

NSW Suicide Prevention Strategy - public consultation
Government Relations
Mental Health and Drug & Alcohol Office
NSW Health
mhdao@doh.health.nsw.gov.au

30 July 2010

Dear Sir/Madam,

Carers NSW welcomes the opportunity to provide feedback on the draft NSW Suicide Prevention Strategy 2010-2015.

About Carers NSW

Carers NSW is the peak organisation for carers in NSW. It is a member of the national Network of Carers Associations and has an exclusive focus on supporting and advocating for all carers in the state.

The core work of Carers NSW is to:

- Be the voice for carers in NSW
- Undertake research, policy development and advocacy
- Provide carer services and programs
- Provide education and training for carers and services providers
- Build capacity in the sector.

Carers NSW' vision is that caring is accepted as a shared community responsibility and that all carers in NSW are recognised, valued and supported by their communities and by governments.

The goal of all of the work Carers NSW undertakes is for carers in NSW to have improved opportunities and access to services that meet their needs regardless of their age, gender, circumstances, location or cultural and linguistic backgrounds.

Who Carers NSW represents

Carers NSW defines a carer as any individual who provides unpaid care and support to a family member or friend who has a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who is frail.

Carers come from all walks of life, cultural backgrounds and age groups. For many caring is a 24 hour job that is often emotionally, physically and financially stressful. Across NSW there is an estimated 750,000 carers, comprising individuals as young as 8 years of age through to the very elderly.

Key statistics about caring in NSW

According to statistics on carers from the Australian Bureau of Statistics 2003 Survey of Disability, Ageing and Carers (SDAC):

- Approximately one third of all carers in Australia live in NSW
- 40 per cent of primaryⁱ carers cared for a partner, 29 per cent for a child, 32 per cent for other (e.g. sibling, parent)
- Women aged 45-54 years were the largest single group of carers
- 45 per cent of primary carers provided 40 hours or more care per week on average
- 78 per cent of primary carers lived with the person they supported
- 75 per cent of carers were of workforce age although 45 per cent were not in the workforce
- 55 per cent of primary carers relied on a government allowance or pension as their principal source of income.¹

Carers NSW response to the draft NSW Suicide Prevention Strategy 2010 – 2015

Carers NSW is pleased with the NSW Government's recognition that suicide prevention is a priority, and 'everybody's business'. It is pleasing to see that the 1999 NSW Suicide Prevention Strategy has been followed up with a new Strategy for 2010-2015, and that the NSW Government has taken into account the areas in which the previous Strategy was lacking. Carers NSW is also pleased that the Strategy has been developed in accordance with the current national suicide prevention framework *Living is for Everyone* (LIFE).

Carers NSW will provide feedback on some components of the Strategy as they relate to carers.

Suicide prevention for carers

Carers NSW' work with carers has made us acutely aware of the need for better suicide prevention, particularly through our provision of the Carer Line and the National Carer Counselling Program. Carers using these services often present with suicide ideation, particularly mental health carers (carers of people with a mental illness). Data collected from the National Carer Counselling Program in 2009-10 indicate that mental health carers represented 44.9 per cent of all carers using the National Carer Counselling Program.

The prevalence of suicide ideation among carers using Carers NSW services is perhaps unsurprising when considering what is known of carer wellbeing. There is a considerable body of evidence indicating that carers experience significantly lower physical, mental and emotional wellbeing than the general population. The 2007 Australian Unity Wellbeing Index Survey found carers to have the lowest collective wellbeing of any known population group, with the wellbeing of carers who live with the care recipient being the lowest ever recorded for a large group of people. Carers have an average stress rating that is classified as moderate depression, are more likely to experience chronic pain than is normal and their wellbeing is more vulnerable to pain. Carers are

ⁱ A primary carer is someone who takes on the main caring responsibilities of a care recipient. Australian Bureau of Statistics defines a primary carer as a person who provides the most informal assistance on an ongoing basis, to another person who is restricted by one or more core activities in the areas of communication, mobility and self care. A secondary carer provides informal care in a supporting role where either another family member or formal services provide the majority of care.

highly likely to be carrying an injury and their wellbeing decreases as the number of hours spent caring increases.²

Carers NSW supports the inclusion of carers as a group of highest risk in the Strategy and hopes to see initiatives relating to carers, such as those in Strategic Direction Five implemented in a comprehensive and timely manner. Carers NSW would support appropriate suicide prevention initiatives targeted at carers, including mental health carers.

Suicide prevention in the health system

The acknowledgement contained in the Strategy of the health system's responsibility to manage patients with possible suicidal behaviour, and to treat the presentation of people with suicide risk as a medical emergency is important. However, Carers NSW fears that more work needs to be done as the protocols and initiatives of the health system outlined on pp 19 – 20 of the Strategy are not reflected in the experiences of carers, particularly mental health carers. Carers NSW strongly supports these initiatives in principle, and would like to see the implementation of these initiatives across NSW.

Feedback from mental health carers indicate that the three initiatives outlined here are areas of concern. For example, inconsistent and inadequate discharge processes have been identified as an issue of great concern to mental health carers.³ It is known that people with mental illness are at particular risk of suicide immediately following discharge from psychiatric in-patient care or emergency departments.⁴ However, it is often the case that mental health carers are not involved in the decision to discharge the person they care for and are not even informed of the decision⁵, often in contravention of their rights as the nominated primary carer under the NSW Mental Health Act 2007. Carers are often not provided with any support to resume providing care to the person with a mental illness, regardless of the needs of the person with a mental illness or the capacity or willingness of the carer to provide care. Further, discharge is often made without any consideration given to whether the person is able to get home or whether they in fact have a home to go to.

At a recent focus group with carers conducted by Carers NSW, one carer related an incident illustrative of the inadequacies of discharge processes. The carer's daughter, who has a severe mental illness and a history of suicidal behaviour, was recently discharged from a psychiatric hospital without her mother, who is her nominated primary carer, being informed. Despite the patient living approximately 100 kilometres away and there being no public transport, no transport arrangements were made, no care plan was put in place, and no follow up was undertaken. In this case the patient arrived home safely, having hitch-hiked the 100 kilometres to her home. Unfortunately, this was an experience common to the other mental health carers in the focus group, and all too familiar to Carers NSW staff.

Mental health carers have also voiced the need for better mental health assessment and treatment capacity in NSW hospitals.⁶ Carers NSW supports the initiatives outlined here, including the establishment of Psychiatric Emergency Care Centres and specialist Mental Health Clinical Nurse Consultant positions in Emergency Departments, and believes that a comprehensive rollout of these initiatives will benefit mental health carers and play a vital role in suicide prevention.

Inclusion of carer organisations and carers

Carers NSW appreciated the opportunity to be involved in consultations for the development of the Strategy, and is pleased with the breadth of stakeholders involved in

the suicide prevention model. It is also pleasing to see the inclusion of consumer and carer organisations in the continuum of suicide prevention activities.

Carers NSW supports the inclusion of carers in 'Outcome 5.5: Improved understanding, skills and capacity of front line workers, families and carers'. The provision of funding for the education, support and participation of families and carers will be very welcome, as is the awareness demonstrated here of the needs of families and carers, and the importance of improving their wellbeing.

Carers NSW also supports the first component of Outcome 5.5, 'Improved procedures for the immediate management of suicide'. Our experience is that carers, particularly mental health carers, often have the knowledge and capacity to contribute to better immediate management and prevention of suicide, but their contribution is limited or blocked by the attitudes and working practices of some front line workers and the non-collaborative cultures of some organisations and services, despite the rights given to primary carers under the NSW Mental Health Act 2007. As well as providing families and carers with education and information, work still needs to be done to create an environment in which their knowledge, expertise and insight are listened to and acted upon, and they are treated as partners in care in accordance with the NSW Carers Action Plan 2007 – 2012.

Conclusion

Carers NSW appreciates the opportunity to provide feedback to the draft NSW Suicide Prevention Strategy 2010-2015. If you require any further information about Carers NSW response to this Strategy, please contact Alison Parkinson on 02 9280 4744 or email alisonp@carersnsw.asn.au.

Yours sincerely,



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CEO
Carers NSW

End notes

¹ ABS 2004, Survey of Disability, Ageing and Carers Summary of Findings, Australian Bureau of Statistics, Canberra

² Australian Unity Wellbeing Index 2007, Survey 17.1 The Wellbeing of Australians – Carer Health and Wellbeing, Deakin University, Melbourne

³ Mental Health Council of Australia 2009, Adversity to Advocacy: The Lives and Hopes of Mental Health Carers, Canberra.

⁴ Australian Government 2010, Living is for everyone (LIFE) Framework, Canberra.

⁵ Mental Health Council of Australia 2009, Adversity to Advocacy: The Lives and Hopes of Mental Health Carers, Canberra.

⁶ Ibid