WESTERN SYDNEY UNIVERSITY

Men's Health Information and Resource Centre

Can Australia's suicide rates be lowered? A Situational Approach to Suicide Prevention

2018 SYMPOSIUM REPORT

John Macdonald, Neil Hall, Anthony Smith, Elizabeth Jasprizza & Roger Price

THE REPORT ON THE SYMPOSIUM:

"Can Australia's suicide rates be lowered?
A Situational Approach to Suicide Prevention."

A symposium organised by Men's Health Information and Resource Centre (MHIRC), Western Sydney University

Friday March 23rd from 9.30am-4.00pm
WSU Parramatta City Campus, Level 9 Conference Room
169 Macquarie Street, Parramatta

Officially opened by **Hon Brad Hazzard**
NSW Minister for Health and Minister for Medical Research

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Acknowledgements

We wish to acknowledge the traditional owners of the lands and waterways on & above which we travel and meet. The Symposium was held in Darug country, and across Greater Western Sydney we also acknowledge the Tharawal and Gundungarra nations. We pay respect to elders past, present and emerging, remembering that they have passed on their wisdom to us in various ways. Let us hold this wisdom in trust as we work and serve our community. We extend that respect to any Aboriginal and Torres Strait Island people reading this report.

We wish to acknowledge MHIRC's Patron, His Excellency the Governor General the Honourable Sir Peter Cosgrove, for his continued support of MHIRC and of men's health throughout Australia. Thanks also go to MHIRC sponsors: Coles Express and the Eva and Tom Breuer Foundation.

We wish to thank Minister Hazzard for his support of the Symposium, and acknowledge how - at both State and Federal government levels - the importance of the social determinants of health and wellbeing is being realised, setting a foundation for understanding the situational approach to suicide. We hope that through the Symposium and many subsequent actions, we can find ways to work together both within and across the multiple sectors on our common goals of reducing Australia's suicide rate.

About the authors of this report

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Hon Dr Roger Price
Former Federal ALP Member for Chifley
Western Sydney University Visiting Fellow

Introduction:

What is a Situational Approach to Suicide Prevention and Mental Health Literacy?

> *It is time for us to re-think our fundamental approach to the tragedy of suicide, and to pursue a bold and determined new course of action. The **situational suicide prevention approach** … is exactly that.*[1]

The 'Situational Approach' is not just an idea about factors outside 'mental health'. It challenges fundamental deficits in the narratives and practices of suicide prevention and the health system - deficits that are systemic, pervasive, and deeply entrenched.

The current narrative of 'mental illness' that underpins our mental health system, and which has characterised suicide prevention initiatives, is problematic. This is principally because the current conflation of mental illness and suicide (putting the main focus on 'illness'), has distracted much suicide prevention activity from its most important focus: the broader risk-associated spectrum of social determinants: highly challenging, albeit common, life events and consequent experiences.

Suicide is a significant and hugely costly public health issue; a public health issue for which a public health approach (not just a clinical one) is needed; one that recognises the potentially greater impact of a whole of population approach to prevention, rather than a merely individual problem-oriented reductionist approach focused on treating people with serious mental health difficulties. A public health approach emphasises an 'upstream' perspective: one that focuses on risk and protective factors in order to prevent the kinds of intense or prolonged distress that can escalate into suicidality, rather than a 'downstream' approach, which focuses on dealing with crises and their aftermath. Better ways of gathering and cross-referencing suicide mortality and risk factor data for suicide prevention efforts, are also proposed, in order for initiatives to be tailored, targeted, and cost effective. Deficits in current models that the Situational Approach highlights:

- The unnecessary and potentially harmful medicalisation and pathological categorisation of human distress – and disregard for the situational and dimensional nature of human experience
- The conflation of mental illness and suicide and the conflation of intentional non-fatal self-harm with suicidality
- Disregard for important implications of gender specificity, differentiation in program and service design and subsequent service and program delivery
- Significant neglect of primary and secondary prevention efforts in favour of crisis intervention, which leaves those most vulnerable to mental health difficulties and suicide, to simply 'fall through the slats'
- Over-reliance on mental illness perspectives from the mental health sector in suicide prevention, and disregard for expertise relevant to a broader perspective on suicide and effective suicide prevention

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[1] Ashfield, J., Macdonald, J. & Smith, A. (2017). *A 'Situational Approach' To Suicide Prevention*, p1. downloaded 31 May 2017. https://doi.org/10.25155/2017/150417

- Lack of appropriate support for GPs in primary care settings
- Suicide prevention and mental health training programs that continue to present limited and orthodox perspectives without enough critical analysis of their inherent problems, contradictions, or outcomes for consumers.
- The increasing phenomenon of non-health and non-mental health organisations (influenced by mental health literacy messaging) directing clients to GPs rather than other more appropriate support services

There are now many academics, service providers, and community leaders who support the merits of the situational approach because of its potential to achieve outcomes that current approaches have been unable to attain. They also recognise its priorities of putting consumers and communities at the centre of suicide prevention efforts, and its emphasis on fundamental mental health reform, rather than a mere tinkering around the edges of an ailing mental health system.

Purpose of the symposium

The Symposium was the first event of a longer term strategy to shed light on a situational approach to suicide prevention. We all know how important an issue this is, given that about 8 people every day in Australia take their own lives. We all know the crucial role that Crisis Services play in giving people someone to talk to when they are feeling suicidal. The Situational Approach (as coined by Ashfield, Macdonald & Smith) acknowledges the importance of this assistance in times of crisis but also seeks to extend the response to address the broader *preventable* social determinants that contribute to suicide. For example, we know that 75% of completed suicides are by males; therefore, **gender** is a contributing factor. We also know that of all people who completed suicide, over 55% were **not employed** at the time, some having **lost their livelihood** (e.g. farm closures), some having experienced loss of a loved one through death or **relationship breakdown**. We also know that Aboriginal and Torres Strait Island peoples are overrepresented in the suicide statistics, and so **loss of culture** and dispossession of land are also related. These situational factors impact on a number of sectors/industries that were all represented at the Symposium. Clearly, government and non-government Health and Welfare services have an important role in suicide prevention, as does the

Police Force. Mutual support/self-help organisations have a further role, and it is beginning to emerge how suicide is having an impact on first responders, and the insurance and sports industries.

This symposium, even though it was **not male-specific** in focus, builds on previous successful symposia run by MHIRC over the last few years around how to work with - and research with - men and boys in the health/wellbeing space. MHIRC has built a critical mass of internationally recognised research into the social determinants of male health and is also coordinating the nation-leading activities of National Men's Health Week and the Mengage website.

MHIRC's work in this space has provided a foundation for broadening the discussion beyond male suicide to a point where a Situational Approach can be utilised for understanding the causes of mental health issues and suicide for **all genders**. The Symposium represented a new development in collaborating with partners in industry, academia and frontline practice.

Attendance

Attracted by the array of speakers and the support of both NSW State and Federal Governments, the Symposium was attended by a broad range of female and male delegates, representing multiple sectors & industries: senior academics and students, Department of Prime Minister (Indigenous Affairs), NSW Health, NSW Police, Large and Small Non-Government Welfare organisations, CEOs of major national Not-for-Profit organisations, Local Government, Peak & Advocacy bodies, Aboriginal Land Councils, Veterans Services, Primary Health Networks, frontline nurses, social workers and mental health workers, faith-based organisations, NDIS, Ageing and Carer organisations, Senior Corporate staff from Insurance and Construction industries, National Rugby League, and importantly people from the community with lived-experience of mental health and suicide.

"I attended the Situational Approach Symposium in Parramatta. The day included a highly engaged series of workshops and leading industry experts presenting on best practice methods. The group discussions throughout the day involved passionate, engaging people sharing their collective experiences in suicidal prevention. It was highly educational."

Senior Claims Rehabilitation Consultant - Insurance Industry

Program

Speaker	Designation	Role
Uncle David Williams	Elder	Acknowledgement of Country
Hon Brad Hazzard	NSW Minister for Health and Minister for Medical Research	Official Opening
Prof Barney Glover	Vice-Chancellor, WSU	Formal response to Minister
Mr Julian Leeser MP	Joint Convenor of the Australian Parliamentary Suicide Prevention Friendship Group	Opening speaker
Prof Paul Yip	Chair of Population Health, Dept. of Social Work and Social Administration, Hong Kong University Director of the Hong Kong Centre for Suicide Research and Prevention	**Keynote Speaker**
MORNING TEA		
Dr Neil Hall	Assistant Director of MHIRC Social Work Lecturer, WSU	Circle session facilitator
Anthony Smith Brad Clark	Consultant educator National Coordinator of Menswatch Life Insurance industry consultant	Circle session facilitators
Prof John Macdonald Rick Welsh	Professor of Primary Health Care, WSU Director of MHIRC Manager, The Shed at Emerton	Circle session facilitators
LUNCH		
Pete Nicholls	CEO, Partners Beyond Breakup	Post-lunch pinpoint message
Jane Dorter	Director Risk Consulting Group, KPMG Australia	Post-lunch pinpoint message

Summary of presentations:

Acknowledgement of country: Uncle David Williams

Uncle David provided a warm welcome to the Symposium on behalf of the WSU Campus Elders and the Darug community elders, with an acknowledgement that the Symposium was meeting on Darug land. He generously shared some of his own story of being touched by mental health issues, and the suicide of colleagues during his time in the defence force and in roles within the field of sport.

Official Opening: Hon Brad Hazzard

Following Uncle David's Acknowledgement of Country, Minister Hazzard officially opened the Symposium. He congratulated MHIRC and WSU for organising such a vital event focusing on a very real issue in contemporary society. Emphasising the great importance of addressing the issue of suicide at all levels of government from both a policy and practice approach, he affirmed that suicide is an issue that touches everybody in some way, and therefore its prevention should be everybody's business.

Response to the Minister: Prof Barney Glover

Prof Glover provided a heartfelt thanks to Minister Brad Hazzard, acknowledging his deep commitment to suicide prevention. He commended the NSW government, and Minister Hazzard personally, for his progression of strategies to address the issue, in particular the development of the NSW Male Health Framework to accompany the already existing Women's Health Framework.

Opening speaker: Julian Leeser MP

Julian's opening presentation spoke of the way in which suicide can touch the lives of anyone in society. Reiterating some messages from his first parliamentary speech, he told part of the story of his own personal experience of his father's suicide and the impact on him, his family, his community and his eventual career choices. Julian stressed two essential points: the importance of acting with humanity in our daily lives, and the positive impact of pan-partisan collaboration at government level. He is now Joint Convenor of the Australian Parliamentary Suicide Prevention Friendship Group.

A transcript of Julian's first parliamentary speech is available at:
Leeser First Speech

Or watch the video, available at:
YouTube Leeser First Speech

Keynote Speaker: Prof Paul Yip

Prof Yip outlined the global burden of suicide and some of the international prevention strategies. Worldwide in 2012, suicide was the 2nd leading cause of death for 15-29 year olds and the 5th leading cause of death for 30-39 year olds, accounting for more deaths than those from war, homicide, and other violence combined. In 2014, Korea had the highest suicide rate, more than twice the global rate of 11.4 per 100,000. Australia and Hong Kong were just under the global rate but still unnecessarily high. Paul's extensive insights into comparative means of suicide, the broader causes behind suicide and the creative strategies being employed in Hong Kong across the sector to prevent it were very well received. Just over half of suicides were from a single method. While *jumping* was the leading method used in Hong Kong, *hanging* was more common in Australia and *firearms* in the United States.

Paralleling a situational approach, Paul described a public health approach to suicide prevention that also took into account the risk of suicide, and prevention strategies aimed at the individual, the community and the general population. He said that reducing a small risk in a large population is more effective than for a high risk in a small population. Where jumping from a height is a method used in Hong Kong for example, prevention strategies have sought to identify neighbourhoods where opportunity for jumping is greater and therefore work to restrict access to the tops of high buildings. Where 'charcoal burning' (leading to carbon monoxide poisoning) was a method used, prevention strategies included restrictions to means of charcoal purchase. In both examples, the targeted areas reported reductions in the suicide rates from specific interventions of *means restriction*. A similar result was found from installing barriers on train platforms to prevent rail suicides.

Broader causes and risk factors of suicide need to be identified and understood to properly address its prevention. He identified a number of factors relevant to Hong Kong including presence of psychiatric disorder, a past suicidal attempt, unemployment, never being married, and the presence/number of physical illness as risk factors. A sense of 'Indebtedness' and social support acted protectively. His primary finding was that suicide is caused by not just one, but multiple factors

Paul's discussion of opportunities and challenges in the area of suicide prevention was lively. He affirmed that our approaches need to be evidence-based and instead of asking 'WHAT', we should ask 'HOW'. Suicide prevention needs to be a community approach and have stakeholder involvement, ownership and partnership. He pointed us toward the need for efficiency in use of resources, which may require some realignment of service provision in the health and human services sectors. Lastly, he emphasised the importance of complementary policy implementation, i.e. health, insurance, housing, community based programs, to ensure the long-term sustainability of suicide prevention strategies.

Circle sessions

Neil Hall

Suicide prevention and sport. This session explored the role of sporting organisations in addressing some of the broader factors that contribute to distress and the possibility of suicide. Grass-roots organisations such as sporting clubs enable players, coaches, administrators and their families to have a sense of belonging and a feeling of contributing to their community. Sport is where many real and lifelong social support networks are developed or consolidated, thereby reducing isolation that is a key situational factor in suicide. Many professional clubs are being more outspoken and more serious about supporting players who are experiencing mental health issues and their lead is being paralleled in local community sport in a very positive way.

Anthony Smith & Brad Clark

The role of the insurance industry in suicide prevention – high intensity mental health issues.
The main focus of this session was to look at the impact that suicide deaths and the medicalisation of distress is having on the community, individuals and on the insurance industry in particular. Anthony and Brad recounted financial costs to the insurance industry: suicide deaths are now costing the industry hundreds of millions of dollars per year and rising. The impact of the medicalisation of distress is costing even more through increasing costs of Income Protection, as more and more workers are diagnosed with 'depression' regardless of the factors causing their distress. These sessions also heard stories from participants of heart-breaking accounts of family struggles with both suicide deaths and the prescribing of antidepressants to children – where the families now believe there were inappropriate medical diagnoses made.

John Macdonald & Rick Welsh

Suicide prevention in Aboriginal communities. This session took the situational approach to suicide prevention framework and applied it in detail through discussing the example of The Shed in Mt Druitt, and having "Buddy" share his unique story. In 2004 out of concern from local Aboriginal men about numbers of men experiencing distress, a partnership founded on the idea of the social determinants of health The Shed was established as a suicide prevention project in location chosen by men as a space for men. It is a culturally derived, context specific practice where aboriginal men are able to connect with each other, talk to people who can help them, yarn and have a feed. Many women now access The Shed, as do some disadvantaged non-Aboriginal men and women. No one is turned away. A broad range of health and community support services are all available on site on the same day of the week. Many regulars (including 'Buddy') testify to the value of The Shed in giving them a sense of belonging, support for resolving complex life situations, and in multiple instances keeping them alive.

Post-lunch pinpoint messages

Pete Nicholls

Pete provided some background information about some of the issues facing men after relationship breakdown, and how we need to consider this issue as one of the situational factors leading to suicide. For example, post separation, about 80% of dads lose contact with children in the short-long term, and many will experience permanent exclusion based on parental alienation. This experience he referred to as "living bereavement". Pete then outlined the work that Parents Beyond Breakup has been doing to not only support dads in distress, but now mums in distress as well. Their support groups and other activities have helped many people to not feel alone, to share stories without fear of judgement and to create hope for the future.

Jane Dorter

Jane's message provided some extremely insightful thoughts about the nature of suicide and distress and its relationship to Life Insurance. For example, life insurers pay a large amount of claims for suicide, and so suicide prevention is a shared interest. Their data suggests that unemployment is a key contributing factor, but also financial strain, distress and workplace issues. These situational factors are also present in work insurance claims and are classified under 'mental disorder' that is now ranked as the leading cause of long-term sickness absence, and the most-at-risk occupations are First Responders. Jane highlighted that the challenge for the Insurance Industry is creating an assessment model that does not have to rely on a medical diagnosis but takes into account these broader situational factors in such a way that profiling can become a key contributor to prevention, early intervention and other appropriate responses.

Group Discussion

Discussions in circle sessions and question times ensured that participants had the opportunity to hear examples of a 'situational approach' and to express their concerns openly about the current individualistic approaches that are 'not working'. For example, the over-emphasis on tertiary

intervention means that there is little effort put into 'upstream' prevention. Significant concern was expressed about the horrific impact of over-prescribing antidepressants and the growing trend to unnecessary diagnoses of 'depression'. Further discussion about different ways of approaching suicide prevention generated some important themes:

- The system discounts the concerns of community
- Understanding the complexity of the situation, especially in relation to working with Aboriginal communities. There is not a "one size fits all" solution.
- The importance of trust especially in relation to working with Aboriginal communities
- There are paradoxes around mental illness and insurance that could be resolved e.g. formal diagnoses, workplace stress, categories of unemployment that work against each other for appropriately processing claims and supporting people who have lost loved ones
- Costs in insurance can be drastically reduced by a more sophisticated model of understanding suicide prevention
- Needing to navigate the differences and/or crossover between physical wellness and mental wellness, and mental illness v life distress or despair, as distinct from 'depression'
- Connection to culture is important, and attention needs to be particularly given to rural areas and Aboriginal communities
- Possibility of incorporating a more holistic notion of health and wellbeing, as they do in Aboriginal Medical Service.
- The role of other grass-roots community groups (such as sporting clubs, faith-based groups, neighbourhood centres, Men's Sheds) in identifying issues early, providing support and reducing social isolation
- A medical model is still often the first point of contact, but there is a need for more than one model when assessing mental illness or suicidality. Evidence based population health strategies could be a focus for research and an opportunity for collaboration across sectors
- High profile academics are also concerned that at policy and funding levels, there appears to be an avoidance of pertinent evidence around suicide and its contributing factors. Programs and training designs are regularly based on highly selective evidence.

"I was very impressed with the Situational Approach Symposium, and especially grateful to be given to opportunity to take part in discussions and express my concern about doctors & GP's diagnosing anxiety and depression with very little consultation. A GP prescribing the SSRI to my 5-year-old has caused years of trauma not just to my youngest son, but the entire family. The symposium allowed for respectful, empathetic communication and discussion for all participants to be heard. Especially their concerns about how the current system operates - other 'mental health' forums are often limited in the scope of the dialogue and discussion and are led by 'experts' with a very narrow focus. I went home at the end of the day with further knowledge and feeling less alone in my predicament."

Concerned parent

Key Outcomes and Recommendations

A number of actions were proposed on the day, with follow-up events and collaborative research being among the most popular. Key discussion centred on how to raise the necessary interim finance to present a case for a national program of collaborative activity with support from the corporate and government sectors.

1. Research.

It was clearly identified that there is a need to identify research priorities for building evidence around a situational approach to suicide prevention. One key idea centred on collaboration to co-design, map and model a system for multidisciplinary assessment. Coordinated invitations to participate in such a process can be based on commitment to:

- Reorienting community services to meet identified need with evidence based strategies
- Consolidating support services in responding to suicide
- As the majority of people who attempt suicide are not employed at the time, there needs to be a review of current employment/re-employment policies and practices – around the impact on the well-being of those people needing work
- Pooling resources across the health, academic, human services and corporate sectors

An opportunity was presented to revisit and consolidate some collaborative research around unemployment and suicide, which could culminate in published academic articles built around the benefits of the situational approach.

2. Cross-sector collaboration

"The situational approach symposium was excellent in highlighting the importance of re-thinking our approach to addressing the causes of suicide (and mental illness). There is a clear need to allocate resources and focus on the key drivers of mental illness in modern society, which is often caused by situational distress (marital break-up, loss of job, bereavement etc). Here the role and additional funding of support groups rather than just medicinal treatment is paramount in helping to address this increasing problem."

Senior manager - Insurance Industry

It was seen as vital to engage pro bono corporate support to provide some impetus for collaboration across the sectors, especially in relation to the crossover between mental illness, suicide and insurance. As well as cross-sector collaboration on research as outlined above, training was identified as a possible focus area, for example adapting ideas from the construction industry to pilot in the corporate sector. With these priorities in mind, a new cross-sector **Situational Approach Entity** has progressed towards being formally established. The purpose of the new entity is to advocate for a Situational Approach to Suicide Prevention and to have Situational Distress seen as a key factor in mental wellbeing and the effective prevention of suicide.

3. Promotion of activity both local and global

Utilise existing platforms and develop new resources to promote the range of suicide prevention activities happening across the sectors that have a situational approach as their foundation. Highlighting local community interventions particularly provides learning for all who are working in this space.

It was also seen as a priority to continue representing the industries and their issues in ongoing discussions with government around suicide prevention and male health, particularly built around the State and Federal Male Health policies/frameworks.

The final proposal was that follow-up events be organised with some possible themes:

- Suicide and adult survivors of child sexual assault
- The health of boys and suicide prevention
- Suicide prevention in Aboriginal & Torres Strait Island communities

Producing future events would require funding, sponsorship and/or delegate fees to ensure success.

"The Symposium in March was so helpful, highlighting that there are multiple reasons why people attempt to take their life and it is usually not a singular event but "the straw that breaks the camel's back". The format was excellent and left time for discussions and networking and the presentations were fascinating. Working in suicide prevention we are trying to develop ways to reduce access to means, which is an enormous task but imperative to reduce the number of suicides. We're basing some new research on this situational approach, and taking local action as well. As you know 66% of Australians take their life by hanging and so I have commenced discussions with our local hardware store about having signage near where they sell rope and/ or training their frontline workers in suicide awareness. While this is one very small local step, if they approve, it could save a life."

Welfare Service Manager

The Situational Approach – an international application

The challenges for effective suicide prevention are similar in many countries around the world. That the Situational Approach is applicable around the globe, and already has international attention, is demonstrated in this example from Dr John Ashfield in the UK.

> *As a mental health clinician working in the field of palliative care in England, I am constantly seeing patients that have been inappropriately diagnosed with depression and anxiety 'disorders' (and, unsurprisingly who have been prescribed SSRI, SNRI, and Tricyclic medications), who are experiencing situational distress consistent with their life-limiting or terminal diagnosis and illness trajectory. Suicidal ideation is also common in this environment correlating with anxiety and distress and is often 'risk managed' with antidepressant drugs. The effects of these mental disorder diagnoses and psychotropic drug treatments are often iatrogenic and detract from the potential for assisting and supporting these patients, thus diminishing rather than enhancing their quality of life.*

> *The situational approach I have been using consists of listening to patients, taking proper histories, contextualising their experience, and weighing in the balance the situational factors affecting them, long before leaping to an assumption of illness or disorder. Even with patients facing terminal illness, it is vital to permit them to own their experience of distress (though closely companioning and supporting them through it) without any attempt to rescue them, because such distress is often developmentally appropriate and necessary for healthy adaption and getting to a place of benefit to them and their family later on. Only if they show signs of unrelenting distress, become isolated by their experience, or exhibit significant mood disturbance or escalating anxiety, are measures of psychotherapeutic intervention indicated. The use of medication should always be a last resort and must be considered for potential harm, evidence-based efficacy, adverse effects, and if used should be closely monitored to ensure that clear benefits for the patient outweigh other factors. Unfortunately, for many patients, this order of approach is directly reversed, and they are unnecessarily pathologised by diagnoses, and prescribed drugs of questionable efficacy which directly interfere with healthy adaptation and coping.*

As a person who has been working in suicide prevention for around 15 years, it is very refreshing to see the emergence of the Situational Approach to Suicide Prevention. Too often suicide is viewed as an almost unquestioned consequence of mental illness, with major implications not only for the appropriateness of support provided in times of crisis, but also how such distress could be prevented in the first instance. For many decades now there has been high quality research evidence showing that the environment in which people are born, live, work and grow old will have an overriding impact on their levels of physical and mental health. These living conditions - the social determinants of health – are generated by social, economic, political, environmental and cultural forces well beyond the control of any one individual and yet they will, at times, lead them to experience utter despair. Examples include sudden or chronic unemployment, financial crisis, discrimination, abuse and community norms which dictate that people "be strong, silent and cope" when facing adversity. The Situational Approach to Suicide Prevention calls for a shift in focus to better understand all of these factors which can put people at risk. This shift requires better and broader ranges of data; the involvement of diverse professions outside of health and medical fields; and authentic partnerships with people with lived experience and grass roots community groups. I commend the authors for their work so far and look forward to further developments and uptake in policy and service design.

Primary Health Network Manager

Gallery

Resources

The Symposium presentations are available from the MHIRC website:

https://www.westernsydney.edu.au/mhirc/mens_health_information_and_resource_centre

(please note: Jane Dorter's presentation was not approved for public distribution)

Other resources:

A Situational Approach to Suicide Prevention
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Situational-Approach-Document_web.pdf

A Situational Approach to Mental Health Literacy
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental_Health_Literacy_Paper_web.pdf

The Situational Approach – challenging the deficits
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/09/Situational-Approach-%E2%80%93-Challenging-the-Deficits.pdf

Support for a situational approach
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/08/Support_for_Situational_Approach_Aug2017_web.pdf

Advocating for a new multi-sector approach
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2018/02/SA-Advocating-for-a-new-multi-sector-approach-140218.pdf

Pathways to Despair – Social Determinants of male suicide on the NSW Central Coast
https://www.westernsydney.edu.au/__data/assets/pdf_file/0015/217032/MHIRC_2.Pathways.pdf

The Social Determinants of Aboriginal Men's Health
https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1308234/MHIC0437_TheShedMtDruitt_FA_LR.pdf

Shifting paradigms: a social-determinants approach to solving problems in men's health policy and practice
https://www.westernsydney.edu.au/__data/assets/pdf_file/0011/273089/Shifting_paradigms_in_mens_health_06.pdf

Is Retirement a Health Hazard?
https://www.westernsydney.edu.au/__data/assets/pdf_file/0007/273085/Health_after_the_workplace.pdf

Mengage Male Health Clearinghouse
http://www.mengage.org.au/

List of attending organisations

Australian Institute for Men's Health Studies	Australian Men's Health Forum
Australian Resource Centre PTSD	Benevolent Society
Breakthru	Canterbury-Bankstown City Council
Carers NSW	Centre for Community Welfare
Church of Latter Day Saints	Department of Health
EPS Construction	Fairfield & Liverpool Mental Health
Fairfield Hospital	Gondangara Local Aboriginal Land Council
Greater West Aboriginal Health Service	Headspace
Homes for Heroes	Indigenous Affairs, Dept Prime Minister
Lifeline Macarthur	Liverpool Hospital Mental Health Unit
Men Care Too	Men's Health Information Resource Centre
Mental Health Services	Munich RE
National Disability Insurance Scheme (NDIS)	National Rugby League
NSW Health	NSW Ministry of Health
NSW Police	NSW STARTTS
One Door Mental Health	Parramatta City Council
Parramatta Mission	People with Disabilities, Australia
Randwick City Council	Settlement Services International
South West Sydney District Health Service	Strathfield City Council
Strathfield City Council	Suicide Prevention Australia
Suicide Prevention Support Network WS	Survivor Mates Support Network
Veterans & Family Counselling Service	Veterans & Family Counselling Service
WentWest Primary Health Network	Western NSW Primary Health Network
West Sydney Recovery College	Western Sydney University
Wingecarribee Shire Council	Zurich FS
Members of the general community	

Thank you to everybody for your enthusiastic participation in the Symposium and for your deep commitment to tackling the prevention of suicide in Australia.