you are on the verge of suicide you do not want to go and talk to particular people. If that person comes to you that is fine but they have not got the resources to do that.

Mr WILKINSON - I hear what you say. The police to some degree are trained up and are probably going to be more trained up in years to come. You obviously gave them the history; you told them what had been said to you, so somebody should have gone straight around to him. That is what should have occurred, is it not?

Ms EDWARDS - Yes, but they did not. They did not worry about going and looking for him. I rang them at 4 o'clock in the morning. I think it was 10 o'clock before the first car went out looking for him and it was too late.

Mr WILKINSON - Did he ring you before hand?

Ms EDWARDS - He rang me at 3.38 in the morning and told me what he was going to do, but he was on a mobile phone and I did not know what it was.

CHAIR - In summary then, Sheree, from your perspective heightened community awareness of the trigger signs or the signs that someone might be considering suicide need to be out there. Charles just suggested to me that a lot of people learn CPR. Should the situation ever arise, instead of dismissing it as someone making an empty threat or whatever, they should know that they need to respond. Once they have responded, there needs to be some community awareness of support services for them to access. Is that what you would hope to see?

Ms EDWARDS - I would like to see it on television.

CHAIR - Use of the media?

Ms EDWARDS - Yes, that covers 99 per cent of Australia, like the drug and alcohol ones do on the television. They are horrific adds and I think they should have the suicide warning signs on there as well.

Mr FINCH - You talked about the emotional concern your husband had and the emotional issues with your son; was your daughter the same?

Ms EDWARDS - My daughter, yes, she is always very emotional. She has been all her life.

Mr FINCH - Do you think there was a fragility in the mental make-up coming through from your husband?

Ms EDWARDS - I would not be surprised if it is genetic but there is no proof of that.

Mr FINCH - Do you think that they might have seen that as an option because of your husband.

Ms EDWARDS - Given the okay? Yes, definitely.

Mr FINCH - And did you discuss that in the family? They would be well and truly aware of it, would they not?

Ms EDWARDS - I have always talked to the kids about their father suiciding and I have always said to them, 'If you ever have a problem, come to me', but it does not happen that way. They had counselling when they were young. The counsellor told me they were fine but I have had two our of three attempt it.

Mr WHITELEY - I think Kerry's question is very good. You started your submission by talking about more support for families and so on. What was the support like when Brian committed suicide? You just alluded to the fact that the kids got some counselling.

Ms EDWARDS - I was offered no support at all. He was dead. You just got on with your life after that.

Mr WHITELEY - But the counselling you referred to for your daughter a few moments ago, and they said she was fine, where did that come from? Is that something you instigated as the children's' mother?

Ms EDWARDS - I instigated it.

Mr WHITELEY - You packed up the kids and said, 'Let us go and seek out some help'.

Ms EDWARDS - Yes.

Mr WHITELEY - So that did happen relatively soon after.

Ms EDWARDS - Yes.

Mr WHITELEY - But the counsellors were saying, 'It seems to be okay; we have done our bit, get on with life'.

Ms EDWARDS - And the kids really begrudged going.

Mr WHITELEY - Why was that do you think?

Ms EDWARDS - They thought it was a waste of time but we persisted for nine months.

Mr WHITELEY - So it was an ongoing thing?

Ms EDWARDS - Yes, and then one day the counsellor said, 'The kids are around the corner now. They will be fine'.

CHAIR - That is all very well for coping with that immediate situation but not necessarily for any long-term effects.

Ms EDWARDS - Yes.

Mr WILKINSON - Something has crossed my mind in relation to the media and advertisements in the media. Other information that has been had has said that can be a trigger point with copycat-type crimes. On one of the soapies, *Home and Away* or something like that, there was a suicide and the week after that they had a little blip in the graph which showed more people either attempted or committed suicide, but then it levelled out a couple of weeks after. I think that was the evidence that we had and that is what I would be concerned with if that is the case.

Ms EDWARDS - Yes, but we're not actually depicting anybody committing suicide. We are showing signs of building up to suicide. If there was a little glitch in there, maybe there is a glitch like that this time, maybe the line might start dropping as well. You just don't know.

Mr WILKINSON - Have you read anything on it or done any studies in relation to it?

Ms EDWARDS - I have read a bit on suicide.

Mr WILKINSON - I realise that, but in relation to the role of the media.

Ms EDWARDS - There is a block on the media - they are not allowed to do anything about suicide - so that needs to be lifted.

Mr WHITELEY - I think it is just a code. I am not sure that it is legislatively required. I think it is something that the *Mercury*, the *Advocate* and the *Examiner* have a code of conduct on. That's why you won't read in the *Mercury* of any suicides.

Mr WILKINSON - No, I meant have you read any studies in relation to it?

Ms EDWARDS - No.

CHAIR - Thank you very much for your contribution. We appreciate that it is not a simple thing to do. We will make sure we send you a copy of the report. At any time you want to make additional comment, please feel free to get in touch with Charles.

THE WITNESS WITHDREW.

Ms CORALANNE WALKER, MANAGER, KENTISH HEALTH CENTRE; **Mr RON CHAPMAN**, MANAGER, PARAKALEO MINISTRIES INC.; **Ms CHERYL JOHNSON**, CAREWORKS DIRECTOR VIC/TAS; **Mr ROYCE FAIRBROTHER**, MANAGER, FAIRBROTHER CONSTRUCTIONS; **Mr PAUL HITE**, PRESIDENT, PARAKALEO; AND **Mrs LYN CHAPMAN**, MANAGER, PARAKALEO WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Ms Thorp) - Thank you all for coming. We have two separate submissions. How would you like to do this?

Ms WALKER - We feel THAT it would be easier if we talked about Parakaleo as a unit because the first program is part of Parakaleo. Once we finish with Parakaleo we would then talk about the CORES project, if that is okay.

CHAIR - We are in your hands.

Mr CHAPMAN - We would like to present you with a copy each of these. It just gives you a bit more information as to the organisations. Parakaleo is an ancient Greek word which means to encourage, and a full translation means to come alongside and to lift someone up and to move them in a positive direction. Best English in translation is to encourage, so we are in the business of encouraging people who are struggling with issues, particularly when suicidal ideation is part of that.

I will speak first then on behalf of the Parakaleo organisation, and Coralanne and I in regard to the CORES project. The people here all play a key role, and can I just say briefly how they are involved, just to help you get the full picture?

CHAIR - That would be good.

Mr CHAPMAN - Cheryl Johnson lives in Melbourne and came over specifically for this hearing today. Cheryl works full-time for Churches of Christ community care, or Care Works, and Parakaleo as an organisation comes under that larger umbrella.

Mr FINCH - Is Parakaleo only a Tasmanian organisation?

Mr CHAPMAN - Parakaleo is only in Tasmania, yes. Cheryl has been a key part in helping to support us right from its infancy in 1998 when this organisation first started, so we are really pleased that Cheryl could come over for this. Coralanne Walker is the manager of Tandarra Community Care and runs a number of services within Tandarra. One of them is working with Parakaleo, specifically with me, in terms of a program that we call CORES, which we want to specifically talk about in a little while, and so Tandarra and Parakaleo are very closely knitted together in suicide intervention, and I will explain how that all works. My wife, Lynne, is the manager of Mersey Leven Childcare Services, and part of the board of governance of Parakaleo Ministries Incorporated, and Lynne has been involved also since the beginning of this program in 1998 and brings her professional abilities as manager of quite a big organisation to help with this program. Royce Fairbrother I am sure most of you have heard of and know of as the owner and manager of Fairbrother Constructions. Royce has been involved with the work of

Parakaleo for quite a while, and more specifically in the last year or so as a consultant to our board in helping us in our ongoing development of where we are going with this. We really appreciate Royce's involvement.

The business arm of Parakaleo, which is called CLS, Royce has been involved with that too, so his company is actively involved with that side of what we do.

Mr FINCH - CLS?

Mr CHAPMAN - CLS stands for Choose Life Services. It is a registered business that is providing professional counselling services to industry all around the State now. We are employing 13 trained qualified counsellors and every cent of that, other than the costs of employing those people, goes towards the work of Parakaleo, of suicide intervention. I will be unpacking all that as well go. Paul Hite is the current chairman of the board of governance of Parakaleo Ministries Incorporated and Paul has been involved for many, many years in the work that we do. What we would like to do is share the overall picture and then questions.

CHAIR - Sounds fine, thank you.

Mr CHAPMAN - In the material we have given you, you will see plan of how the organisation is set up. It is a Christian organisation under Churches of Christ of Victoria/Tasmania. I have already said that it comes under the umbrella of Churches of Christ community care. Having said that, it is open to the whole of the community, all of the services that we provide, and we are very clear about that.

Over the last few years we have been slowly putting this thing together for the long term to make it sustainable so it is not just a fly-by-night organisation. A lot of work has been going into this and continues to need to be put into this for the long term. We are currently have the Parakaleo arm of the organisation providing a number of things. One is that we have a retreat centre on 10 acres at Mount Roland. You have been invited to come there for lunch afterwards to actually see what happens there. You will be meeting a number of other people up there who have been part of the organisation.

Parakaleo runs a retreat centre where up to four people at a time can have some time out. It is not a therapy place. It is not a medical model. It is purely a place of time out where people for whom it is appropriate can spend up to seven days there within what we are calling a community of hope. Some people live on site as counsellors and as caretakers and help in that community. People whom we feel appropriate can come and spend that short period of time out at that place.

We have been slowly putting that together over seven years with lots of community involvement, lots of voluntary involvement, but no government money yet. It has been a long, hard, slow haul but it has got there and continues to get there and many people have had time out there. The youngest has been an eight-year old and the oldest has been a gentleman of mid-80s, so it is all ages, both sexes, up to four at a time. We try to keep it two at a time if we can, purely because then we can really provide the support that is necessary for those people.

If somebody is clinically or dangerously at risk of suicide they will not go to the retreat centre. We need to work very carefully with medical models of mental health services and other services. We do an assessment to determine and to clarify, as best we can, who can use that place of retreat. It is not emergency accommodation. In fact for people to use the retreat centre they need to have somewhere that they call home, so if they are just looking somewhere because they need emergency accommodation the retreat centre is not the place. We have learnt and are learning lots in the provision of that service and it is exciting what happens out there. We've still got a long way to go but it's definitely on its way. That is one part of what Parakaleo offers. We are now also offering counselling to anybody who asks for our services anywhere in the State. We have counselling rooms in Devonport, Launceston and in Hobart and we have the use of some rooms in Burnie. We can't provide for all the requests because we do not have the resources to do that. We are doing the best we can, given what we have, to provide free-of-charge counselling to anybody who asks for our services. You might ask, 'Well, how is that paid for?' It is paid for by the business arm we have started, which is called CLS. CLS now employs professional counsellors who are employed in industry and in various other organisations around the State. Those industries and organisations pay for that counselling service and, as I have already said, the profits of that pay for the Parakaleo side of things.

Mr WHITELEY - Is that like a chaplaincy, Ron?

Mr CHAPMAN - Some industries see is a chaplaincy-type of thing. That word is appropriate for some industries; for some of the other industries it is more of a staff support counsellor.

Mr WHITELEY - So industries are requesting that you and your training people come and spend time talking with their staff on issues - seminars, workshops et cetera?

Mr CHAPMAN - Yes. There are a number of different ways of doing that. Some call it fee-for-service, where an issue crops up in the industry and a counsellor is required. They would phone up and the CLS counsellor would go and sort it out as best they can. Others have a contracted arrangement where it might be two, three, four hours a week, depending on the size of the industry. One of the counsellors would be building a rapport with those workers over that period of time. When an issue crops up, they know who they are dealing with. That is probably the better way but some industries can't or don't want to pay for that regular ongoing service. We are slowly growing that CLS team and, as that grows, more money is available to help us grow the free Parakaleo suicide intervention counselling and the use of the retreat centre.

We also do a lot of training in suicide intervention skills. There are currently two ways of doing that and we want to explore more ways. One of them is through a two-day program called ASIST, which stands for Applied Suicide Intervention Skills Training. It was put together by four psychiatrists in Canada 20 years ago and is now used widely. I think it is the most used suicide intervention skills training program in the world.

Mr WHITELEY - The lady who was with us before was requesting that we take on board the fact there needs to be more awareness. Is that what this course does? Does it provide gooses like us with limited skills to say, 'These are things we need to be aware of'? Is that what it does?

Mr CHAPMAN - I did not hear the whole conversation but I heard CPR mentioned in terms of first aid. ASIST actually has a CPR, which is a first aid for suicide intervention. It is exactly what this course does. It is run by Living Works, and in Australia there office is in Melbourne. Anyone who trains in that course needs to be accredited with Living Works. We have six current registered trainers of Living Works in Tasmania. Just over 2 000 Tasmanians have completed that training with Parakaleo in the last three years.

Mr WHITELEY - Where do those 2 000 people come from? Out of industry?

Mr CHAPMAN - Yes, they come from everywhere.

Mr WHITELEY - How have you got the word out that 2 000 people knew that this two-day ASIST package was available?

Mr CHAPMAN - A number of different ways. One is that the counsellors are out there in industry. There is lots of information out there. I did hear that lady mention television ads and I would fully endorse that. That is a way of letting the community know that the training is there. The unfortunate part with suicide is that most people don't want to talk about it or don't know much about unless they are thrown into a situation. All of a sudden real for you and your family. Then they are reaching out everywhere to get some sort of resource to help.

Mr WILKINSON - What type of thing do you think should be on the media papers in relation to that?

Mr CHAPMAN - What I think is a little snapshot of what this training can offer in terms of a CPR and how people can do that course.

Mr WILKINSON - And how successful it has been as well to give them that affirmative background?

Mr CHAPMAN - Absolutely. Certainly the evidence that we have is that it works. It works very, very well so really all it is doing is empowering ordinary people with some basic skills to know what to look for, the signs and signals of suicidal behaviour - and they are fairly clear now - and to have the confidence to be able to be that first point of intervention and then to help them to find the resourced people in the community to take it to the extent that it needs to be taken, whether it is a doctor or a psychologist or mental health services or counselling or whatever.

Mr FINCH - On the subject of that network that you were talking about, the 2 000 people who have approached it already, is that a Christian network?

Mr CHAPMAN - It is a very broad network of industries, councils, schools but it is very ad hoc. People have heard about it and for some reason or other have then approached us to ask if we can do the training for their people, whether it be teachers or doctors or nurses or ordinary folk, and I think there needs to be more of a coordinated approach. Without stealing the thunder of where we are going with this cause thing as part of this coordinated community approach is the thoughts that we have put together in terms of how to do that.

Mr WHITELEY - Do you find, Ron, following up from Kerry - let us take Royce; he has got a big organisation out there. Is it the sort of industries like Royce's where suddenly something happens within his workplace where one of his blokes unfortunately moved down that path in an attempt, hopefully not a successful attempt, or the wife of or the son of, does that stimulate this sort of swing over to this program? The bosses like Royce suddenly think, 'I have an obligation here to provide some sort of support'? Is that how it starts?

Mr CHAPMAN - Yes. I would like Royce to talk to it. But briefly an example very recently was that an organisation - and I cannot say the organisation - had a suicide within their ranks. Parakaleo were invited to become involved in counselling the family and the work colleagues of the person who died, and of course that is a long-term thing and then from that people will say, 'How can we be better prepared for this?' and that is where we can start talking about the courses that are available.

Mr WHITELEY - You unashamedly step in?

Mr CHAPMAN - Absolutely, and a lot of organisations then actually fund their people to do the course. Rotary clubs have got right behind this and have funded a number of people to do the courses. There is a lot of material that needs to be purchased through Living Works for that course. It is not cheap and therefore there needs to be some subsidies of people being able to do the course. That is one course. Another one that CORES is now offering is a one-day course, so there is a two-day ASSIST course available and a one-day course. The one day is more appropriate for companies and places where they cannot release their people for two consecutive days.

It gives the bones of suicide intervention and again how people can understand some of those key signs and signals and what to do about it. That one-day course is now being mapped to be recognised by educational institutions. It has not yet gone completely through that process but I think it is a brilliant course and it is now available for anyone right now. All we need to do is to get the word out there and to have the subsidies too to allow people to be able to get a place on that if they cannot afford it themselves. So it is there, it is available.

We have been very active in helping to get those training educational tools into the community, albeit this has only been happening in the last few years and has certainly been building up momentum.

Mr WHITELEY - The ASIST package, what, only a couple of years?

Mr CHAPMAN - The ASIST package came to Australia in 1996 by Lifeline, and came to Tasmania in about 1998.

Mr WHITELEY - Since then 2 000?

Mr CHAPMAN - Yes, through us. And Lifeline also have some trained ASIST trainers, so there are even more.

Mr WHITELEY - That is a lot of people.

Mr CHAPMAN - We are trying to run a training course every month somewhere in the State, and about 20 to 25 people usually is what we are trying to do at the moment. We want to increase that because I certainly believe that the more ordinary people who have the ability to have some confidence to know what to do, it very quickly translates into lives being saved. Most people who are suicidal don't want to die, and when somebody else is able to connect with them at that point of pain and struggle to the extent where it is possible to start looking for other possibilities, most people will want to explore that and so these training courses begin to give the confidence to be able to do that. Of course that is not the whole picture. There need to be trained and equipped people to be able to get involved in this as well.

Parakaleo has the Retreat Centre. It has the training arm, if you like. It has the counselling that is available, but we are really thin on the ground as far as that goes, and if we had the resources we could do so much more. We are involved in partnership with Tandarra in terms of the CORES project. The CLS side of things is the only way that this is funded and, as I said, that is slowly growing. We now have a full-time State manager of CLS and we have just put on a part-time business manager in the organisation to help in all that side of stuff. So we are building the foundations for this for the long term and are always open for more help in trying to get this running as well as it possibly can.

Mr WHITELEY - What is your total budget?

Mr CHAPMAN - Good question. You would be looking at around -

Mr WHITELEY - I was just interested when you say you are not getting any government money, so you are getting it from the CLS, you are getting it from fee-for-service?

Mr CHAPMAN - Yes.

Mr WHITELEY - What, Rotary Club donations?

Mr CHAPMAN - Yes.

Mr WHITELEY - What about philanthropic business?

Mr CHAPMAN - Yes, sometimes. It is not a lot.

Mr WHITELEY - It is hard work?

Mr CHAPMAN - Absolutely. I would be guessing the total budget. We are talking around about the half million roughly. I can give you those figures if you want them.

Mr WHITELEY - No, not to worry.

Mr CHAPMAN - But to be employing a number of people, and there are the trained, equipped people out there who can do this work, of course, if the funds are there to pay for them.

Mr WHITELEY - So in your strategic plan, which no doubt your group would have, what sort of funds do you think are required of you now to ramp this into the next phase - $50 000, $100 000, $200 000? What are we talking about?

Mr CHAPMAN - What we need is to have a full-time person in Hobart. Currently we are offering a very limited service down there. We need to have really a full-time person in each region, so south, north, north-west, and if we had that you would see an incredible difference. We are going to get there anyway, folks, but it would certainly speed up the process and make it have a huge difference if there was that assistance there. But hopefully you can see that we are totally committed to this anyway.

Mr WHITELEY - It is good to see.

Mr CHAPMAN - So that is, in a sense, the Parakaleo CLS. Are there any other questions in regard to that? In your little booklet you will see a page there which talks about Parakaleo. It talks about some of the things we offer. One of the beaut things about the CLS, apart from it being the funding arm of what we do and offer free of charge in suicide intervention, is that we are also able to offer other training to those organisations, not just suicide intervention but other training, which helps things like communication skills, stress management skills, which all help ultimately in building resilience and things like stress management skills, which all help ultimately in building resilience and helping not to get to that point of suicide. We are already involved in that and are growing in our involvement of that.

Mr WILKINSON - Did you base your plan on any other organisation around the world or in Australia?

Mr CHAPMAN - No, there is nothing like this anywhere else.

Mr WILKINSON - So it is unique to Tasmania?

Mr CHAPMAN - Yes. This is unique to the needs of this State and certainly there are other States are often asking us for our advice. Through the Churches of Christ network - and it is a beaut thing about Cheryl being involved in this - there are certainly opportunities to unfold a similar program to this in other places. We are not that worried about that, we just want to get it right here first.

Mr WHITELEY - We are going up to Mount Roland, aren't we?

CHAIR - Yes.

Mr WHITELEY - How many people in a year, roughly, would come through the retreat side of Parakaleo? You say that two is a good number, and with four you can cope.

Mr CHAPMAN - I have here the stats up to the end of 2002 - and that is between 1999 and 2002 - and I can submit those, if you like.

CHAIR - Thank you.

Mr CHAPMAN - I am not in a position right now to submit the stats between then and now because they have not been completed in a form that I would -

Mr WHITELEY - Because this an ongoing.

Mr CHAPMAN - Exactly. It is a longitudinal thing. I am happy to do that.

With the retreat centre, because it is a journeying thing, it is being built at the same time as we are using it, and because it has been totally voluntary, apart from the limited resources that CLS can put into it, then it often depends on how many trained staff we can have available living there as to how many clients we can have there. So it is up and down and all over the place. Once there are resources sufficient to have the trained personal living on site - and we now have two houses established there for the trained people to live in - then there will be up to four people in crisis at a time living on site. We aren't there yet and we won't go there until we have the trained people there.

Mr WHITELEY - You just can't send people up the mountain in that sort of state, can you, and leave them by themselves?

Mr CHAPMAN - No. There are volunteers who are prepared to help out but we're not prepared to do that unless there are trained, qualified people living there on site. That doesn't mean they need to be doctors or anything like that, but rather people who understand this area of work and understand how to tap into the broader resources. Until we have got there, then the numbers will be up and down and all over the place. I can tell you that the need is there and if the trained people were there we would have four people there just about all the time. They stay for a maximum of seven days; it is a short-term stay and that is very intentional. We initially tried having longer-term stays but it was quite counterproductive. People were beginning to understand what their struggle was and coming to terms with it but it became too comfortable in that arena, so when they stepped back into the real world it was just too hard. So we have kept it seven days, a short stay.

Mr FINCH - Ron, have you had any talks with the Time Out program in Launceston?

Mr CHAPMAN - Yes, we have. We trained some of their personnel.

Mr FINCH - Because they do it just over a weekend, don't they?

Mr CHAPMAN - Yes.

Mr FINCH - In respect of this being unique to Tasmania and operating here, do you have any other groups in Victoria doing similar work?

Ms JOHNSON - Not at this stage. I head up CareWorks National, which is a Churches of Christ community-based emphasis program. We are having constant discussions about what is it about Parakaleo that we can transfer into other States. The beauty of Parakaleo is that it has two people in Ron and Lyn who have been committed to this long before anything got onto the ground. We are sensing that to even achieve and be significant, we need people with that sort of commitment. We have been hesitant to just pick it up from Tassie. From the mainland, our involvement has been to support these guys to get it up

and running. I would have constant conversation with others who are looking at starting a similar thing. I have a CareWorks national rep from each State coming down here in October to have a look at it and talk with Ron to see what we can do, either individually at a State level or nationally. We just believe that there are some important elements of where Parakaleo is at in their learning experience that could be very beneficial right across Australia. We have been hesitant to do that so that we do not pressure on here, because we need this expertise. I have been reluctant, other than constantly being over here and having conversations, to say to Ron, 'I am going to bring you across for a few weeks and this is what we are going to do', because it is so crucial to here. Certainly the plans are there; Churches of Christ are just kind of an umbrella for it. I have known Ron for a long time. I did some work in separation and divorce work over here a long time ago now, and so when this became a possibility that is where our support kicked in, but we are not in a position financially to kick in very much. We give a pittance, basically. It might be $1 000 a year just to do something they otherwise could not do. So to look at it nationally could be looking at different arms of Parakaleo. It may be a retreat, it may be the counselling side, it may be the employee assistance scheme that can work in many communities, and certainly the CORES program, as you will come to hear.

So that is where we are at, wanting to do something but reluctant to do it and find that we are not putting in the resources and the expertise that is needed. I personally did the ASIST training program. That was a week-long expensive program, because that program, as Ron said, is being offered right across communities by different people and by different counsellors. It is not a church-based specific thing, so I trained in that. We have had Ron over to run some of the two-day programs for people in Victoria, because we have a huge need, particularly in our rural areas. So we are doing all of that, but at the moment it is nothing as far as having a definite program. But certainly our plans are there for that.

CHAIR - In terms of your experience identifying groups in the community or particular demographics whereby, if you get in there early, you would be most effective, what would they be?

Mr CHAPMAN - Certainly the evidence is there that in rural areas the rate of suicide is higher, particularly in population groups under 4 000. There are a number of reasons for that, depending on the community. Therefore the more people equipped in each of those communities with the ability to know what some of those early signs and indicators are, and how they can tap into the resources, if they are there, the better. That leads in, in a sense, to the CORES project because they dovetail. We are calling it a community response to a community problem. We are saying, 'Let us equip the community with the abilities to get involved in this'. There have to be professionals, but do not leave it to the professionals. Let us all be involved in this, and so our role, we believe, is to help equip the community to be able to own the problem and to have some confidence to know what to do with that. There needed to be more specific tools, if you like, for doing that, particularly in rural-based communities. That is where our association with Tandarra came from, in that in the Kentish municipality, through Tandarra, Parakaleo was invited to work with Tandarra in first of all doing some intervention work in that municipality, some counselling. Then we started to put together an actual package to equip that community with the ability to almost be the eyes and ears, if you like, in that community of suicidal behaviour and to know what to do about it.

Ms WALKER - I am Coralanne Walker and I am the manager of the Tandarra Lodge, Kentish Health Centre which is part of Tandarra Lodge community care. My program is funded through the regional health services to run 10 programs within our community, and that started in 2002. One of the parts of that project was that we were to provide some mental health support within the Kentish community. When we looked at how we would go about it we decided that we would see if a 24-hour, seven-day a week counselling line for people in the Kentish Municipality would work because we did not have the resources or the funding to bring in a full-time social worker or someone else. So we approached Parakaleo and we have been contracting them since February 2002 to provide that 24-hour, seven-day a week counselling service.

They have counsellors on call and if somebody rings up with a problem then there is someone at the other end of the phone. It is very similar to Lifeline except this was specific to the Kentish Municipality. From that we discovered that there were some issues around suicide when people were talking to the counsellors. There were also two suicides that the community were calling suicides, though not actually rubber-stamped at that stage, of people in our community. When we did the health needs assessment it was very clear that over a period of time there had been a number of suicides in that area, so we decided to have a talk to Ron. What we came up with was that it is a community problem. A suicide might happen within your community or it may happen outside your community. The ripple effect is sometimes felt somewhere else, so when we were talking about what we would do we applied for funding through the Tasmanian Community Fund. We said to them that we wanted to train 150 people in our community in the ASIST course and we wanted funding to train two ASIST leaders. I am one of them and we have a 20-year old lad called Kim Baldock who works very closely with our course team and with Parakaleo. We also wanted to develop a package that we could use within our own community but also could be used within another community.

One of the things we found when we were doing the two-day ASIST course is that we were missing a lot of people simply because they could not do the two days. They were working on the Friday, they only had the Saturday, but with the ASIST course you really need to do the two days. This led Ron and I to working with a couple of other people and we developed the one-day course. In the two-year period of the project we developed the package and trained 150 people in the community. We brought the community together in a presentation evening and said, 'What we are doing is inviting people from within the community to form a CORES team.

From the initial meeting, out of 89 present we ended up with 50 people on our CORES team. That was in April 2003 and that CORES team is still going very strong, as of Monday night when we had another meeting. They meet once a month. Initially we thought that if we met every couple of months, brought the people together, talked about issues around suicide, keep going over the training that we were doing, then that would be a bit help in the community. The community team came back to us and said, 'We want to meet monthly. We want to have guest speakers. We want to interact with each other,' so we did that and they are a very strong team. We still have an active 50 members. We average around 20 people per meeting on the first Monday of every month. They are very committed and dedicated. They even run some of the training sessions within their own meeting. We have several guest speakers. Ron, Kim and I also do a lot of ASIST training - bits and pieces to keep them in touch.

From that we decided that the whole thing was starting to work really well together. There has been nil suicides recorded in the Kentish Municipality since this project started.

Mr FINCH - How many prior?

Ms WALKER - They were statistics that have come out of the health needs assessment done in 2001.

Mr FINCH - So five in 2000?

Ms WALKER - Yes. We have been very encouraged with the response within our community. The CORES team have, over the last several years, donned their T-shirts, their jackets and gone in Christmas parades to alert people to their cause. They go out and talk to people and attend meetings. Every time we have a fresh course, either an ASIST or a CORES course within the municipality, we are finding more people want to join us. We have had people drop off for different reasons but they have all said to us that they have used their training. There would be very few people on our CORES team at one stage or another that have not been alerted to someone struggling because of the training that has been put in place.

CHAIR - I would imagine the kind of training would involve things like active listening and that kind of thing which I suppose is universally applicable in life.

Ms WALKER - Yes. The actual CORES one-day course takes in the facts and myths. It looks at signs and symptoms. We have scenarios that we run past people. We talk about the intervention, what to do if you find somebody, what do you say? We get people to actually ask each other are you feeling suicidal, or however they feel comfortable saying it, because we do find sometimes in the course that people are reluctant to say the word suicide but once they have actually said it and they feel comfortable with it they can then go out and use their training and it becomes more beneficial, but we have brought the problem of suicide out into the open.

People are willing to talk about it within the community. There is a very strong community group out there working. There are people that come to these people now and ask for support but they also know their resources, they know the 1300 number, they know the Lifeline number, we have had GPs come and talk to the group so we are very strong on pushing the resources so that they know what their resources are. We talk to them about you need to know when you have got to refer people on, you need to know when you are starting to be dragged into their situation, so we are always there. They know that they can ring Ron, myself or one of the other counsellors if they need support. The thing that we talk to them about is if the person that you are dealing with does not want to see a counsellor, does not want to go to a GP or whatever, make it clear to that person that you need some support yourself and that you are going to talk to someone so that you can help them properly. So we are very, very strong on working with the community so that they know what is happening.

We have produced a DVD - I am not sure if you are aware of that - we have produced pamphlets. This is *Our Journey* which talks about the CORES project in-depth.

Mr WILKINSON - Can we have a copy of those, please?

Ms WALKER - Yes.

Mr WILKINSON - I do not want to cut you short but I know we are fairly short for time. Can I ask you some questions in relation to the terms of reference of the committee? Hopefully a lot of what you are saying is in the information that you give to us. Is that right?

Ms WALKER - Yes.

Mr WILKINSON - The first term of reference is:

> 'The Joint Standing Committee on Community Development will examine the effectiveness of current national and local strategies in addressing the issue of suicide and suicide prevention in Tasmania in a range of settings and more particularly -
>
> (1) the role of non-government organisations and other community and business partners in progressing suicide prevention in Tasmania.'

What would you say there?

Ms WALKER - Only last week we were spending quite a bit of time with the Smithton community. The Smithton community has now taken on board the Cause project. We have not been able to secure the funding for them to pay for that so they are now out there in their community raising the funds needed.

Mr WHITELEY - How much?

Ms WALKER - It is $20 000 for a 12-month project. The options are here. We train their community and workers within their community.

Mr WILKINSON - So there is obviously a role for non-government organisations and other communities and businesses. Is that what you are saying?

Ms WALKER - Yes.

Mr WILKINSON - Am I right in saying that you are saying that those organisations and businesses should come to an organisation like Parakaleo to get some information as to what to do and how to run their organisations?

Mr CHAPMAN - That is certainly one way of doing it. Parakaleo obviously doesn't want to be doing this in isolation because it is a community response and problem. Parakaleo has been invited to be part of the suicide steering committee. We have not yet had the resources to be fully functional in that because we are doing so much but want to be. Certainly if there is any way at all that Parakaleo can be of assistance to other communities in getting what we have learnt through doing this project then we want to do that.

CHAIR - Before you move on, Jim, is there an obvious gap? Is there a group you can't get to? Are you having lots of success across the board except for perhaps teenagers? You are not seeing any evidence of that, that the model excludes any groups?

Mr CHAPMAN - No. I think it is holistic. It is certainly right across all ages. The beaut thing is that it equips people who already have a passion for one reason or another. Most of the people who get involved in helping in this area have been involved in this area personally through losing someone or struggling with someone in the issue of suicide. So the passion is there. There is a need to equip people and to empower them. Whether those people are 17-year-olds or whether they are 80-year-olds, it makes no difference. Certainly our services are available to everyone and, no, there doesn't appear to be any gaps.

CHAIR - When some presents at a hospital, for example, with a fairly serious episode and then some days pass and, for whatever reasons, that person is discharged, are you ever called in or alerted, 'This person is now back home or back at work. Can you keep an eye on them for us?'?

Mr CHAPMAN - You talk of gaps, and that is one of the gaps. Sometimes that happens, sometimes it doesn't.

CHAIR - But as far as you know, there is no formal set-up whereby a discharged patient is linked up with Community Services?

Mr CHAPMAN - No, there is no definite protocol in that yet, that I am aware of. It often depends on the actual people involved, the nurses or doctors, and their understanding of what is out there.

CHAIR - So they would be doing it more outside their professional core duties because they're aware of the things they can do to help.

Mr CHAPMAN - Yes.

CHAIR - Would you see that as a pretty serious gap in existing arrangements?

Mr CHAPMAN - Yes, exactly. I also have to say that it is only very recently that Parakaleo can be offering to some of the other services something that is going to be substantial and ongoing. Our resources have just been creeping along, but we are now at a point to be part of a protocol like that.

CHAIR - Could you see some value in their being formalised transition planning set up when patients are discharged from hospitals with the possibility of suicide or self-harm?

Mr CHAPMAN - I think those people need to at least be made aware of what else is available out there, whether it is a government or non-government service, and the families too need to be somehow made aware of the resources that are out there for them. Another large part of what Parakaleo seems to be called to be involved in is postvention suicides, where families are in absolute crisis after a successful - if we can use that

word - suicide. After a suicide there is a huge lack of resources in the community to help those families in their crisis to begin to operate again.

CHAIR - Particularly when we are seeing evidence of generational suicide too.

Mr CHAPMAN - And I think the evidence is that when somebody - and this is all covered in the training that we do - of significance, if somebody significant to me died of suicide, then it increases my risk and so, when a family loses someone through suicide, the other members of the family statistically are at increased risk. Therefore if we are involved, or if somebody is involved in postvention, it actually could well be saving other lives, and there is a gap in that, for sure.

Mr WILKINSON - Can I get on to the second term of reference: investigate strategies to address the needs of the highest-risk group in Tasmania, which at the moment is men aged between 25 and 44. What do you say about that?

Mr CHAPMAN - What we are doing is trying not necessarily to specifically aim for that age group. Our services are available obviously to that age group and to all age groups. There has been an increase - and the statistics will show when they are fully available - in men of that age group wanting to use the Retreat Centre.

Mr WILKINSON - What strategies would you put in place to address those needs? In other words, statistics are saying this is a danger area, what strategies would you put in place to endeavour to combat that age-group problem?

Mr CHAPMAN - I think one way of doing that is by equipping and empowering people with the information, suicide intervention information, the courses, particularly through workplaces. Of that particular age group, there is a better chance that they are involved in a workplace and so the more that workplaces can embrace suicide intervention as part of their overall caring for their people has to make a difference.

CHAIR - Is there a role in there for the union movement, do you think?

Mr CHAPMAN - Yes, believe there is, and certainly through CLS and involvements like that, if we can increase that there is an opportunity for those businesses, industries, where those blokes most probably are, to be able to get that information.

Mr WILKINSON - Because that goes in with term of reference 5. It is right up your alley in relation to workplace, Royce.

Mr FAIRBROTHER - I think there is a real need there for something of that nature. We have used CLS now for a number of years, and I have found it to be extremely useful in our company. We have had quite a number of people that have accessed it. We do not necessarily know who they are. The service we offer is we make our people aware that this is available at no cost, it is a company-funded thing, and we make them aware by firstly a brochure that we have put together in conjunction with CLS that we distribute to all of our people when they start with us, and we actually then do regular updates through our newsletter -

Mr WILKINSON - Could we ask for a copy of that brochure, please?

Mr FAIRBROTHER - Certainly you may. And then at our weekly meetings, those types of things, we reinforce that this service is available.

CHAIR - And there are no negative connotations for someone accessing it, too, I suppose. You would have to watch that, wouldn't you? 'So-and-so is seeing a counsellor', you know.

Mr FAIRBROTHER - We offer this in two ways. Firstly, if you want to come and talk with us, any of our managers, myself or anyone, we then guide them down that path, or we provide a phone number, a 1800 number, and they can just ring that number and then the counsellor will see them and we are charged. We have no idea who they are, what their problem was, other than the fact that someone used this service and, I can tell you, it is used. It is used a lot. It is used in both ways. One of the things I have noticed over the years is that initially it was accessed anonymously, but more and more nowadays people are coming to us first and saying 'I've got a problem'.

CHAIR - That is wonderful. Harking back to term of reference two, do you have an opinion on the amount of research that has gone into trying to understand causal factors? You hear statistics about the 25 to 40-year old age-group bandied about, but has the research been done to say why it is?

Mr WHITELEY - Relationship breakdown, ill health?

Mr CHAPMAN - There has. I am not a researcher and I am not a medical person, but my response to that is that suicide is nearly always related to loss and aloneness. It always comes back to those two things: a sense of loss, and aloneness. If you think of blokes in that age group, it is also the age group where relationship breakdown is the greatest, where there is vulnerability for a whole sense of loss in terms of loss of dreams, of promotions, of employment and all those sorts of things. With a sense of aloneness, particularly for guys, it is not the norm to talk about these things.

CHAIR - Hopefully that is changing.

Mr FAIRBROTHER - And that is changing.

Mr CHAPMAN - It is really good to hear Royce say that. By changing the culture within the workplace, it is now okay to be struggling -

Mr WHITELEY - It is long overdue.

Mr CHAPMAN - Yes, and it is okay to be seeking help so those bushfires are put out before they become big bushfires. That is changing but we need more people out there to do so.

CHAIR - What about the research? Do you think it is important that there needs to be more done? I am not saying by yourselves.

Mrs CHAPMAN - Basically as far as research goes I think there is a lot more that can be done. I was reading in one of the other transcripts where there was that analogy, if you like, that the better ambulance is at the bottom of the cliff. I think a lot of what we are

doing is putting fences at the top of the cliff, but we need to go one step back further from that, and I think the research has not been done yet. Kids Help Line is helping a lot in primary schools and secondary school. We need to go back earlier, and that, I guess, comes from my early childhood background. Brain research that has come out of America and now is hitting our Education Department is that those first three years are critical. I think there are research opportunities to be done there in building resilience in the first three years.

Mr WILKINSON - Of school?

Mrs CHAPMAN - No, of life, because the patterns that are built in those first three years, the brain linkages that happen there, are what set that person up for life and you cannot ever change it.

CHAIR - Whether or not they have the resilience to cope with what life throws at them, to not take suicide as an option.

Mrs CHAPMAN - I think that is a real research opportunity.

CHAIR - We did have a presentation that suggested that that cohort, the 25 to 44-year old, is actually a moving cohort.

Mrs CHAPMAN - I saw that. That looked very interesting.

CHAIR - Yes, so it is not that you can hit 25 and as a male you are now going to be more vulnerable, but actually the group is, which harks back to your early childhood.

Mrs CHAPMAN - It would be interesting to look back when they were in the 0 to 3 age ranges -

CHAIR - And what was happening to them.

Mrs CHAPMAN - to see all of the social factors around our community at that time.

CHAIR - Yes, that is why I raised it so you would say that.

Laughter.

Mr WILKINSON - You said it is fairly clear now what the signs and signals are. What are they?

Mr CHAPMAN - Sometimes a little bit of information is more dangerous than the whole package, but having said that we can keep coming back to this loss and aloneness. Loss and aloneness can be demonstrated by different individuals obviously in different ways, and also if something is out of character. Giving away possessions - and it does not mean necessarily expensive things, but things that are of value to that person - if it is out of character it is like a little warning bell. Also, a sense of withdrawing, if it is out of character. A sense of needing to rely more on substances of one form or another, if it is out of character. Anger outbursts, behaviour that is dangerous - all of a sudden not wearing seatbelts, simple little things like that. Becoming involved in activities that

increase the risk, if it is out of character. So you are really often not going to know these things unless you know the person. Therefore the beaut thing about what is being offered here, what we believe we are part of, is helping people to look for these things in the people they know - their neighbours, friends, work colleagues. When it is out of character this then empowers them and equips them to take it to the next step and not look back afterwards and say, 'I saw all those things but I didn't know what to do'. The signals are based around a sense of loss and aloneness.

Mr WILKINSON - Let's say I see one of these signals, what do I do?

Mr CHAPMAN - For starters, the course will help to give you the confidence to put this into practise. CPR in ASIST stands for basing questions about the current plan, so you have already built a rapport with this person and there is a sense of trust. You are providing an environment where this person is more likely to openly talk with you. You have asked the key question: 'Are things so tough for you that you're thinking of suicide, maybe?'. Most people who are suicidal don't want to die and if there is trust there most people will be real about that. Some won't but most will. If it is asked in a cold environment or by somebody where there is no rapport or sometimes in an environment where there just isn't that sense of openness, most people probably wouldn't, but we are talking about something different here. So the person has said yes, and therefore you go into a CPR - 'C' stands for current plan. 'What is it you've been thinking about; how would you actually do it? How would you kill yourself?' I hate asking that question and I hate hearing the answers but it is nothing to do with me. It is allowing the person to verbalise what is really going on in his head. As they are verbalising it, I have heard many people say, 'Have I really been thinking that? Because it has come from this world of mystery into the real world. It has been verbalised and it is already helping the person to be empowered. It also helps to give you, the carer, an understanding of how serious this person is, how definite the level of risk is. 'P' talks about prior history: 'Have you ever felt like this before?'. Statistics have taught us that when somebody has attempted before or somebody significant to them has attempted or actually taken their life, then the risk increases by 40 times. Therefore we ask that question to see again what level of risk we are dealing with. The 'R' talks about resources: 'What has actually stopped you from doing this so far? In other words, what are the positive resources in that person's life. Often then you hear about the kids or work or dreams or something and it is like a little bowl of embers, and you are slowly blowing on it to make it into a bigger flame because that person has forgotten about that.

As you are building a rapport, you are being open and honest about the issue of suicide, you are beginning to assess the level of risk you are dealing with and you are starting to help that person discover hope that they had forgotten. CPR works. In the CORES thing we do exactly the same but we call it ABC. If as many people as possible have those skills, it has to help.

CHAIR - Is it based on building on success experiences, too, when people feel their world is mess? They can achieve something, whether it is just clearing out the underwear drawer or something - just a small success you can build on.

Mr CHAPMAN - It is. In fact, we use the analogy of a funnel: if life is normally at the top of the funnel, with the width of the funnel encompassing everything that life entails, if suicidal issues become part of that person's thinking - it is called 'suicidal ideation' - it is

like life starts to funnel down. You might still be involved in all these things - family, work and all other stuff - but their head space and heart space is getting narrower and narrower until it gets to the point where all I can do is think 'How can I get through this day' - or this next half day or this next hour - 'in this pain?' The psychological or emotional pain of the loss and aloneness, and then along comes someone else and starts to connect with this person. It is amazing how, in most cases, that funnel can slowly and surely be inverted and things start to come back. That is not the whole story. Obviously there needs to be professional help there sometimes. Not everybody who is suicidal is mentally ill, but obviously there are times when there needs to be mental health professionals or counsellors involved in that, but not all the time.

Mr WHITELEY - The one-day course flows out of CORES and the ASIST flows out of Parakaleo.

Mr CHAPMAN - No. Parakaleo offers both the two-day ASIST course or the one-day CORES course.

Mr WHITELEY - How many would you normally take in a group for that one-day course?

Mr CHAPMAN - We can take up to 100.

Mr WHITELEY - It is something we ought to think about.

CHAIR - I was just thinking of quite a few people in our job it wouldn't hurt, would it?

Ms WALKER - What I was going to suggest is that one of the things that the committee needs to look at, from my point of view, is that the more we equip people within communities, the better off we are. As Ron mentioned earlier, they know their neighbours and their friends. Working within workplaces is really good and it has to happen, but we also need to work within a community. We have been able to show that it works within our own community. We are now going to spend the next 12 months in the Circular Head Municipality working with them.

I would offer the invitation for you to do one of the courses because I think you need to understand where we are coming from. Certainly every other person who is putting in a submission has their own area that they are coming from but to fully understand that a community can work really well towards addressing this program. They support each other and, if something does go wrong, they have the support of everybody. It is not just there for five minutes and gone; it is there for the long term. So by building that rapport within the community and getting people from all walks of life in that community together on a common theme does work. We believe very strongly in that and we have proven beyond a doubt, I feel, that it can work.

We have a 24-hour counselling line and through that we have been monitoring what issues people have been addressing. It is quite scary when you look at some of the statistics - and they are available if you want to have a look at those.

Mr FINCH - I am just realising, Madam Chair, that there will be an opportunity for us when we go up to the retreat to ask more questions. I am just concerned that there might be a sense of aloneness by Paul over there -

Laughter.

Mr FINCH - who hasn't in fact had an opportunity to make any contribution at all to this.

Mr HITE - No, it is a team effort. Most of the issues have been covered. I guess I would want to reiterate that we are out there, we are doing the job as best we can. We could do it better with some help. While we have been able to fund ourselves, as we have said, we are here for the long haul. It is all about the vision and the future. We are not just here and gone tomorrow. We are setting ourselves up with a really good foundation and it is a little bit slow at the moment. Therefore, if any assistance was around, it would be very much appreciated because it lets us do some of the things easier. Ron spoke about CLS, just a simple job equipping an office in Hobart - $20 000, probably $30 000.

CHAIR - Have you tried to access community support levy funds?

Mr HITE - You know how direct submissions can be. They are very difficult. You can spend a lot of time on submissions for no return sometimes and sometimes you say, 'I wish we could get some help to write the submission'. Our dear lady here, Lyn, spends enormous amounts of time on submissions seeking funds.

Mr WILKINSON - Can I just say in relation to that, that I believe in the very near future there might be an ability, when you seek application for funds out of the community support levy, not to be a year-by-year thing. If there is a good program and the program can be pushed out to about five years, it gives you some certainty. I believe things might change in the near future about that.

Mr HITE - I think we spent over $100 000 in the last 18 months on buildings, to set up offices and things like that. It is money that we would have rather spent on other issues.

Mr WHITELEY - You only have to do it once.

Mr HITE - Yes, we have seen that. You can't consult with people in the open air; you have to have a nice, comfortable room. A lot of our resources would have gone into that sort of area and we would have rather put more counsellors on at this point, but that's where we are headed.

CHAIR - Thank you very much. I know we will have a chance to talk a little later. You will receive copies of our report. I hope we might be able to call on you during our deliberations should we have any things we need to clarify.

THE WITNESSES WITHDREW.

Ms IRENE HARDING AND **Ms JUSTINE BARWICK**, TELE-CHECK, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR - I apologise that we are running a bit late. What we tend to do in these hearings is give witnesses an opportunity to present what they want to present and then I try very hard to get the committee members to wait until the end to start asking their questions, but they are an incredibly undisciplined lot. Would that suit you?

Ms BARWICK - That is fine. We will not be able to go into quite as much depth as the people from Tandara and Parakaleo have. We are quite often the first point of contact for people when they need assistance of any kind. I guess that could be the information that we could provide to you today.

Commonwealth Carelink centres are a nationwide program. We are funded through the Department of Health and Ageing and there are centres in every region across Australia. We operate through a 1800 free-call number, which is 1800 052 222 - and I have some information to leave with you. By calling that number from anywhere in Australia your call automatically goes to the centre that is closest to you. The idea behind that is that local people need to be helping local people. If you are needing assistance, you don't really want your call to go through to a call centre on the mainland or offshore. Just an understanding of local communities, especially in regional Tasmania, I feel is really important. We have worked really hard in the four years that the centre has been operating to learn of all the services that are available. We have three staff members who are Carelink staff members and we work tirelessly to keep up to date with services in all regions and in all areas, not just in suicide prevention.

Mr WHITELEY - So you're a bit of a one-stop shop?

Ms BARWICK - Absolutely.

Mr FINCH - How do people access the Commonwealth Carelink? How do they know about that number and the 1800 phone calls?

Ms BARWICK - We undertake limited media advertising, merely because we have found it doesn't work for our program. We get out and talk to groups. We talk to support groups, groups of service providers, groups of medical practitioners and other health professionals. We let them know about our service, how we can help and that it is free, confidential and you can use it as often as you like. It can be used by service providers, GPs, community members, family members. Anybody can contact the Commonwealth Carelink centre and the information that we provide is free and confidential. That is how we let people know about our service.

Mr FINCH - So you people don't do the counselling yourselves?

Ms BARWICK - No.

Mr FINCH - You refer it to -

Ms BARWICK - We refer it to specialists in the field, depending on what assistance the person needs. In today's instance, we are talking about suicide. If we have calls like that, we refer it on to specialists in the field. Being such a broad service, when the phone rings we don't know what is going to be at the other end of the phone.

Mr FINCH - It could be any sort of service.

Ms BARWICK - It could be anybody.

Mr FINCH - Suicide is just one of those things.

Ms HARDING - Just to give you an example: a lady came in a couple of weeks ago and she had just moved to Burnie to live. She knew nobody, she had no relatives and her biggest anxiety was, 'Whatever will happen to my little dog if something happens to me through the night?'. Something as basic and simple as that.

Mr FINCH - When you say, Irene, that she came in, do mean came in on the phone or do you have a retail shopfront?

Ms HARDING - Sorry, on a walk-in.

Mr WHITELEY - There are only four in Tasmania, are there?

Ms HARDING - There are three in Tasmania.

Mr WHITELEY - There's not one in Devonport?

Ms BARWICK - No, there's not. We are working on getting more of a Carelink presence on a face-to-face basis in Devonport. Our auspicing organisation has just changed and we are now auspiced by Family Based Care North West, who have a shopfront in Devonport. In the very near future, we will have a Carelink in Devonport all the time.

Mr WHITELEY - Coming back to suicide, you must take literally hundreds of calls a week.

Ms BARWICK - Hundreds of calls a month.

Mr WHITELEY - That's in each office?

Ms BARWICK - Yes.

Mr WHITELEY - Do you get a feeling about what is happening out there in relation to suicide? Do you get calls around that issue?

Ms BARWICK - To date, we haven't had anybody who has been acutely suicidal, but we have had people who have been extremely depressed. We have taken the step of training up staff. Irene and I attended some suicide prevention training to learn some of the myths and truths about suicide: that it is okay to ask, 'Are you thinking of hurting yourself in some way?'; that it is okay to ask those questions and how to ask them. We take the time to build a rapport with people over the phone so that we can make appropriate referrals. That type of thing is really very important to us.

Being part of a nationwide network can be a really valuable resource for the community as well. If somebody living on the north-west coast of Tasmania is concerned about a relative living in Darwin who has expressed suicidal thoughts to them over the telephone and they're really concerned that this relative in Darwin might take their life, they can ring us on the Commonwealth Carelink number. That call of course will come through to our local centre. We can transfer the call free of charge to the appropriate centre on the mainland. They can get information about counselling services that are available and applicable in that local area and they can get the assistance required. I see that our role is maintaining up-to-date information, having knowledgable and skilled staff so that we can make appropriate referrals to the professionals in the particular geographical area and to provide a service of excellence to the community.

Mr WHITELEY - So when it comes to suicides then in relation to, say, Burnie - which is where I live - where do you refer now? You say you are mainly getting calls in relation to depression and anxiety, more than direct suicides. Where would you refer now in Burnie.

Ms BARWICK - We have a chat to people. I see our first job as making them feel as though they are being heard. We take the time to listen to them and to build a bit of a rapport over the telephone. We let them know about services like Parkside Mental Health. We let them know about Spencer Clinic if they are feeling that they really do need to get acute assistance. We let them know about Rivendell Clinic, which is a fairly new initiative in Burnie at the North-West Private Hospital. We also let them know about a program that is being run through the division of general practice whereby GPs can refer onto participating psychologists and people can have six consultations for free with that psychologist, so we let them know about projects like that as well.

Mr WHITELEY - Are you informed of the work of Parakaleo on the north-west coast?

Ms BARWICK - And Tandara, absolutely.

Mr WHITELEY - That is a part of your resource base.

Ms BARWICK - If somebody called from within the Kentish area we would definitely refer them on to Tandara and Parakaleo.

Ms HARDING - And we have their brochures in our office.

Mr WHITELEY - But they are more than just Kentish, though. That is the CORES program.

Ms BARWICK - That is right.

Mr WHITELEY - As I understand it half of those people are from Burnie but are they not available right through to Smithton?

Ms BARWICK - Yes, they are, sorry. I do apologise.

Mr WHITELEY - So we would refer -

Ms BARWICK - Yes, that is right. We let people know. And we also have information about the employee assistance program as well, so we let people know about that as well.

Mr FINCH - When did you start with this Commonwealth Carelink? When did this initiative start?

Ms BARWICK - It was launched nationally in 2001. I think it was May and our centre was built shortly after in 2001 and I have been with the centre since June 2001.

Mr FINCH - Okay. And what is your projection into the future? Is it a growing development? Do you feel some certainty about the role you are playing in the community? Do you think you are going to have a job next year?

Ms BARWICK - Absolutely.

Laughter.

Mr FINCH - I am curious about how you feel that it is developing and growing in the community. Are you in this for the long haul? Do you feel there is a proven need for this service?

Ms BARWICK - Absolutely.

Mr WILKINSON - Where would you send him?

Ms HARDING - We have got a lot of aged-care facilities.

Laughter.

Ms BARWICK - Ours is one of the programs which has been affected by The Way Forward, the review into community care that the Australian Government have undertaken. Regarding Commonwealth Carelink and Commonwealth Carer Respite Centres - which you all may have heard of - most centres in Australia are now auspiced by these two centres, auspiced by the same community-based organisation, so both Commonwealth Carer Respite Centre and Commonwealth Carelink Centre in the north-west are auspiced by Family Based Care North West. This is going to help to provide more continuity of services for people when they do contact us. So to answer your question, yes, I do really see that the Carelink role will grow and that it is going to be an integral part of service provision in the way services are provided.

Ms HARDING - And just to add to that - I love to tell people about this - I talked with Julie Bishop and asked her how she saw Commonwealth Carelink from where she was coming from. She said, 'It is one of the best initiatives that has ever been set up and it will be here for a very long time'. That was the day before the launch came out to combine Commonwealth Carelink and Commonwealth Carer Respite to launch them together.

Mr FINCH - And there were not any danger signals there for you?

Ms HARDING - None at all and I looked her straight in the eye.

Laughter.

Mr FINCH - I wanted to ask how many calls would you get and do you classify them into depressions calls, rather than suicide?

Ms BARWICK - We have not run any statistics on that but I guess it is data that we could extract. I would say quite possibly 10 per cent of our calls would be people who are affected in some way by depression or a feeling of not coping.

CHAIR - And the no coping could come from family reasons, financial reasons, employment, whatever.

Ms HARDING - Yes, that's right. You have an aged husband and wife who have been together for a long time and one is failing and the other one is trying to cope.

Mr WHITELEY - I am interested in this because I was working for Senator Newman when Commonwealth Carelink was established, particularly in Burnie. I recall vividly that it was very much aimed at that point for more mature people. Do you deal with younger people?

Ms BARWICK - Absolutely.

Mr WHITELEY - Is that what's been growing within the -

Ms HARDING - Yes, it has. Whilst it is aimed at aged and frail people and people with disabilities, it doesn't restrict the age barrier as such.

Mr WHITELEY - I was just wanting to clarify that because I knew we were talking about everyone and I thought it might have changed.

Ms HARDING - No. We are helping to resource a lot of TAFE students who are doing aged-care and disability courses. They are coming to us to gather all this information because we have it there in resource.

Ms BARWICK - I see that as particularly important because, as you said before, the high-risk age group doesn't stay static; it is a group that moves along. As that group ages, so people who are trained to work with that group need to have an increased awareness. I think that is really important.

CHAIR - Do you have all your information on support for grandparents raising grandchildren?

Ms BARWICK - I do have some brochures in the centre.

CHAIR - I'm very glad to hear that.

Ms BARWICK - One other thing that I did want to touch on is a program called Tele-Check suicide prevention. It is an initiative of the Department of Health and Ageing and it is

being delivered through the University of Tasmania by Martin Harris in Launceston. They have a pilot coming off the ground in the west coast municipality. He would be somebody really good for you to talk to.

Mr WILKINSON - We are talking to him tomorrow.

Ms BARWICK - Irene and I have done three days' training with Martin and we found it really beneficial. We see Carelink as an integral part of helping this to work. To know who your Tele-Check operators in your local area are, you can contact your Carelink centres to find out that information. We found that training with Martin to be brilliant.

Mr FINCH - You're answering phones and you have this shopfront opportunity, are there only two of you in Burnie?

Ms BARWICK - There are three Carelink staff in Burnie: Michael McLaren, Irene and myself. We have come together with four respite staff. What we are planning on doing is having a bit of crossover between the Carelink role and the respite role so that if you answer the phone you get to follow through with somebody. You don't need to say, 'That's a Carelink call, I'll put you through to a carelinker'. So there will be seven of us answering calls in Burnie.

Mr FINCH - What about around the rest of the State - Launceston and Hobart? Do you know the numbers of staff there?

Ms BARWICK - I think Hobart has been operating with about five or six staff, as their target population is so much higher than ours. Obviously with the changes they have coming up, with merging with respite that we are going through now, their staff numbers will change as well.

Mr FINCH - Will they do the same thing?

Ms BARWICK - I imagine that they will do the same thing.

Mr FINCH - What about Launceston?

Ms BARWICK - I imagine that they will also in time do the same thing.

Mr FINCH - Numbers, I mean.

Ms BARWICK - They have three staff on Carelink at the moment.

Mr WILKINSON - Can I just run you through it? If I ring you up and say, 'I have problems. I'm considering suicide', you answer the phone, what do you do?

Ms BARWICK - We go through finding out whether you are in a situation right now that you have the means to complete suicide, right now while we are on the phone.

Mr WILKINSON - So you are trained to do that yourselves?

Ms BARWICK - Yes. Irene and I completed the Tele-Check suicide prevention three days. If you rang me up and said, 'I'm contemplating suicide', I would ask you if you have the means, how you are contemplating doing it. If you said you were going to shoot yourself, I would ask you if you had a gun. We do have protocols in place so that, if we get an emergency call like that, we seek assistance from emergency services.

Mr WILKINSON - Are you able to tell where that phone call is coming from?

Ms BARWICK - Yes, absolutely. We have caller ID on our telephones and unless your number is barred we can immediately tell.

Mr WILKINSON - What if it is a private number?

Ms BARWICK - If it is a private number I would get in touch with Telstra.

Mr WILKINSON - But how would you get in touch with Telstra if I am still on the line?

Ms BARWICK - We have other lines in the office. We have our own dedicated Telstra help desk for Commonwealth Carelink and they would then direct me off to the appropriate department.

Mr WILKINSON - So you go through the CPR that we have just been speaking about.

Ms BARWICK - Absolutely.

Mr WILKINSON - After that you endeavour to refer the person on to somebody else.

Ms BARWICK - Absolutely. As I said, if you were in the situation where you were going to complete now, yes, emergency protocols would swing into action and I would ask you where you were for a start before I tried to covertly through Telstra find out where you were. 'Are you at home?' 'Whereabouts do you live?' and get the police and the ambulance out to you.

Mr WILKINSON - So whilst you were talking to the person another person would be on the phone to the police, ambulance, whatever.

Ms BARWICK - Absolutely. I would give Irene a nudge. But if we were not in that acute situation I would have a chat to you about your options and let you know about the professionals who can help you and who can listen to you.

Mr WILKINSON - How long would those phone calls take?

Ms BARWICK - Ages sometimes.

Mr WILKINSON - Because some people just want to talk to somebody, don't they?

Ms BARWICK - And that is it, and we come back to we have to give people time to be heard. Whatever the call is, people need to be heard.

Mr FINCH - What service would you have up here? A person is on the phone and they are dealing with a situation where they need somebody to talk to, do you then refer them to a lifelink or a lifeline Samaritans?

Ms BARWICK - We ask them what services they are interested in. We let them know what is available. We let them know about Spencer, Rivendell, Parkside Mental Health and Oldaker Street in Devonport, the community mental health teams, and we let them know about programs that are operated by the GPs and about Parakaleo and we discuss it with them because if it is not an acute situation they have the choices as to whom they contact for assistance. Mostly in a general call we give people information and they contact service providers off their own bat but in special situations like that I might say, 'Can I have your details and, with your permission, can I pass your details on to Coralanne at Tandara and she will give you a call', but I can only do that with that person's permission.

Mr FINCH - Okay. Do you feel yourself that you are in competition with an organisation like Lifeline?

Ms BARWICK - No. Absolutely not. We are not professionals. We have done three days training.

Mr FINCH - Are you saying they are?

Ms BARWICK - Yes. Lifeline operators do undertake training. They are certainly more skilled than I am to deal with these calls. No, I see it as an assistance.

Mr FINCH - You are guidance officers?

Ms BARWICK - Absolutely. We say, 'We have these services that we can refer you to. Let us talk about getting you in touch with somebody who can help you.' That is what we do. That is our job so there is absolutely no competition.

Ms HARDING - We are known to tell people where to go nicely.

CHAIR - Thank you very much for your time. We really do appreciate it and it sounds as though you are doing wonderful work so well done on that too.

THE WITNESSES WITHDREW.