

safer together



PREVENTING SUICIDE

INFORMATION FOR MEMBERS AND THEIR FAMILIES



www.psa.asn.au
www.cpsunsw.org.au

INTRODUCTION

PSA/CPSU NSW members work in a range of New South Wales government sector agencies, state owned corporations, universities, TAFE and non-profit organisations.

It is becoming increasingly important that these workers have the skills to help them manage in the changing environment they face.

We understand that in order to best represent our members we need to invest in their professional and personal development.

The Safer Together PSA/CPSU NSW program is designed to provide practical skills to build capacity and resilience among our members.

The program is modelled on the Police Association of NSW's C.A.R.E program and the PSA/CPSU NSW thanks the Police Association for their generosity in sharing their experience and resources with our organisation.

Many of these initiatives are based on work done in Canada, including work by the Ontario Mounties, who we also acknowledge for their research, experience and resources.

The aim of this program is to provide opportunities to develop and enhance skills of delegates, HSRs and members, to not only assist them in supporting others but also assist in their day-to-day roles.

The Safer Together program is designed to align with the PSA/CPSU NSW's Mental Health strategy of prevention, harm minimisation and ongoing support for PSA/CPSU NSW members.

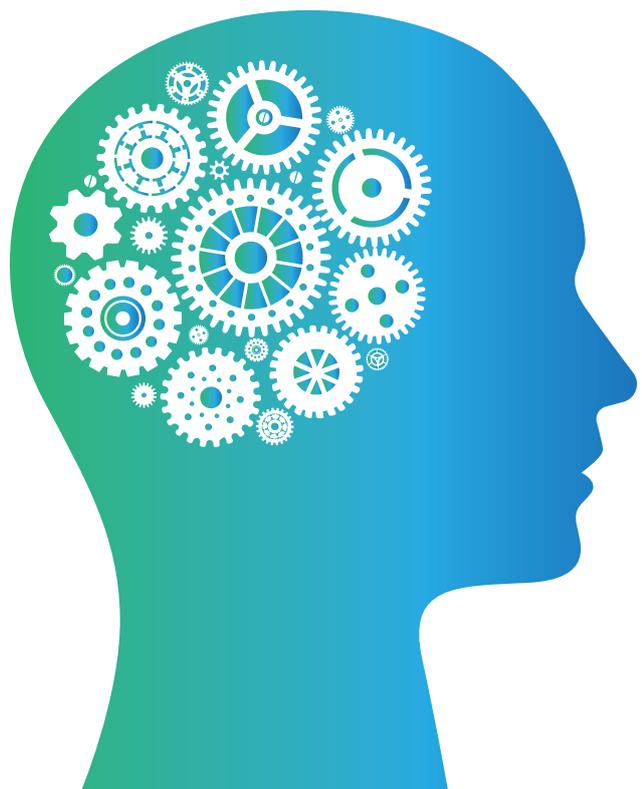
It is designed to assist our members to have long and successful careers and fulfilling personal lives.

1 Prevention
Health and fitness, future planning, personal and professional development.

2 Harm Minimisation
Including injury management, return to work and timely intervention and suicide prevention.

3 Ongoing Support
Including information for families living with an injured worker.

For more information please refer to the PSA and CPSU NSW websites, www.psa.asn.au and www.cpsunsw.org.au.



SUICIDE IN AUSTRALIA



deaths by suicide per 100,000 in 2017*

*World Health Organisation (WHO) annual global age standardised suicide rate 10.5 per 100,000 population



were living with anxiety*

*2017 ABS Preliminary data



had a drug and alcohol disorder*

*2017 ABS Preliminary data



people who died by suicide were living with a mood disorder like depression*

*2017 ABS Preliminary data



WARNING SIGNS

Listed below are warning signs that you may notice if someone is considering suicide or has a heightened risk of suicide.

If you have witnessed these signs, it does not necessarily mean the person is suicidal but it is an opportunity to ask if they are OK and suggest they seek help.

DIRECT SIGNALS

- » Directly stating an intention to commit suicide
- » Speaking about suicidal thoughts
- » Feelings of hopelessness, despair, agitation, shame, guilt and anger
- » Negative self talk or self-loathing
- » Preoccupation with death, morbid fascinations
- » No hope for the future, only thinking in short term
- » Self harm
- » Seeking out methods for suicide
- » Saying goodbye
- » Remorse or shame

BEHAVIOURAL SIGNALS

- » Abuse of alcohol
- » Neglect of self (eg personal appearance or health)
- » Risky behaviour, or not following procedures
- » Poor sleep
- » Loss of interest in activities, work, hobbies, socialising and personal relationships
- » Sudden change in mood
- » Poor problem solving or coping strategies – inability to think problems out in a way others could or they used to
- » Poor work performance
- » Absenteeism
- » Writing a will or giving away prized possessions

RISK FACTORS FROM CHARACTERISTICS OR HISTORY

- » Previous attempts at suicide
- » Mental illnesses – PTSD, depression, bipolar
- » Chronic pain or illness
- » Injury, and time away from work
- » Personal crisis (eg suffering grief and loss, breakdown of personal relationships, financial problems, under investigation (criminal/misconduct)
- » Isolation
- » Legal issues
- » Loss of status or missed promotion
- » Previously referred to welfare/psychologist/ Employee Assistance Program (EAP)
- » Taking medication

SUPPORT FOR SOMEONE AT RISK

When providing support if someone is considering suicide, remember to:

- » Listen
- » Calm the situation
- » Promote hope
- » Make them feel safe and secure
- » Make them feel valued
- » Promote connectedness



*IF YOU WITNESS THESE SIGNS,
IT DOESN'T MEAN THE PERSON IS
SUICIDAL. IT IS AN OPPORTUNITY
TO ASK IF THEY ARE OK.*

”

WHAT TO DO IF SOMEONE IS IN A MENTAL HEALTH CRISIS

Mental Health Line

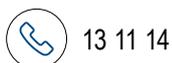


Mental Health Line provides telephone triage assessment and referral services and gives people access to expert mental health advice.

As a state-wide helpline staffed by mental health professionals, they can put you in contact with the local mental health crisis or acute care team.

The Mental Health Line also provides advice about clinical symptoms and local treatment options for health and care service providers.

Lifeline



Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.

Police



If there is an immediate threat to your safety or the safety of others, call the Police immediately on 000.

For example:

- » Actual or threatening violence to self or others
- » You are in a dangerous environment
- » Presence of lethal weapon/firearm
- » Presence of ideas of suicide/homicide with impulsive or aggressive behaviours (or the history of these behaviours)

Ambulance



If there is an immediate risk to your physical health and if emergency medical attention is required then contact the Ambulance Service directly on 000. This may include situations where someone has caused serious physical harm to themselves.

For example:

- » Physical illness or injury (actual or suspected)
- » Overdose of drug, alcohol, or medication
- » Under the influence of alcohol or drugs

NOTES



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